


The Medical Staff Chapter and
the Survey Process...How to
Prepare

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Congratulations!




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OMG! What have I gotten
myself into?



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Your Very Important Role

- ▀ The last line of defense for the hospital, the medical staff, and most importantly:

THE PATIENT!

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Objectives

- ▀ How to prepare for the survey process
- ▀ Review of the TJC medical staff chapter, commonly scored EP's and why they get scored
- ▀ What to do (**and not do**) during the survey

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The Survey Process: How to Prepare

- ▀ Am I following a seasoned medical staff specialist who has updated processes?


OR

- ▀ Am I following a medical staff specialist who was at the organization a long time and had not updated their processes since 2007?

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The Survey Process: How to Prepare

- ▀ If the first situation exists, then learn as much as you can from her/him before they leave.
- ▀ If the second situation exists, then you will need to take a systematic approach to how you are going to update your medical staff files

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The Survey Process: How to Prepare

- ▀ Starting with up-to-date processes:
 - Make friends with quality director
 - Look through files of most recently appointed or reappointed practitioners
 - Check for primary source verification documentation
 - Look at OPPE/FPPE
 - Look at privilege formats

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The Survey Process: How to Prepare

- ▀ Starting with outdated processes:
 - Meet and make friends with quality director and the staff
 - Meet with medical staff leadership

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The Survey Process: How to Prepare

- Starting with outdated processes:
 - Look at individuals currently up for reappointment or appointment
 - Start with primary source verification
 - Appointment
 - Reappointment
 - Expiration

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The Survey Process: How to Prepare

- Starting with outdated processes:
 - Look at tracking mechanism for licensure, board certification, ACLS, BLS, certifications, etc.
 - If a tracking mechanism doesn't exist, need to develop one so that you are able to follow these.

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The Medical Staff Standards


- MS.01.01.01
 - Bylaws
 - Recent revisions in response to CMS
 - Best way to approach is to look at the bylaws and tab where EP 12-36 are located
 - If in rules and regulations, look to see if these are a part of bylaws and approval process

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The Medical Staff Standards

■ MS.01.01.03


- Look at process for amending the bylaws
- Review MEC minutes and governing body minutes to see if bylaws are amended and be sure not being done by just one side to the exclusion of the other.

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The Medical Staff Standards

■ MS.02.01.01


- Structure and function of MEC
- Will discern a lot of this through your review of minutes and discussion with medical staff leadership

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The Medical Staff Standards

■ MS.03.01.01

- Organized medical staff performs oversight
- This standard has multiple EP's and will be a collaborative effort between you, the quality department, the performance improvement department, the administration and, most importantly, the medical staff.

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The Medical Staff Standards

- MS.03.01.01
- Multiple EP's scored commonly:
 - EP 2 Privileges performed but not in file
 - EP 6 Minimal Content of History and Physical
 - EP 7 Medical Staff monitors quality of Histories and Physicals
 - EP 11 Medical Staff defines scope of History and Physical for outpatients

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The Medical Staff Standards

- MS.03.01.01
- Multiple EP's scored commonly:
 - EP 16 Medical staff reviews and approves qualifications of radiology staff
 - EP 17 Medical staff reviews and approves the qualifications of the nuclear medicine staff

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The Medical Staff Standards

- MS.03.01.03
- Coordination of care is responsibility of an appropriately privileged practitioner
 - EP 1: Who is the practitioner with primary responsibility?
 - EP 2: Pain management
 - EP 6: How does coordination between the practitioners occur

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The Medical Staff Standards

- MS.04.01.01
 - Applies to teaching hospitals
 - EP 1 Residency Supervision
 - EP 2 Written descriptions of roles and responsibilities of the various levels of residency available to medical staff and hospital staff

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The Medical Staff Standards

- MS.05.01.01
 - Organized medical staff involvement in PI: might roll some of this into OPPE
- MS.05.01.03
 - EP 3 Accurate, timely, and legible completion of medical records: how reviewed from a PI perspective: may be scored here if no PI process

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The Medical Staff Standards

- MS.06.01.01
 - EP 1 Cannot grant a privilege that resources have not been allocated to perform, medical staff and leadership determine appropriate time frame

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The Medical Staff Standards

- MS.06.01.03
- Credentialing: the Process
 - EP 5 Verification of applicant: ID
 - EP 6 Primary source verification, be able to show competence as well as licensure

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The Medical Staff Standards

- MS.06.01.05
- Privileges from A to Z
 - EP 1: LICENSE!!
 - EP 2: Criteria to be considered: all bullets apply
 - EP 3-5: Approval process for privileges exists and approved by MS and is consistent

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The Medical Staff Standards

- MS.06.01.05 (con't)
 - EP 6: Health status statement
 - EP 7: NPDB: can be subscription
 - EP 8: Peer references: 6 categories, be sure to include list of privileges with peer reference, may include attestation that privileges have been reviewed. Process if less than favorable or questionable.
 - EP 9: Any questions?

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The Medical Staff Standards

- MS.06.01.05 (con't)
 - EP 10: **Sufficient clinical information to grant, deny or limit the requested privilege.**
 - EP 11: Completed applications follow the time frame set in bylaws
 - EP 12: Updating of privileges as they change over time or **how does the hospital staff know who can do what?**

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The Medical Staff Standards

- MS.06.01.09
 - The process for notification of the applicant of privileges: be sure the letter reflects the actual date privileges were granted and the date they are good through, ex: 2/2/13-2/1/15. The date cannot be before the governing body meeting

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The Medical Staff Standards

- MS.06.01.11
 - Expedited Credentialing and Privileging
 - Can be designated to a committee of the board that has at least two voting members of the board
 - Process must exclude any applications with any questionable areas
 - EP 3-6: Possible exclusions for consideration

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The Medical Staff Standards

- ▶ MS.06.01.13
- ▶ Temporary Privileges
 - Urgent patient need
 - Awaiting the meeting of MEC and/or governing body
 - Needs to have a clean application
 - Granted by CEO or designee
 - No longer than 120 days

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The Medical Staff Standards

- ▶ MS.07.01.01
- ▶ Medical Staff membership
 - EP 1 Criteria developed by medical staff; cannot be solely based on certification, fellowship or society membership
 - EP 3 Cannot exclude based on race, gender, creed, or national origin

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The Medical Staff Standards

- ▶ MS.07.01.03
- ▶ Peer Evaluation Requirements
 - EP 1: Need on all new applicants; send privileges requested
 - EP 2: Insufficient data at reappointment: use peer references
 - EP 3: 6 general competencies
 - EP 4: Same discipline, watch for bias

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The Medical Staff Standards

- MS.08.01.01
- FPPE
 - EP 1 A period of focused review is implemented for all newly requested privileges (new or current practitioner); make sure to include in appointment letter
 - EP 2-9 Classic Peer Review
 - Clearly defined process with clear triggers
 - Consistently implemented

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The Medical Staff Standards

- MS.08.01.03
- OPPE
 - EP 1 Clearly defined process
 - EP 2 Medical staff determined indicators
 - EP 3 Use of information for granting, limiting or denying privileges

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The Medical Staff Standards

- MS.09.01.01
 - Actually the administrative part of OPPE
 - EP 1 Clearly defined process for addressing clinical practice concerns
 - EP 2 Uniformly addressing reported concerns

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The Medical Staff Standards

- MS.10.01.01
- Fair Hearing Process
 - As defined in bylaws
- MS.11.01.01
 - Managing issues with the individual health of practitioners

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The Medical Staff Standards

- MS.12.01.01
- CME Requirements
 - EP 1 Medical staff input
 - EP 2 Does CME reflect what is done at organization?
 - EP 3 Does education reflect org. PI?
 - EP 4 Documentation (can be by licensure requirement)
 - EP 5 Used as a part of reappointment

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The Medical Staff Standards

- MS.13.01.01
- Telemedicine Options
- Regardless of option chosen: must maintain a file.
 - EP 1 Full Credentialing
 - This is traditional process
 - Changed in response to cumbersome nature of performing this process

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The Medical Staff Standards

- ▶ MS.13.01.01 (con't)
- ▶ Telemedicine Options
 - EP 2 Use the information from distant TJC site to put practitioners through their process
 - EP 3 Use the decision from the TJC distant site
 - Must have in contract
 - Must have access to and ability to provide quality data

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The Medical Staff Standards

- ▶ MS.13.01.03
- ▶ Telemedicine
 - EP 1 What can be done through this medium
 - EP 2 Quality should be industry standard

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Other Standards to Consider

- ▶ EM.02.02.13
- ▶ Disaster Privileging
 - EP 2 Who can grant must be in bylaws
 - EP 5 Must have a valid government issued photo ID **AND** one of the other ID forms listed in standard

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Other Standards to Consider

- HR.01.02.05 EP 10
- Physician assistants and advanced practice registered nurses who practice within the hospital are credentialed, privileged, and re-privileged through the medical staff process or an equivalent process

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Other Standards to Consider

- HR.01.02.05 EP 10 (con't)
- For organizations using TJC for deemed status, advanced practice registered nurses who are licensed independent practitioners are credentialed and privileged only through the medical staff credentialing and privileging process

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Other Standards to Consider

- HR.01.02.05
 - EP 11-15 Equivalent process
 - Must be approved through governing body
 - Same credentials evaluation
 - Current competence evaluation
 - Peer recommendations
 - Committee and MEC input

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During the Survey: What to Do

- When survey team arrives, attend opening conference if authorized
- If not at opening conference, be in touch with quality director to see agenda and determine when and who would be doing credentials session

During the Survey: What to Do

- When OK with administration, touch base with the surveyor who will be doing the credentials session to determine the best way to facilitate the session
- No need to print out information if kept in electronic format, but need to have someone available during the session to “drive” the computer

During the Survey: What to Do

- Once you obtain the actual list from the survey coordinator, pull the credentials file and review for the items we reviewed on previous slides.
- If LIP's are employed, be sure to have HR file and employee health file for review.

During the Survey: What to Do

- ▶ If you find something missing from the file, it is OK to see if it is able to be found. However, if it is unable to be located, just be honest with the surveyor when asked
- ▶ During the session, also have OPPE/FPPE data to be reviewed and someone who can speak to the process

Questions?

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