2014 Medical Staff Update

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2013 Most Frequently Scored
Medical Staff Standards and EPs

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MS.01.01.01 EP 3—13.01%

Scored when any element of performance 12 - 36 is found to be missing from the bylaws
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- MS.01.01.01 EP 16 H & P information—9.69%

MS CoPs (Section 482.22 (c) (5))

-- information on who can perform an H&P

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- CMS CoPs (Section 482.22 (c) (5))
  - the time frame (e.g., not more than 30 days prior to and within 24 hours after admission; requirements for H&P updates; requirements for H&P outpatient procedures; --and any countersignature requirements)

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CMS CoPs (Section 482.22 (c) (5))

- Requirements for other information or details, such as the medical history, psychological history, body systems review, etc., can be placed in other documents (rules, regulations, or policies) if desired.
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- The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures (Deemed Status Only)

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- The medical staff approves the nuclear services director's specifications for the qualifications, training, functions, and responsibilities of the nuclear medicine staff. (Deemed Status Only)

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- A period of focused professional practice evaluation for all initially requested privileges
There is a clearly defined process in place that facilitates the evaluation of each practitioner’s professional performance.

Information resulting from ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privileges.

Telemedicine

- MS.13.01.01
- CMS §482.12(a)(8) and (a)(9), and §482.22(a)(3) and §482.22(c)(6) (Bylaws Requirement)
EP 1. All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:

- Option 1—The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13.

- Option 2—The originating site privileges practitioners from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

- Option 3—The originating site uses the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met:
  
  - 1. The distant site is a Joint Commission–accredited hospital or ambulatory care organization.
  
  - 2. The practitioner is privileged at the distant site for those services to be provided at the originating site.
  
  - 3. For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges.
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- The originating site has evidence of an internal review of the practitioner’s performance of these privileges and sends to the distant site information that is useful to assess the practitioner’s quality of care, treatment, and services for use in privileging and performance improvement.

At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided; and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EP 9)

Note 1: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.

Note 2: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.

LD.04.03.09 EP 9 For hospitals that do not use Joint Commission accreditation for deemed status purposes:

When using the services of licensed independent practitioners from a Joint Commission–accredited ambulatory care organization through a telemedical link for interpretive services, the hospital accepts the credentialing and privileging decisions of a Joint Commission–accredited ambulatory provider only after confirming that those decisions are made using the process described in Standards MS.06.01.03 through MS.06.01.07, excluding MS.06.01.03, EP 2. (See also MS.13.01.01, EP 1)
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LD.04.03.09 EP 23 For hospitals that use Joint Commission accreditation for deemed status purposes:

The originating site has a written agreement with the distant site that specifies the following:

- The distant site is a contractor of services to the hospital.
- The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation.

- The originating makes certain through the written agreement that all distant-site telemedicine providers’ credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through 482.22(a)(1) through (a)(4). (See also MS.13.01.01.01, EP 1)
- The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the “Medical Staff” (MS) chapter (standards MS.06.01.01 through MS.06.01.03).

- The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site’s medical staff recommendation, which rely on information provided by the distant site.
CMS organizations:

- Anyone providing a medical level of care (involves making medical diagnosis and medical treatment decisions)

- "Competency Evaluation for Physicians and Others"--
  - Posted to organizations Joint Commission extranet 2/10/2011
  - Also included in the FPPE/OPPE Booster Pack—posted January 2011

MS.08.01.01 Focused Professional Practice Evaluation (pre 2004 termed Peer Review)

- Defines the Circumstances requiring monitoring and evaluation

- EP 1—Focused professional practice evaluation is done for all initial privileges effective January 1, 2008

MS.08.01.01 Focused Professional Practice Evaluation

- EP 1—Focused Review for New Privileges
  - All new privileges meaning all privileges for new applicants and all new privileges for existing practitioners.
  - All applicants for new privileges must have a period of focused evaluations
  - No exemption.
  - Predefined to ensure consistent implementation
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**MS.08.01.01 Focused Professional Practice Evaluation**

- EPs 2–9—Historical peer review process
  - triggered by practice indicators or performance issues or untoward outcomes
  - would not meet EP 1 for a review for all privileges

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**MS.08.01.01 Focused Professional Practice Evaluation**

- EP 3 Clearly defined process
  - method to determine the duration of performance monitoring
  - Activities vs. time period
  - Volume may be excessive or insufficient when using time periods
  - 12-month provisional period could be burdensome for high volume activity

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**MS.08.01.01 Focused Professional Practice Evaluation**

- EP 3—A Clearly defined Process
  - method for establishing the monitoring plan specific to the requested privilege
  - Predefined for new privileges
  - Determined at time of review for performance issues/triggers
    - Review committee
    - Department chair
    - MEC
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- **MS.08.01.01 Focused Professional Practice Evaluation**
  - EP 3 Circumstances under which monitoring by an external source is required
    - No other qualified practitioner
    - Those available would be biased

- **MS.08.01.01 Focused Professional Practice Evaluation**
  - EP 5--Triggers indicating need for performance monitoring are defined
    - The very obvious, e.g.,
      - Infection rate
      - Unanticipated patient death/or sentinel events
      - Validated complaints
      - Delay in diagnosis or treatment
      - Medical staff reported concerns
      - Repeat Admissions of previously discharged patients
    - Patterns or trends

- **MS.08.01.01 Most Frequently Cited**
  - EP 1—not implemented for all new practitioners
  - EP 3—not all components defined
  - EP 4—inconsistent implementation—new or issue/trigger based
  - EP 5—triggers not defined
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**MS.08.01.03 Ongoing Professional Practice Evaluation**

- **Information Used for Decisions to Maintain, Limit or Revoke Privileges**
  - Process includes
    - Evaluation of each practitioner's professional practice
    - Not just negative/outlier/trending data but also data on good performance

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**MS.08.01.03 Ongoing Professional Practice Evaluation**

- **EP 1. Clearly defined process, e.g.,**
  - Who will be responsible for reviewing performance data?
    - department chair, department as a whole, the credentials committee, the MEC, or a special committee of the organized medical staff.
  - How often the data will be reviewed.
  - Frequency defined by the organized medical staff
    - three months, six months, nine, months, etc.
    - twelve months would be periodic rather than ongoing.
  - the process to use the data to make decision whether to continue, limit or revoke privileges.
  - the department chair, credentials committee, MEC, governing body
  - how data will be incorporated into the credentials files - Data does NOT have to be kept in the credentials file as long as it is available at each review to determine patterns/trends

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**MS.08.01.03 Ongoing Professional Practice Evaluation**

- **EP 2. The type of data to be collected**
  - defined by individual medical staff departments and approved by the organized medical staff
  - Good Performance and Problem performance
  - Departments will know best what type of data will reflect both good and problem performance for the various practitioners in their departments.
MS.08.01.03 Ongoing Professional Practice Evaluation

- Most practitioners perform well
- Must have data on their actual good performance is needed
- As well as those practitioners with performance issues
- Failure to fall out on pre-defined screening criteria is not sufficient to comply with having performance data on every practitioner.

EP 3. Information resulting from the evaluation needs to be used to determine whether to continue, limit, or revoke any existing privilege (s) at the time the information is analyzed.

MS.08.01.03 Crosswalks to CMS CoP §482.22(a)(1) The medical staff must periodically conduct appraisals of its members.
Comment on a Standard

The Joint Commission Web site now includes a new online form to allow interested parties to comment on the standards. Please visit www.jointcommission.org and select the menu option shown below under the standards button.