The Medical Staff Chapter
Top Ten

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Objectives

- Review the top ten standards in the medical staff chapter that were scored in 2013
- Review of processes that have been used as solutions to the “top ten”
- Review what’s new in 2014
MS 01.01.01

EP 3: Most commonly scored EP, must be scored if one of EPs 12-36 is scored

   - History, Physical and Updates defined at a minimum of what is contained at PC 01.02.03 EPs 4,5

MS 01.01.01

EP 16: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oral maxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy.

MS 01.01.01

EP 16: Note 2: The requirements referred to in this element of performance are, at a minimum, those described in the element of performance and Standard PC.01.02.03, EPs 4 and 5.
MS 01.01.01

EP 4: The medical staff bylaws, rules and regulations, and policies, the governing body, bylaws, and the hospital policies are compatible with each other and are compliant with law and regulation.

MS 01.01.01

EP 5: The medical staff complies with the medical staff bylaws, rules, and regulations

MS 01.01.01

EP 10: The organized medical staff has a process which is implemented to manage conflict between the medical staff and the medical executive committee on issues including, but not limited to, proposals to adopt a rule, regulation, or policy, or amendment thereto.
MS 01.01.01

- EP 21: The process, as determined by the organized medical staff and approved governing body, for selecting and/or electing and removing the medical executive committee members

Surveyor Tips

- Take a copy of the bylaws and the standard EPs 12-36 and tab where each of the EP’s is located
- If the details of any of EPs 12-36 are in other areas such as the rules, regs, or policies, keep these handy and updated.
- Keep these updated every time bylaws, etc., are revised

Check your knowledge....

- TRUE or FALSE....
- If your medical staff decides to include the rules and regulations as an article of the bylaws, it is in compliance with the standards to maintain different methods of amending the rules and regulations versus the bylaws.
EP 3 Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).

EP 1: There is a clearly defined process in place that facilitates the evaluation of each practitioner’s professional practice.

EP 2: The type of data to be collected is determined by individual departments and approved by the organized medical staff.
Surveyor Tips

- Develop a spreadsheet of all of your practitioners and when their OPPE is due.
- Send a list to dept. chairs every month to remind if you don’t have a current OPPE on file.
- Be sure to include allied health practitioners.

Surveyor Tips

- If you are using OPPE that includes activity numbers, it is a good idea to have available the case logs in case the credentials committee has a question about the outcome.

Check your knowledge…

- TRUE or FALSE
- If you are not able to gather data on the allied health practitioners because their activity is billed under the sponsoring physician, your TJC surveyor will be able to accept this and will not score this process as non-compliant.
MS 03.01.01

EP 16 The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures.

MS 03.01.01

EP 17 The medical staff approves the nuclear services director’s specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff.

MS 03.01.01

EP 7 The organized medical staff monitors the quality of the medical histories and physical examinations.
MS 03.01.01

- **EP 2** Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.

Surveyor Tips

- Keep track of dates of MEC minutes for radiology approvals. Ask radiology director to notify you if service changes
- Encourage medical staffs to develop audit tool for H and P’s and review these regularly and track data and actions taken
- Check applications carefully for possible omissions or oversights

Check your knowledge…

- **TRUE or FALSE**…
  - If the histories and physicals are reviewed by the medical records (HIM) department for being complete, the medical staff must also have a mechanism to review the histories and physicals for quality to be compliant with TJC standards.
MS 08.01.01

EP 1 A period of focused professional practice evaluation is implemented for all initially requested privileges
- Usually results from a lack of documentation of the practitioner’s performance in a timely manner
- No evidence of process for allied health practitioners

MS 08.01.01

EP 3 The performance monitoring process is clearly defined and includes each of the following elements:
- Criteria for performance monitoring
- Method for establishing a monitoring plan specific to the requested privilege
- Method for determining the duration of performance monitoring
- Circumstances requiring an external source

MS 08.01.01

EP 4 Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.
Surveyor Tips

- Establish the FPPE process during the credentialing process.
- Send out an attached copy of the FPPE with the practitioner’s board letter.
- Keep a spreadsheet of all currently in FPPE, reminders to reviewers.
- Follow through on process and feedback in a timely manner.

Check your knowledge…

- TRUE or FALSE…
- If you have a practitioner that begins actively practicing in your organization in November and your TJC survey is in March of the following year, the surveyor will expect to see some data or outcomes regarding the practitioner’s FPPE at the time of survey.

MS 06.01.03

- EP 6 The credentialing process requires the hospital to verify in writing and from a primary source or CVO:
  - Current licensure at time of appointment, reappointment, new privilege request, and license expiration.
  - Relevant training
  - Current competence
MS 06.01.03

EP 5 The hospital verifies that the practitioner requesting approval is the same practitioner identified in the credentialing documents by viewing one of the following:
- Current picture hospital ID
- A valid government issued photo ID

Surveyor Tips

- Spreadsheet and reminders for license or other certification renewals
- Process of going up the chain of command
- Make sure there is verification of current competence in some way: provide privileges to those who are completing references

Check your knowledge…

- TRUE or FALSE…
  There are three times when primary source verification must be done: at the time of appointment, reappointment, and prior to license expiration.
MS 05.01.03

EP 3 The organized medical staff participates in the following activity: Accurate, timely, and legible completion of patient’s medical records.
- How is the medical staff informed of issues?
- In EHR: may be how scribes are used or if an excessive number of telephone orders?

Surveyor Tips

TRUE or FALSE…
- The Standards Interpretation Group of the Joint Commission has addressed the issue of scribes directly in the standards.

MS 06.01.05

EP 2 The hospital, with the approval of the medical staff and board, develops criteria that include:
- Current license and/or certification
- Documented training
- Physically able to perform privilege
- Data from org. where currently performing privilege
- Peer/faculty recommendation
- When renewing, check current performance
MS 06.01.05

EP 3  All of the criteria used are consistently evaluated for all practitioners holding that privilege.

MS 06.01.05

EP 7  National Practitioner Data Bank query at appointment, reappointment, and if requesting a new privilege.

MS 06.01.05

EP 10  The hospital has a process to determine whether there is sufficient clinical performance information to make a decision to grant, limit, or deny the requested privilege.
Surveyor Tips

- Develop solid criteria and use it as a checklist during the credentialing process.
- At the time of reappointment, ensure that you have documentation of the performance of a privilege.
- Pre-populate the privilege forms with the number of times each privilege has been done and outcomes.

Check your knowledge…

- TRUE or FALSE…
  - A practitioner can be granted the same privileges every two years at reappointment as long as he or she has never needed a peer review due to a bad outcome.

MS 06.01.07

- EP 9 Privileges are granted for a period not to exceed two years.
- EP 5 The hospital's privilege granting/denial criteria are consistently applied for each requesting practitioner.
Surveyor Tips

- Watch how letters are sent out, be sure to not exceed the two year window.
- Be alert during credentialing process, remember FPPE can be different depending on level of experience but the initial criteria should be consistently applied.

MS 06.01.01

- EP 1 There is a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified time frame to support each requested privilege.

Surveyor Tips

- Review privilege lists regularly with medical staff
- Keep open lines of communication with directors of departments to get updates if services change
MS 06.01.13

EP 1 Temporary privileges are granted to meet an important patient care need for the time period defined in the medical staff bylaws.

Surveyor Tips

Be sure that temporary privileges are granted for the purposes described in the standard.

Check your knowledge…

TRUE or FALSE…
Temporary privileges can be granted for the convenience of the practitioner even though the service line can be covered in his/her absence.
On The Horizon….

What’s coming next….

- Proposed new standards that just completed field review stage of evaluation.
- Next step will be a review of the field review comments to decide if standards will be revised.
- Then a timeline will need to be implemented

MS.06.01.03 EP 10

- For hospitals that provide computed tomography (CT) services:
  - At the time of granting initial privileges, the hospital verifies and documents that a radiologist who interprets CT exams is board certified in radiology or diagnostic radiology by the American Board of Radiology, American Osteopathic Board of Radiology, or an equivalent source. If the radiologist is not board-certified, then the hospital verifies and documents that he or she has achieved the following qualifications and experience:
  - Completed an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) diagnostic radiology residency
  - Performance and interpretation of 500 CT examinations in the past 36 months
For hospitals that provide computed tomography (CT) services: Upon renewal of privileges, the hospital verifies and documents that a radiologist who interprets CT examinations has the following experience:

- The radiologist meets the Maintenance of Certification (MOC) requirements of their certifying body.
- A radiologist reading CT examinations across multiple organ systems has read 135 exams in the past 24 months.
- A radiologist reading organ system-specific CT examinations (for example, abdominal, musculoskeletal, head), has read a minimum of 40 organ system specific CT examinations in the past 24 months. In addition, he or she must have also read a total of 135 cross-sectional imaging studies for MRI, CT, PET/CT and ultrasound in the past 24 months.

For hospitals that provide computed tomography (CT) services: Upon renewal of privileges, the hospital verifies and documents the ongoing education of a radiologist who interprets CT examinations. Ongoing education must include As Low As Reasonably Achievable (ALARA), Image Gently, Image Wisely, and one of the following:

- Meeting the Maintenance of Certification (MOC) requirements of their certifying body
- Completing 100 hours of relevant continuing medical education (CME) in the past 24 months; this must include 50 hours of Category 1 CME
- Completing 10 hours CME in the past 24 months specific to the imaging modality or organ system

Questions?