



# The Next Step: The Medical Staff, Performance Improvement, and High Reliability

Laurel McCourt, M.D.  
TJC Surveyor: Hospital and Office-Based Surgery Programs, and Special Survey Unit



© Copyright, The Joint Commission

---

---

---

---

---

---

---

---



## Objectives

1. Discuss the concept of physician engagement in performance improvement and quality: historical perspective and current expectations.
2. Review TJC resources for medical staff leadership
3. Discuss most commonly scored standards in MS chapter...and how to be compliant



Client name/ Presentation Name/ 12pt - 2

© Copyright, The Joint Commission

---

---

---

---

---

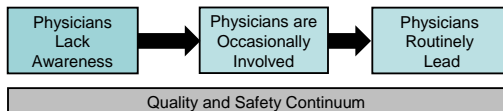
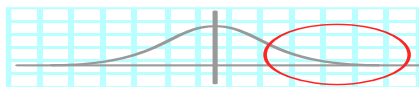
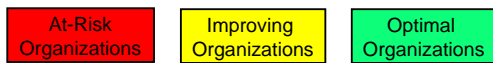
---

---

---



## Aspiring Higher: How does The Joint Commission help organizations shift their performance curve to the right?



Client name/ Presentation Name/ 12pt - 3

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

## Brief History of TJC Focusing on its Significant Physician Contributions and Engagement

- Ernest Codman, MD
- The American College of Surgeons
- Corporate Member Organizations (ACS, ACP, AHA, AMA, ADA)
- Half of the board of trustees are physicians

---

---

---


---

---

---

---

---



**Ernest Amory Codman**  
(1869-1940)

"So I am called eccentric for saying in public: that hospitals, if they wish to be sure of improvement, must find out what their results are; must analyze their results, to find out their strong and weak points; must compare their results with those of other hospitals; ... and must welcome publicity not only for their successes but for their errors.... Such opinions will not be eccentric a few years' hence."  
—ERNEST A. CODMAN, 1916

---

---

---

---

---

---

---

---

Ernest Amory Codman, M.D., (December 30, 1869–November 23, 1940) was a U.S. physician.<sup>[1]</sup> He was an advocate of hospital reform and is the acknowledged founder of what today is known as outcomes management in patient care. It was his lifelong pursuit to establish an "end results system" to track the outcomes of patient treatments as an opportunity to identify clinical misadventures that serve as the foundation for improving the care of future patients. He also believed that all of this information should be made public so that patients could be guided in their choices of physicians and hospitals.

Codman graduated from [Harvard Medical School](#) in 1895 and interned at [Massachusetts General Hospital](#). He joined the surgical staff of Massachusetts General and became a member of the Harvard faculty. While there, he instituted the first [morbidity and mortality](#) conferences. However, in 1914, the hospital refused his plan for evaluating surgeon competence, and he lost his staff privileges there. Dr. Codman eventually established his own hospital (which he called the "End Result Hospital") to pursue the performance measurement and improvement objectives he believed in so fervently. To support his "end results theory," Dr. Codman made public the end results of his own hospital in a privately published book, *A Study in Hospital Efficiency*. Of the 337 patients discharged between 1911 and 1916, Dr. Codman recorded and published 123 errors.

With an interest in health care quality, Dr. Codman also helped lead the founding of the [American College of Surgeons](#) and its [Hospital Standardization Program](#). The latter entity eventually became the [Joint Commission on Accreditation of Healthcare Organizations](#). He also established the first bone tumor [registry](#) in the United States, an idea which had first been suggested by the British physician Sir [Thomas Percival](#) in 1803.

Dr. Codman's name is also attached to "Codman's Exercises," a series of exercises for the purpose of regaining [range of motion](#) (see [Physical therapy](#)), and "Codman's Tumor," a benign tumor of the [cartilage](#).

Dr. Codman married Katherine P. Bowditch on November 16, 1899.

In 1996, in tribute to Ernest Codman, M.D., the Joint Commission published the book "Codman: A Study in Hospital Efficiency." The Commission also established the Ernest A. Codman Award for the use of outcomes measures to advance the quality and safety of patient care.

---

---

---

---

---



---

---

---

**Medical Staff and Leadership:  
PI and Quality  
Survey Expectations**

- ▀ The two should not be mutually exclusive nor functioning in silos.

 Client name/ Presentation Name/ 12pt - 7 

---

---

---

---

---



---

---

---

**Medical Staff and Leadership:  
PI and Quality  
Survey Expectations**

- ▀ In order to show compliance with MS 05.01.01 the surveyors should be able to discern from meeting minutes and discussion with physicians that there is significant medical staff involvement in performance improvement.

 Client name/ Presentation Name/ 12pt - 8 

---

---

---

---

---



---

---

---

**Medical Staff and Leadership:  
PI and Quality  
Survey Expectations**

- ▀ From a leadership perspective, the organization's administration, in partnership with the medical staff, should be able to show how an organization-wide patient safety program has been implemented as delineated in LD 04.04.05. This will be assessed through the review of minutes and the leadership session.

 Client name/ Presentation Name/ 12pt - 9 

---

---

---

---

---

---

---

---

## The Challenge

awareness

access

application

**ADVOCACY!**

The Joint Commission

Client name/ Presentation Name/ 12pt - 10

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

## The Joint Commission Performance Improvement Tool Box

The Joint Commission

Client name/ Presentation Name/ 12pt - 11

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

## The Joint Commission Performance Improvement Tool Box

- ▀ High Reliability Portal
- ▀ TST
- ▀ Healthcare Acquired Infections Portal
- ▀ Core Measures and Solutions Connect
- ▀ Leading Practice Library
- ▀ BoosterPak

The Joint Commission

Client name/ Presentation Name/ 12pt - 12

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---



The screenshot displays the 'Healthcare Acquired Infections' page on The Joint Commission website. The page includes a navigation menu at the top with options like Accreditation, Certification, Standards, Measurement, Press Room, Topics, and About Us. The main content area is divided into sections for 'Information', 'Infection Prevention Information', and 'Information by Accreditation Program'. The 'Information' section lists various programs such as CLASP, CLASP+, National Nosocomial Infection Study (NNIS), and VAP. The 'Infection Prevention Information' section lists topics like Assessment of Care, Handwashing, Patient Education, and Staff Education. The 'Information by Accreditation Program' section lists programs like Ambulatory Health Care, Behavioral Health Care, Critical Access Hospital, Home Care, Pharmacy, Laboratory Services, and Long Term Care.

The Joint Commission  
Client name/ Presentation Name/ 12pt - 16  
© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

---

---

---

---

The screenshot displays the 'Accreditation Tools' page on The Joint Commission Connect website. The page features a navigation menu at the top with options like Home, Contact Us, JointCommission.org, and QualityCheck.org. The main content area is divided into sections for 'Accreditation Tools', 'Application for Accreditation', 'Reports', 'Pre-Survey', 'Accreditation Contracts and Fees', 'Post-Survey', 'Quality Improvement Tools', and 'Performance Measurement (DRYX)'. The 'Accreditation Tools' section lists items like Accreditation Self-Assessment (ASA), Statement of Conditions, Complaint Response, and Self-Report System. The 'Application for Accreditation' section lists items like Application and Survey Check Service Profile. The 'Reports' section lists items like Accreditation Report, Focus Process, Accreditation Quality Report, and DRYX Performance Measure Report. The 'Pre-Survey' section lists items like Survey Planning Tools and Survey Ready Guide. The 'Accreditation Contracts and Fees' section lists items like Contracts and Fee Billing and Invoice Information. The 'Post-Survey' section lists items like Evidence of Standards Compliance, Measure of Success, Pledges of Care, Evaluations, and Certificates. The 'Quality Improvement Tools' section lists items like Strategic Surveillance System, Customer Voice Measurement, Targeted Solutions Tool, and Leading Practice Library. The 'Performance Measurement (DRYX)' section lists items like DRYX Measure Selection, DRYX Performance Measure Report, Documentation and Reader Links, and National/State Care Measures Comparison Data.

The Joint Commission  
ie/ 12pt - 17  
© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

---

---

---

---

## Complimentary Resources: Leading Practice Library

The screenshot displays the 'Leading Practice Library' page on The Joint Commission Connect website. The page features a navigation menu at the top with options like Home, Contact Us, JointCommission.org, and QualityCheck.org. The main content area is divided into sections for 'WELCOME', 'LEADING PRACTICE LIBRARY DOCUMENTS', and 'Acute Phase ECT Consent'. The 'WELCOME' section contains a message: 'Welcome to the Joint Commission's Leading Practice Library. You will find some helpful documents in the "Tutorials" section in the assist you in locating and using the documents in the library.' The 'LEADING PRACTICE LIBRARY DOCUMENTS' section lists several documents with their titles and accreditation types. The 'Acute Phase ECT Consent' section lists documents related to Hospital Accreditation (HAP).

The Joint Commission  
Client name/ Presentation Name/ 12pt - 18  
© Copyright, The Joint Commission

---

---

---

---

---

---

---


---

---


---

---

---



**OPPE/FPPE:**  
Performance Improvement  
Processes  
MS.08.01.01 and MS.08.01.03

 Client name/ Presentation Name/ 12pt - 19

© Copyright, The Joint Commission

---

---

---


---

---

---

---

---




**OPPE and FPPE: Performance  
Improvement Processes**

**OPPE**

- Require organizations to review performance data for all practitioners with privileges on an ongoing basis rather than the two year reappointment process and thus allow them to take the appropriate steps to improve performance on a more timely basis

**FPPE**

- Require organizations to establish a process to evaluate the specific competence of all practitioners who do not have documented evidence of competency performing the privileges at the organization (e.g. new appointees, new privileges for current staff)
- Process to evaluate a current privileged practitioner's ability to provide safe, high quality patient care.

 Client name/ Presentation Name/ 12pt - 20

© Copyright, The Joint Commission

---

---

---


---

---

---


---

---



**OPPE and FPPE: Performance  
Improvement Processes**

- ▀ Metrics should be consistent with the performance improvement goals of the organization
- ▀ Licensed Independent Practitioners should have access to comparative data in order to improve
- ▀ Should align with ACGME core competencies

 Client name/ Presentation Name/ 12pt - 21

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

## OPPE

- ▶ MS.08.01.03 Ongoing Professional Practice Evaluation
  - EP 1: Clearly defined process for ongoing professional practice evaluation of all providers
  - EP 2: Data to be collected defined by departments and approved by the Medical Staff
  - EP 3: Information used in determination to continue, limit or revoke any existing privileges

The Joint Commission
Client name/ Presentation Name/ 12pt - 22
© Copyright, The Joint Commission

---

---

---

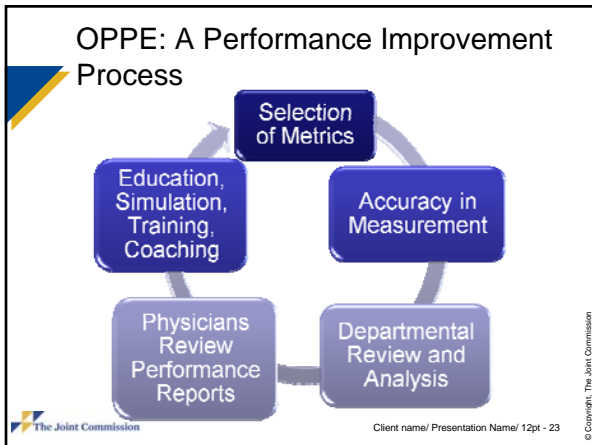
---

---

---

---

---




---

---

---

---

---

---

---

---

## OPPE

- ▶ Ongoing Professional Practice Evaluation
  - Clearly defined process
    - Who will be responsible for reviewing data
      - Department chair, credentials committee, the MEC, or a special committee
      - Review must be medical staff driven process; not clerical function
    - How often the data will be reviewed
      - Frequency defined by the organizations medical staff such as every three to nine months (twelve months is periodic rather than ongoing)

The Joint Commission
MS.08.01.03 EP 1  
Client name/ Presentation Name/ 12pt - 24
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---



**OPPE**

- ▀ Ongoing Professional Practice Evaluation
  - Clearly defined process
    - Process to use the data to make decision whether to continue, limit or revoke privileges
      - Department chair, credentials committee, MEC, governing body
    - How results will be incorporated into the credentials files


MS.08.01.03 EP 1  
Client name/ Presentation Name/ 12pt - 25  
© Copyright, The Joint Commission

---

---

---

---

---


---

---

---

**OPPE**

- ▀ Ongoing Professional Practice Evaluation – Data to be Collected
  - Defined by individual medical staff departments and approved by the organized medical staff
    - This can be as department specific as warranted by the organization's service lines
  - Departments will know best what type of data will reflect both good and problem performance for the various practitioners in their departments
  - Data not just negative/outlier/trending data, but also data on good performance


MS.08.01.03 EP 2  
Client name/ Presentation Name/ 12pt - 26  
© Copyright, The Joint Commission

---

---

---

---

---


---

---

---

**OPPE**

- ▀ Examples of Organization-Wide Indicators
  - H&P recorded legibly within 24 hours of admission
  - If H&P within 30 days used, update note within 24 hours or prior to procedure
  - Required elements of H&P present
  - Routine pages returned within 30 minutes
  - Length of stay data
  - Appropriate use of consultants
  - Complaints and compliments
  - Professional behavior


MS.08.01.03 EP 2  
Client name/ Presentation Name/ 12pt - 27  
© Copyright, The Joint Commission

---

---

---

---

---


---

---

---

**OPPE**

- ▀ Examples of Departmental Indicators
  - General indicators depending on specialty
  - Blood utilization
  - Morbidity and mortality data
  - Number and type of procedures performed
  - Need for reversal after moderate sedation
  - Core measures
  - National Surgical Quality Improvement Program


MS.08.01.03 EP 2  
Client name/ Presentation Name/ 12pt - 28  
© Copyright, The Joint Commission

---

---

---

---

---

---

---


---

---

---

**OPPE**

- ▀ Examples of Departmental Indicators
  - Anesthesia
  - Re-intubation
  - Dental Injury
  - Spinal Headache
  - Gynecology
  - Documented conservative treatment before hysterectomy
  - Ureteral or visceral damage during surgery
  - More than 4-day stay after hysterectomy


MS.08.01.03 EP 2  
Client name/ Presentation Name/ 12pt - 29  
© Copyright, The Joint Commission

---

---

---

---

---

---

---


---

---

---

**OPPE**

- ▀ What about Advance Practice Registered Nurses and Physician's Assistants?
  - Must have comparable data
  - If part of a group, same data as applied to other group members should be available
  - Professional organizations sites
  - Need to avoid bias


MS.08.01.03 EP 2  
Client name/ Presentation Name/ 12pt - 30  
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---


---

---

**OPPE**


**▀ Ongoing Professional Practice Evaluation – Tailoring the Process**

- Try to use indicators for which data is easy to obtain (may change over time)
- Set thresholds for further review, such as three instances in three months
- Document “zero” data as well, it is in fact data
  - Can be evidence of good performance, e.g., no returns to the OR, no complications, no complaints, no infections, etc.
  - It is important to know when someone is not performing certain privileges over time



**MS.08.01.03 EP 2**  
Client name/ Presentation Name/ 12pt - 31  
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---


---

---

**OPPE**


**▀ Ongoing Professional Practice Evaluation – Outcomes**

- Most practitioners perform well
- Tripping indicators requires further review
- May share the data with the practitioners themselves
  - They can see areas in which they are doing well
  - They may seek to self-modify behavior
  - Presentation of comparative data aggregated from peers can be a strong influence



**MS.08.01.03 EP 3**  
Client name/ Presentation Name/ 12pt - 32  
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---


---

---

**OPPE**


**▀ Ongoing Professional Practice Evaluation – Using the Information**

- Information from the evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s) at the time the information is analyzed
- Some possibilities:
  - Continue the privilege unchanged
  - Direct further education
  - Direct a focused professional practice evaluation
  - Modify an existing privilege
- Evidence of determination much be documented in record at time of each review



**MS.08.01.03 EP 3**  
Client name/ Presentation Name/ 12pt - 33  
© Copyright, The Joint Commission

---

---

---

---

---

---

---


---

---

---

**OPPE**

- ▀ A robust process will enable:
  - A more meaningful and expeditious review at the time of reappointment
  - Compliance with MS 06.01.07 EP 7: consistent application of granting/denial criteria
  - Compliance with MS 06.01.05: sufficient clinical performance to grant a privilege.


Client name/ Presentation Name/ 12pt - 34
© Copyright, The Joint Commission

---

---

---

---

---


---

---

---

**FPPE**

- ▀ Focused Professional Practice Evaluation
  - Historical peer review process
    - Triggered by practice indicators or performance issues or untoward outcomes
    - Could meet EP's 2 – 9
  - Would not meet EP 1 for a review for all privileges


**MS.08.01.01**  
Client name/ Presentation Name/ 12pt - 35
© Copyright, The Joint Commission

---

---

---

---

---


---

---

---

**FPPE**

- ▀ Focused Professional Practice Evaluation for New Privileges
  - Evaluates privilege-specific competence
    - All new privileges - all privileges for new applicants and all new privileges for existing practitioners
      - See how they perform in your environment
      - Identify early concerns
      - Taking a course does not prove competency
  - No exemption for board certification, documented experience, or reputation


**MS.08.01.01 EP 1**  
Client name/ Presentation Name/ 12pt - 36
© Copyright, The Joint Commission

---

---

---

---


---

---

---

---

**FPPE**


**▀ Focused Professional Practice Evaluation for New Privileges – Tailoring the Process**

- Multi-tiered approach
- Different for different levels of documented training and experience
- Practitioners coming directly from an outside residency program versus directly from the organization's residency program
- Practitioners coming with a documented record of performance of the privilege and its associated outcomes versus those with no record

MS.08.01.01 EP 1  
Client name/ Presentation Name/ 12pt - 37  
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---

---

---

**FPPE**


**▀ Focused Professional Practice Evaluation for New Privileges – Evaluating All Privileges**

- Individual privileges
- Group very similar activities together
  - Evaluate a set number of any mix of the privileges, e.g., any ten from the group will be evaluated to determine competence for the whole group
  - Cannot just look at one privilege from the group

MS.08.01.01 EP 1  
Client name/ Presentation Name/ 12pt - 38  
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---

---

---

**FPPE**


**▀ Focused Professional Practice Evaluation for New Privileges – Clearly Defined Process**

- Criteria for conducting focused performance monitoring
  - Predetermined for new privileges
- Method for a monitoring plan specific to privilege
  - May be department specific
- Method for determining duration of monitoring
  - Length of Time versus Number of Cases
- Circumstances under which external monitoring is required
  - No other qualified practitioner/potential bias

MS.08.01.01 EP 3  
Client name/ Presentation Name/ 12pt - 39  
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---


---

---

**FPPE**


**Focused Professional Practice Evaluation for New Privileges – Methodology**

- Time period versus number of activities process
  - Use defined number of months
  - Volume may be excessive or insufficient when using time periods
  - Activity numbers allow flexibility
  - Defined number of admissions
  - Defined number of procedures
  - For infrequently performed privilege, numbers potentially better than a time period



**MS.08.01.01 EP 3**  
Client name/ Presentation Name/ 12pt - 40  
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---


---

---

**FPPE**


**Focused Professional Practice Evaluation for New Privileges – Methodology**

- Review type can vary, direct observation for certain privileges vs. chart audits for other privileges
  - Chart review (Internal or External)
  - Direct observation
  - Simulation
  - Discussion with other individuals involved in the care of each patient including consulting Practitioners, assistants at surgery, nursing, and administrative personnel



**MS.08.01.01 EP 7**  
Client name/ Presentation Name/ 12pt - 41  
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---


---

---

**FPPE**


**Focused Professional Practice Evaluation for Performance Concerns – Defined Process**

- Criteria for conducting focused performance monitoring
- Method for a monitoring plan
- Method for determining duration of monitoring
- Circumstances under which external monitoring is required



**MS.08.01.01 EP 3**  
Client name/ Presentation Name/ 12pt - 42  
© Copyright, The Joint Commission

---

---

---

---

---

---


---

---


---

---

**FPPE**


**Focused Professional Practice Evaluation for Performance Concerns – Criteria**

- Triggers indicating need for performance monitoring such as
  - Defined number of events occurring
  - Defined number of individual peer reviews with adverse determinations
  - Elevated infection rates
  - Sentinel events


**MS.08.01.01 EP 5**  
Client name/ Presentation Name/ 12pt - 43

© Copyright, The Joint Commission

---

---

---

---


---

---


---

---

**FPPE**


**Focused Professional Practice Evaluation for Performance Concerns – Criteria**

- Other considerations
  - Small number of admissions/procedures over an extended period of time
  - Increasing lengths of stay compared to others
  - Increasing number of returns to surgery
  - Frequent/repeat readmission for the same issue
  - Patterns of unnecessary diagnostic testing/treatments
  - Failure to follow approved clinical practice guidelines


**MS.08.01.01 EP 5**  
Client name/ Presentation Name/ 12pt - 44

© Copyright, The Joint Commission

---

---

---

---


---

---


---

---

**FPPE**


**Focused Professional Practice Evaluation for Performance Concerns – Methodology**

- Review type again can vary
- Criteria for type of monitoring based upon triggering issue
  - Chart review (Internal or External)
  - Direct observation
  - Simulation
  - Discussion with other individuals involved in the care of each patient


**MS.08.01.01 EP 6,7**  
Client name/ Presentation Name/ 12pt - 45

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

## FPPE

- ▶ Focused Professional Practice Evaluation for Performance Concerns – Methodology
  - Defined length of time or number of cases
  - Individual and/or committee review
    - If individual, watch for potential bias
    - If individual: are they qualified to review this individual?
    - May need external source for review.
  - Review may be extended depending on findings

MS.08.01.01 EP 6.7  
Client name/ Presentation Name/ 12pt - 46  
© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

## FPPE

- ▶ Focused Professional Practice Evaluation for Performance Concerns – Using the Results
  - Define measures to resolve performance issues such as:
    - Performance improvement plan
    - Necessary education
    - Proctoring/assisting for defined privileges
    - Revision of privileges
      - Voluntary vs. Involuntary
  - Implement measures consistently

MS.08.01.01 EP 8.9  
Client name/ Presentation Name/ 12pt - 47  
© Copyright, The Joint Commission

---

---

---

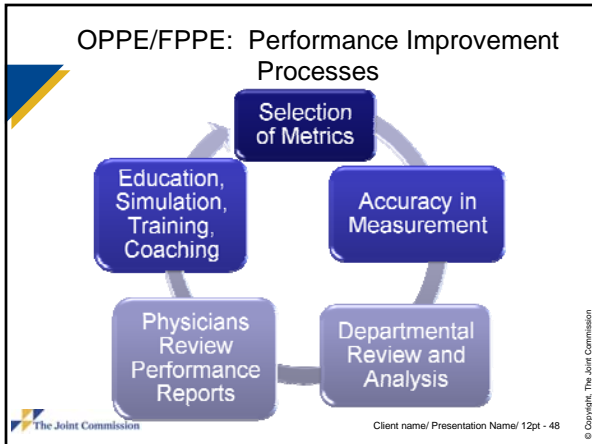
---

---

---

---

---




---

---

---

---

---

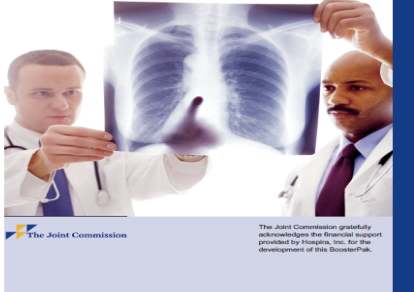
---

---

---



**Standards BoosterPak™ for Focused Professional Practice Evaluation/ Ongoing Professional Practice Evaluation (FPPE/OPPE)**



The Joint Commission gratefully acknowledges the financial support provided by Hospira, Inc. for the development of the BoosterPak.

The Joint Commission

Client name/ Presentation Name/ 12pt - 49

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

---

---

---

---

The Joint Commission **Connect™**

Accreditation Home

WHAT'S DUE

NEW REPORTS

Board Letter	01/02/12
Accreditation Report	01/02/12
Final Letter	01/02/12
Accreditation Report	01/02/12
Level Compliance	01/02/12
Priority Focus Report	01/02/12
Other Compliance	01/02/12

Accreditation Tools

Continuous Compliance Tools

- Interim Monitoring (IM)
- Statement of Compliance
- Complete Response
- TS&R Report (Drafted) - web
- Standards BoosterPak™
- Additional Tools
- Persepectives
- TS&R Central Contact

Application for Accreditation

- General Application for Accreditation
- Laboratory Application for Accreditation
- Quality Check Service Profile

Client name/ Presentation Name/ 12pt - 50

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

---

---

---

---

Home » Quality Improvement Tools

**Quality Improvement Tools**

Standards BoosterPaks™

- Management of Hazardous Waste in Health Care Facilities™ - NEW 12/2012
- Consentment of Care (CC) (04/01/01, 02/04/01/03, 02/04/01/04)™
- Sample Collection™
- Surveys (Risk) (01/01/01)™
- TS&R (01/01/01)™
- Standards BoosterPak™ (Ongoing Professional Practice Evaluation of FPPE/OPPE)™ (Ring-Binder Binder)

FAQs about the BoosterPak

**What is a BoosterPak?**

A BoosterPak is a searchable document intended to provide detailed information about a single standard or topic area that has been associated with a high volume of inquiries or non-compliance scores in the hospital field.

The BoosterPak concept was developed as one method to address the issue of consistency of standards interpretation.

BoosterPaks contain:

- Description of Standard and Implementation Suggestions
- Frequently Asked Questions, Definitions, and Additional Information about Specific Topics
- Supporting Documentation, Evidence, Value, Historical Information, and Additional References and Links

**Who should use a BoosterPak?**

BoosterPaks are intended for accredited hospitals, critical access hospitals and staff within the Joint Commission enterprise only to improve the understanding and consistency of standard interpretation.

**Can the BoosterPak be copied?**

The Joint Commission grants permission to accredited organizations to copy this BoosterPak for use internally with the organization. Permission is not granted and it is expressly prohibited to copy this BoosterPak for distribution or use outside of the organization without the express written permission of The Joint Commission. Requests for such written permission should be addressed to:

Director, Standards Interpretation Group  
The Joint Commission  
1 Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181

Client name/ Presentation Name/ 12pt - 51

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

---

---

---

---



Other commonly scored standards impacting medical staff...



Client name/ Presentation Name/ 12pt - 52

© Copyright, The Joint Commission

---

---

---


---

---

---


---

---



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.
  - Practitioners sometimes forget to request privileges that they have always had.



Client name/ Presentation Name/ 12pt - 53

© Copyright, The Joint Commission

---

---

---


---

---

---


---

---



MS.03.01.01 EP 7

- The organized medical staff monitors the quality of medical histories and physical examination.
  - OK to have medical records department gathering the data: must be sure that they are trained as to what to look for
  - Oversight of this process should be done by the medical staff



Client name/ Presentation Name/ 12pt - 54

© Copyright, The Joint Commission

---

---

---

---

---

---

---

---

## MS 03.01.03 EP 2

- ▀ The hospital educates all licensed independent practitioners on assessing and managing pain
  - Need documentation of this, no requirement that it be annual

---

---

---

---

---

---

---

---

## The Joint Commission Disclaimer Statement

- ▀ These slides are current as of **March 10, 2013**. The Joint Commission reserves the right to change the content of the information, as appropriate.
- ▀ These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.
- ▀ These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.

---

---

---

---

---

---

---

---