

CHAPTER LEADER'S GUIDE TO

Medical Staff

Second Edition



Kathy Matzka, CPMSM, CPCS, FMSP

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About the Author

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Kathy Matzka, CPMSM, CPCS, FSMP, is a consultant and speaker with more than 30 years of experience in credentialing, privileging, and medical staff services. Matzka worked for 13 years as a hospital medical staff coordinator before venturing out on her own as an independent consultant, writer, and speaker. She is also one of the first recipients of the National Association Medical Staff Services (NAMSS) Fellow Designation, which is the pinnacle of achievement and acknowledgment for the medical services professional (MSP). It recognizes a career MSP who has made outstanding contributions to the profession through service as a leader, mentor, and educator.

Matzka has authored a number of books related to medical staff services, including the HCPro publications *Medical Staff Standards Crosswalk: A Quick Reference Guide to The Joint Commission, CMS, HFAP, and DNV Standards*; the *Compliance Guide to Joint Commission Medical Staff Standards* (fifth and sixth editions); *The Clinician's Quick Guide to Credentialing*

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and Privileging; and *The Medical Staff Meeting Companion: Tools and Techniques for Effective Presentations*. She has also served as the contributing editor for *The Credentials Verification Desk Reference*, and its companion website, *The Credentialing and Privileging Desktop Reference*.

She has performed extensive work with NAMSS' Education Committee, developing and editing educational materials related to the field including the Certified Provider Credentialing Specialist (CPCS) and the Certified Professional Medical Services Management (CPMSM) certification exam preparatory courses. She has also served as an instructor for NAMSS, and she further shares her expertise by serving on the News, Analysis, and Education Board for HCPro's Credentialing Resource Center.

A highly regarded industry speaker, Matzka has developed and presented numerous programs for professional associations, hospitals, and hospital associations on a wide range of topics including provider credentialing and privileging, medical staff meeting management, peer review, negligent credentialing, provider competency, and accreditation standards.

Outside of her work, Matzka spends time with her family, listens to music, travels, hikes, fishes, and participates in other outdoor activities.

PART 1

Medical Staff Standards: The High-Level Overview



How Does This Chapter Affect the Organization as a Whole?

The standards contained in the Medical Staff chapter focus mainly on governance and organization of the medical staff, credentialing and privileging licensed independent practitioners, and overseeing the clinical activities of those practitioners.

The quality of the care provided by the medical staff is a huge factor in the public's view of the hospital. The hospital can be providing services at a scale that exceeds the standard of care, but if the medical staff is not performing to the standard of care, it will make the services provided by the hospital appear to be below standard. Likewise, the perceived performance of the hospital also reflects on the overall view of care provided in the community. As such, compliance with the medical staff standards can have an impact on the public's perception of the entire hospital and even the surrounding community.

1.1

Hospital Medical Staff (MS) Standards and Key Players Outline

Standard and Element of Performance	Medical Staff	Medical Staff Leaders	MEC	Medical Services Professional	Quality Professional	CEO	Governing Body	Other
I. Medical Staff Bylaws								
A. Bylaws (MS.01.01.01)	X	X	X	X		X	X	Hospital and/or medical staff legal counsel
B. No Unilateral Amendment (MS.01.01.03)	X	X	X				X	
II. Structure and Role of Medical Staff Executive Committee (MS.02.01.01)	X	X	X	X		X		
III. Medical Staff Role in Oversight of Care, Treatment, and Services								
A. Oversight of Quality of Care (MS.03.01.01)	X	X	X	X	X	X	X	<ul style="list-style-type: none"> HIM director Emergency department manager Radiology dept. manager Nuclear services department manager
B. Management and Coordination of Care (MS.03.01.03)	X	X		X				Educator for pain management
IV. Medical Staff Role in Graduate Education Programs (MS.04.01.01)	X	X	X	X	X	X	X	<ul style="list-style-type: none"> GME program supervisors and director GME committee Community or local hospital participating in program

the medical staff bylaws and what can be included in other documents, such as policies, procedures, rules, and regulations. Joint Commission surveyors will expect medical staff leaders to know the process for approval and amendment of bylaws and other medical staff documents.

The organized medical staff develops, adopts, and amends bylaws. The process for adoption and amendment cannot be delegated. Proposed changes in bylaws must be submitted to the governing body for action and do not become effective until approved.

You can create a helpful tool by including a summary sheet in the bylaws, such as the one in Figure 3.2, with all changes made in medical staff manuals. It will provide a quick reference to all changes made by your facility.

Medical staff bylaws, rules and regulations, and policies can be proposed directly to the governing body. If the medical staff chooses to do this, it should first convey the proposed change to the medical executive committee (MEC).

3.2

Sample Change Implementation Chart

Date of board approval	Manual	Article/section modified
7/22/17	Bylaws	Article II, Section A.2
9/24/17	Bylaws	Article V, Section G.5
10/27/17	Bylaws	Article X, Section 7
10/27/18	Rules and regulations	Part 10, Section 5.L
1/22/18	Rules and regulations	Part 6, Section 4
2/24/18	Bylaws	Article V, Section 5.B.3

There must be a mechanism for communicating between the GME committee, the medical staff, and the governing body. This is true regardless of whether the training occurs at the hospital that sponsors the GME program or at a local or community hospital that participates in the program. Communication must include the safety and quality of patient care, treatment, and services provided by the GME participants, as well as the educational and supervisory needs of the participants. Any time there is a concern, the responsible hospital representative should communicate this to the program director. If the residency review committee issues a citation, the medical staff must be able to show that it is in compliance with the citation.

MS.05.01.01: Medical staff performance improvement

To improve the quality of care, treatment, and services and to increase patient safety, the medical staff must take a leadership role in hospital performance improvement (PI) activities. Information relevant to key hospital processes must be incorporated into the PI activities. During this process, confidentiality and privilege of information must be maintained.

The medical staff develops and adopts a PI plan to provide written guidelines used to monitor and continually improve the processes performed by LIPs and others privileged through the medical staff process. Medical staff leaders should have intimate knowledge of this PI plan and be ready to discuss it with surveyors.

The medical staff must be actively involved in measuring, assessing, and improving the following critical organizational processes (active involvement can include review of charts, analyzing data, and attending PI meetings):

- Medical assessments (H&Ps) and treatments ordered or provided.

- How the medical staff will use any information concerning adverse privileging decisions for those privileged through the medical staff process. The privileging function of the medical staff may identify areas in which improvement is needed. For instance, focused evaluation of patient outcomes for a specific procedure may determine that practitioners with a specialized level of training perform the procedure more efficiently and with better patient outcomes. For this reason, the medical staff may decide to limit performance of this procedure to those with the specialized training. This decision would mean that practitioners who do not have the specialized training would have their privileges reduced.
- Appropriate use of medications. This function is often accomplished through a pharmacy and therapeutics committee. Be ready to show the minutes of these meetings to the surveyor, as well as any recommendations that came from this evaluation and the follow-up to these recommendations.
- Ordering and administration of blood and blood components. The PI standards require the hospital to gather and evaluate high-risk procedures, including the administration of blood and blood components. Blood components include red blood cells, platelets, plasma, cryoprecipitate, and granulocytes. The medical staff develops appropriateness criteria, which include the indications for administration of each product used in the hospital setting and review of those cases that do not meet the indications.
- Operative and other procedures. This includes indications for procedures, complications, and pathological review of tissue removed for both procedures performed in the operating room and diagnostic procedures performed in areas such as vascular and endoscopy suites and cardiac catheterization laboratories.

- Appropriateness of and significant deviations from established clinical practice patterns. As this standard implies, the medical staff must analyze clinical practice patterns for LIPs and other providers privileged through the medical staff function.
- How developed criteria for autopsies are used. The medical staff should define when an autopsy is required. If the hospital uses Joint Commission accreditation for deeming purposes, it must attempt to obtain autopsies in cases in which there is an unusual death and in cases of medical, legal, and educational interest. It must also inform the attending physician (or clinical psychologist) if the hospital plans to perform an autopsy on his or her patient. The College of American Pathologists' recommendations are available at http://www.cap.org/apps/docs/pathology_reporting/AutopsyCriteria.pdf.
- Data regarding sentinel events are included as part of the PI process. A sentinel event is defined by The Joint Commission as a patient occurrence involving death or permanent or severe temporary harm.
- Patient safety data are included as part of the PI process. This standard is also reflected in the leadership standards, which require implementation of a patient safety program.
- The medical staff is actively involved in assessment and management of pain. It must also have an involvement in safe opioid prescribing. The medical staff must do this by participation in establishing protocols and quality metrics and reviewing performance improvement data. Additionally, the Leadership standards include some new requirements referencing medical staff. LD.04.03.13 requires the hospital to provide information to staff and LIPs on available services for consultation and referral of patients with complex pain management needs and to provide educational resources

3.7

Sample Letter Re: Facility Privileges and Competency Validation (cont.)

- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value

	Excellent	Good	Fair	Poor	Unable to evaluate
Patient care					
Medical knowledge					
Practice-based learning and improvement					
Interpersonal and communication skills					
Professionalism					
Systems-based practice					

This evaluation is based on:

☐ Personal knowledge of the applicant

☐ Review of file

☐ Other _____

Signature

Date

Name, position/title (please print)

Phone number

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The *Chapter Leader's Guide to Medical Staff, Second Edition* breaks down The Joint Commission's medical staff requirements into easy-to-understand solutions to meet the challenges of these complex standards. You get simplified explanations of the chapter's key components along with communication techniques to help foster a strong and successful partnership between survey coordinator and chapter leader.

Plus, to make staff training easy, this guide includes the following bonus tools:

- ▶ Credentials committee orientation PowerPoint presentation
- ▶ Credentialing and privileging basics PowerPoint presentation
- ▶ Approval signature page
- ▶ Recommendation and approval form for medical staff appointment and clinical privileges
- ▶ Key players outline chart

About Simplify Compliance

Simplify Compliance, with its three pillars of thought leadership, expertise, and application, provides critical insight, analysis, tools, and training to healthcare organizations nationwide. It empowers healthcare professionals with solution-focused information and intelligence to help their facilities and systems achieve compliance, financial performance, leadership, and organizational excellence. In addition, Simplify Compliance nurtures and provides access to productive C-suite relationships and engaged professional networks, deploys subject matter expertise deep into key functional areas, and enhances the utility of proprietary decision-support knowledge.

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