

American Hospital Association R

840 NORTH LAKE SHORE DRIVE · CHICAGO, ILLINOIS 60611

TELEPHONE 312 645-0400

CABLE ADDRESS: AMHOSP.

The Medical Research Center

REPOSITORY

Records Holding Area Bldg. 494

Brookhaven National Laboratory

COLLECTION

Meetings / Minutes / Agendas

Upton, L. I., New York

BOX No.

2

June, 1973

FOLDER

Governing Body 1971-1974

726199

TO: Institutional Members

Since the AHA issued its Statement on a Patient's Bill of Rights early this year, there have been widely diverse reactions to it. On the one hand, the communication media and the public generally reacted very favorably and commended the document. While most hospitals received it in a positive vein, others were more reserved and approached the document's implementation with caution.

This is understandable, and it is recognized that the hospitals' reservation and caution are not the result of any disagreement with the principles embodied in that document. In some cases it is because, as they point out, they have always practiced the rights contained in the document and to adopt or endorse it publicly would be tantamount to admitting or implying that they had not practiced them. In some cases, there have been difficulties with interpretation of some of the phrases in the rights. The patient's right to "informed consent" has presented difficulty, as has his right to "refuse treatment." The right which the patient has to a "reasonable response to a request for service" has also presented some major concerns to hospitals.

It needs to be emphasized, once again, that the Association's Patient's Bill of Rights is but a guideline and a focus. It is not intended that hospitals should accept this document as it stands, but it is hoped that it will at least serve as a stimulus to them to take some action toward clarifying and identifying a more understandable and acceptable relationship between themselves and their patients. The hospital may adopt the AHA document as is, or adapt and revise it to fit the local situation. Or the hospital may wish to draft its own document without reference to the Association's. In any case, it is quite possible to come up with documents which are meaningful and operative. The hospital also has the choice of not formally adopting any statement, where that seems the best path to follow.

Our Bureau of Public and Community Relations staff has developed this packet of materials for use as a guide to developing, approving and announcing, a patient's bill of rights. In answer to concerns expressed by member hospitals, a document which deals with the patient's

1181499



75 YEARS OF SERVICE TO HOSPITALS

Letter to Institutional Members

-2-

responsibility for his own health is in the process of being developed for review by the Board of Trustees before distribution to membership. In the meantime, however, the Patient's Bill of Rights can stand alone as a most important document.

This kit is divided into two sections. Materials in the left pocket relate to patients' rights generally, the adoption or adaptation of such a document, and its implementation. It includes an explanation of the AHA's document, point-by-point; a report on action regarding that document; a memorandum to the administrator and chairman of the hospital board regarding patients' rights; a checklist to help implement a bill of rights; and a questionnaire which will help us know what is happening in the field in terms of patients' rights.

The second part of the packet, in the right pocket, deals with materials designed to help implement the program in terms of gaining understanding and informing the hospital's various publics. It includes a summary of public response to the AHA's rights document; implications for training and education; suggested ways to publicize a rights document; sample news stories and editorials; a copy of the AHA's brochure and poster on the Patient's Bill of Rights and an order blank.

This program kit has been designed to help you think through the sensitive area of patients' rights in relation to your own institution and its unique problems, and in the announcement of a bill of rights for your patients if that is the course you choose to follow.

We will continue to monitor activity around the country regarding the AHA's Patient's Bill of Rights. We will appreciate your return of the brief questionnaire or learning from you the action taken in your institution.

John Alexander McMahon
President

1181500

Report of Ad Hoc Committee on Administration of Hospital

Because of the continually increasing amount of work incumbent upon the two offices in recent years, it is proposed that the authorities, responsibilities, and duties of the Chief of Staff of the Medical Staff of the Hospital and of the chief executive officer of the Hospital be assigned to two individuals. To establish clear lines of responsibility and authority, the Chief of Staff will be the professional and clinical head of the Hospital responsible for the functioning of its clinical organization and having authority and maintaining supervision over the clinical work of the Hospital; the chief executive officer, who shall have the title of Hospital Administrator, will be the administrative head of the Hospital organization having authority and maintaining supervision over all non-clinical operations of the Hospital including maintenance and services supplied by other units of the Medical Department and other Departments and Divisions of the Laboratory.

Both the Chief of Staff and the Hospital Administrator shall report directly to the President of the Governing Body (Chairman, Medical Department) and shall be continuously responsible for carrying out the expressed aims and policies of the Governing Body in their respective areas. An organizational chart is appended to indicate lines of authority and responsibility.

It is the intent of the Governing Body that the maintenance of high professional standards and high quality of patient care be the primary goal of each employee, and that the administrative mission be the furtherance of this objective. Conflicts between professional practices and administrative procedures will be referred to the Chief of Staff and the Hospital Administrator who are expected to cooperatively resolve such conflict. Any matters not satisfactorily resolved by these two officers will be referred promptly to the President of the Governing Body.

The Chief of Staff shall be responsible for:

1. all professional activities within the Hospital
2. providing advice and guidance on medical policies of the Hospital
3. continued review of the professional performance of all physicians with clinical privileges
4. enforcement of Medical Staff Bylaws, Rules and Regulations
5. assuring coordination of the professional services with Medical Department and Laboratory administrative offices
6. review of JCAH recommendations and comments with each professional service and implementation of applicable standards and interpretations
7. reporting to the Governing Body on clinical and professional activities of the Hospital

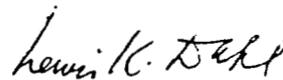
1181501

The Hospital Administrator shall be responsible for:

1. providing the physical resources and personnel required to carry out the policies of the Governing Body and to meet the needs of the professional services in providing for the needs of the patients
2. cooperation with the Medical Staff and with all those concerned with the rendering of professional service to the end that the highest quality of care is rendered to the patient
3. efficient operation of all units of the Hospital
4. conformance of the Hospital's operations with the applicable policies and procedures of the Atomic Energy Commission, Associated Universities, Inc., Brookhaven National Laboratory, the standards of the JCAH and the applicable laws and regulations of the local, State and Federal Governments.
5. reporting to the Governing Body on operational activities of the Hospital and serving as ex officio member on committees appointed by the Governing Body

To simplify the administrative structure of the Hospital it is further recommended that the office of President of Staff be eliminated (see Appendix 1).

Respectfully submitted,



L. K. Dahl, M. D.



W. A. Finn

5/21/73

mb

1181502

APPENDIX I

By virtue of designation of Chairman of the Medical Department as President of the Governing Body to which group the Medical Staff is responsible; and by virtue of the Chief of Staff being assigned the authority and responsibility for supervising the clinical work of the Hospital; it seems redundant to have an office of President of Staff which office is automatically filled by the Chairman of the Medical Department.

To eliminate the office of President of Staff requires amendment of the Medical Staff Bylaws and the following amendments are suggested:

Article III Section 3 (Terms of Appointment)

Par. 1 - eliminate in entirety

Par. 2 - eliminate 4th word "other", renumber to 1

Par. 3 - renumber to 2

Section 5 (Temporary Privileges)

1st Line - change "The President of Staff" to "The President of the Governing Body"

Section 6 (Suspension)

5th Line - change "The President of Staff" to "The President of the Governing Body"

Section 7 (Grievance Procedure)

Lines 2,8,11,12,14,17,21 change "The President of Staff" to "The President of the Governing Body"

Article IV Section 2 (Clinical Staff)

2nd Line - delete "President of Staff"

Section 3 (President of Staff) - delete in entirety

Section 4 (Chief of Staff) - renumber to 3

Section 5 (Other Clinical Staff)

Paragraph 1 - change "the President of Staff" to "the Chairman of the Medical Department" and renumber to 4

Section 6 (Scientific Supporting Staff) - renumber to 5

Section 7 (Courtesy Staff) - renumber to 6

Section 8 (Consultant Staff) - renumber to 7

Article V Section 4 (Clinical Services Committee)

Par. 2, Line 2 - change "the President of Staff" to "the Chief of Staff"

Article VI Section 1 (Regular Meetings)

Par. 4, Line 1 - change "The President of Staff" to "The President of the Governing Body"

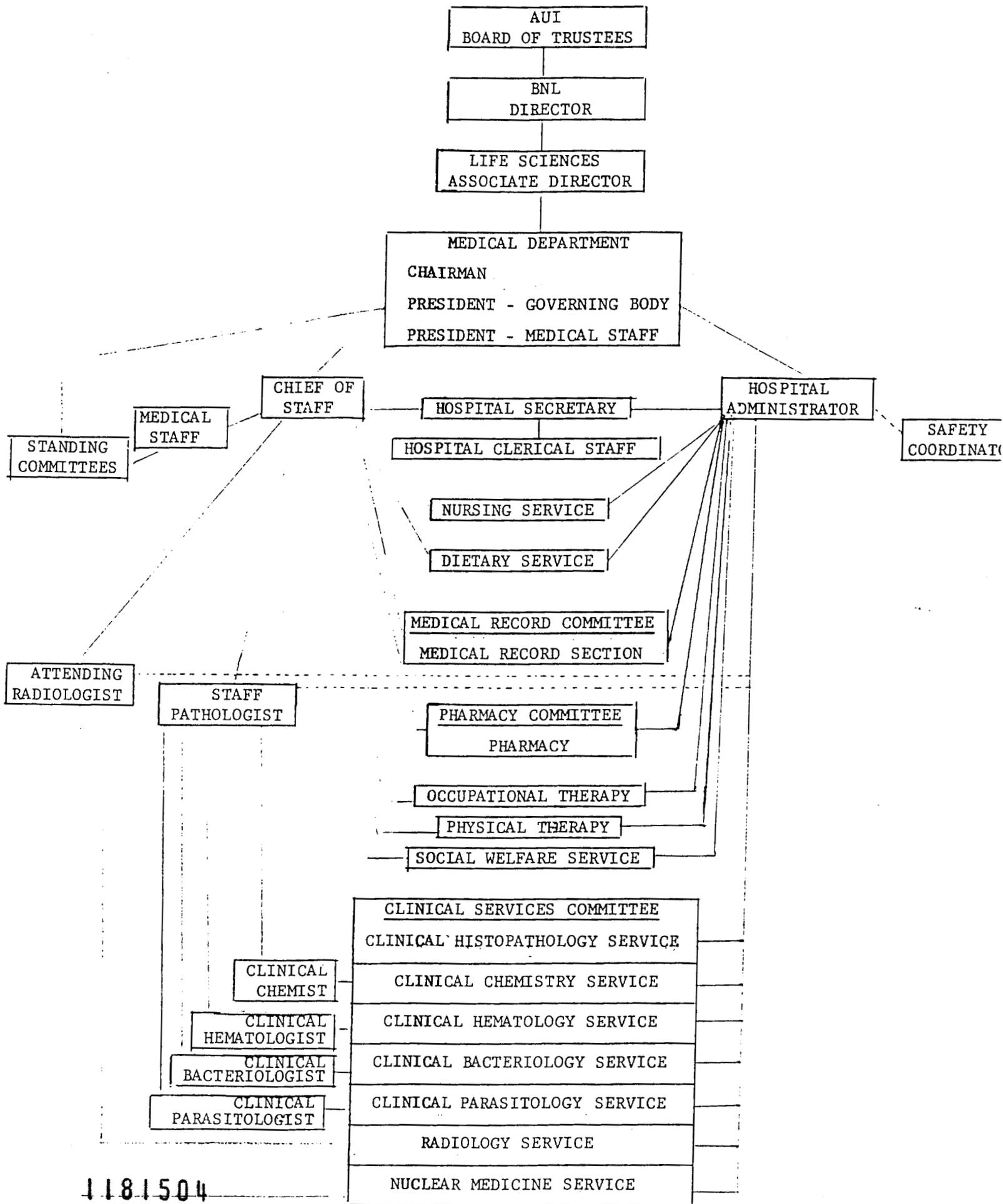
Section 2 (Special Meetings)

Par. 1, Line 2 - change "The President of Staff" to "The President of the Governing Body"

For information - The Guidelines for Release of Medical Information should be modified as follows:

Par. A.2,a (authorization of removal of Medical Record) lines 2-3 - change "the President of Staff" to "Chairman of the Medical Department"

Par. B.3 (access to medical information) line 3 - change "President of Staff" to "Chairman of the Medical Department"



1181504



Excerpts from the Recommendations and Comments of the Board of Commissioners of the Joint Commission of Accreditation of Hospitals in awarding a 2 year accreditation

GOVERNING BODY AND MANAGEMENT

2. The governing body must require that medical staff bylaws include a mechanism providing for due process in medical staff appointments and privileges.

MEDICAL STAFF

1. Minutes of Executive Committee meetings should reflect the fact that the committee reviews, evaluates and acts upon medical staff reports.
2. The Executive Committee should keep the medical staff abreast of the accreditation program and the accreditation status of the hospital.
3. General staff meetings must be held at least monthly.
4. The minutes of clinical service meetings should include evidence of decisions for improvement of care based upon medical care evaluation studies.
5. Minutes of medical staff meetings reflecting the performance of medical care evaluation studies should be transmitted as indicated in the medical staff bylaws.
6. The medical staff must give evidence of participation in continuing education program.
7. The medical staff should document its members' participation in continuing education programs.
8. Medical staff bylaws should be reviewed and revised periodically to reflect current practices.
9. The medical staff bylaws must provide due process protection from arbitrary action, which includes provisions for notice, hearing and appeal.
10. There must be an executive committee that represents the medical staff, has responsibility for the effectiveness of all medical activities of the staff and acts for the medical staff. The composition of the committee and its functions should follow the guidelines established by the Joint Commission on Accreditation of Hospitals, as reflected in the "Accreditation Manual for Hospitals", and contained in the section entitled "Medical Staff", Standard II, page 5, December 1970.
11. A profile reflecting the clinical performance of each medical staff member should be maintained and periodically updated.

12. The medical staff must develop an overall plan for the evaluation of medical care in each of the applicable following areas:
 - a) Inpatient care, including special care units;
 - b) Outpatient care.
13. The medical staff should perform a periodic reappraisal of medical staff appointments and make suitable recommendations regarding clinical privileges.
14. The medical staff must develop clinical criteria for use in medical care evaluation.
15. The findings from medical care evaluation must be reflected in the delineation of privileges, medical staff programs of continuing education and the medical staff rules and regulations.
16. The content of the continuing education program must be designed to keep members of the medical staff informed of significant developments and new techniques in medicine.
17. There must be documented evidence that the content of the continuing education program reflects efforts to correct clinical deficiencies previously identified during the process of medical care evaluation.
18. The committee responsible for infection control should periodically prepare reports relative to the following subjects:
 - a) Antibiotic usage;
 - b) Antimicrobial susceptibility/resistance trends.

PHARMACEUTICAL SERVICES

1. There must be written policies and procedures developed relative to the selection, distribution, safe and effective use of drugs.
2. It is desirable for the pharmacist to review the prescriber's original order before the initial dose of medication is dispensed.
3. There should be a written procedure for obtaining only prepackaged drugs when the pharmacist is not available.
4. Pharmaceutical policies should include provision that precautionary measures for the safe admixture of parenteral products must be developed and followed.

PHYSICAL MEDICINE SERVICES

1. There must be current, written, periodically reviewed administrative and patient care policies for each of the physical medicine services.

mb
5/8/73

1181506

MEDICAL STAFF

Principle

There shall be an organized medical staff that has the overall responsibility for the quality of all medical care provided to patients, and for the ethical conduct and professional practices of its members as well as for accounting therefor to the governing body.

Standards

| | | |
|--------------|---|----|
| Standard I | — Requirements for Membership and Privileges | 1 |
| Standard II | — Organization of Medical Staff | 2 |
| Standard III | — Evaluation of Professional Qualifications and Performance | 6 |
| Standard IV | — Functions Relating to Patient Care | 8 |
| Standard V | — Medical Staff Meetings | 9 |
| Standard VI | — Program of Continuing Professional Education | 10 |
| Standard VII | — Bylaws, Rules and Regulations | 10 |

STANDARD I

Each member of the medical staff shall be qualified for membership, and for the exercise of the clinical privileges granted to him.

INTERPRETATION

Medical staff membership shall be limited to individuals who are fully licensed to practice medicine and, in addition, to licensed dentists. These individuals, after having made formal application, may be granted membership on the staff, in accordance with its bylaws, rules and regulations and with the bylaws of the hospital. Members of the medical staff must be professionally and ethically qualified for the positions to which they are appointed. Appointment to the medical staff is a privilege granted to the applicant by the governing body after considering recommendations made by the medical staff through established mechanisms. The medical staff must define in its bylaws the requirements for admission to staff membership and for the delineation and retention of clinical privileges.

Each member of the medical staff shall assume responsibility for abiding by medical staff and hospital policies. A major responsibility in this context is that of appropriate documentation of his patients' illnesses and care. Beyond this requirement, a member of the medical staff should take an active role in the development of policies and standards of patient care through the mechanisms of medical staff organization. Within this organizational framework, he may advise and supervise the less experienced, and accept advice and supervision from those more experienced. He accepts medical staff controls as a protection to himself as well as to others.

Clinical privileges granted to dentists should be based on their training, experience and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist may perform must be specifically defined and recommended in the same manner as all other surgical privileges. Surgical procedures performed by dentists shall be under the overall supervision of the chief of surgery. All dental patients must receive the same basic medical appraisal as patients admitted for other services. A physician member of the medical staff must be responsible for the care of any medical problem that may be present, or that may arise, during the hospitalization of dental patients.

The governing body of the hospital, after considering the recommendations of the medical staff, may grant clinical privileges to qualified, licensed podiatrists in accordance with their training, experience and demonstrated competence and judgment. When this is done, podiatrists must comply with all applicable medical staff bylaws, rules and regulations, which must contain specific references governing podiatric services.

A podiatrist with clinical privileges may, with the concurrence of an appropriate member of the medical staff, initiate the procedure for admitting a patient. This concurring medical staff member shall assume responsibility for the overall aspects of the patient's care throughout the hospital stay, including the medical history and physical examination. Patients admitted to the hospital for podiatric care must be given the same basic medical appraisal as patients admitted for other services.

The scope and extent of surgical procedures that each podiatrist may perform must be specifically defined and recommended in the same manner as all other surgical privileges. Surgical procedures performed by podiatrists must be under the overall supervision of the chief of surgery. The nature and degree of supervision is a matter of determination, in each instance, within the medical staff policy that governs the relationship and dual responsibility existing between the medical staff and the podiatrist. A physician member of the medical staff must be responsible for the care of any medical problem that may be present or that may arise during the hospitalization of podiatric patients. The podiatrist is responsible for the podiatric care of the patient, including the podiatric history and physical examination and all appropriate elements of the patient's record. The podiatrist may write orders within the scope of his license, as limited by the applicable statutes and as consistent with the medical staff regulations.

STANDARD II

The medical staff shall be organized to accomplish its required functions; it shall provide for the election or appointment of its officers, executive committee, department heads and/or service chiefs.

INTERPRETATION

The medical staff organization must provide a framework in which the duties and functions of the medical staff can be carried out. The complexity of the organization will depend upon the size of the hospital and the scope of the activities of the medical staff.

Active Medical Staff. All hospitals must have an active medical staff that should deliver the preponderance of medical service within the hospital, and should perform all significant organizational and administrative duties pertaining to the medical staff. Members of the active staff shall be eligible to vote and to hold office. The existence of additional staff categories should in no way modify the privileges, duties and responsibilities of the members of the active medical staff. Members of the active medical staff must be conveniently available to the hospital.

Associate Medical Staff. There may be an associate medical staff, consisting of individuals who are being considered for advancement to the active medical staff. Members of the associate medical staff must be appointed and assigned to departments or services in the same manner as are members of the active medical staff. Although they may not hold office, they may serve on some medical staff and hospital committees. Voting privileges should be determined by the active medical staff.

Courtesy Medical Staff. There may be a courtesy medical staff, consisting of those medical practitioners eligible for staff membership, who are given privileges to admit an occasional patient to the hospital. Courtesy staff members may neither vote nor hold office. Because the admission of patients to the hospital is an exercise of a privilege and, therefore, is accompanied by responsibility, admission of more than an occasional patient should require the practitioner to seek membership on the active medical staff.

December 1970

1181510

Provisional Staff Status. Applicants approved for membership on the active, associate, or courtesy staff should serve an initial provisional staff appointment. During this appointment, they must be assigned to departments/services where their clinical competence and their ethical and moral conduct may be observed by (a) designated member(s) of the active medical staff, until such time as the probationary requirements established by the medical staff have been fulfilled.

Temporary Medical Staff Privileges. Temporary clinical privileges, at the time of emergency or locum tenens, may be granted to a medical practitioner for a limited and stated period on the recommendation of the chief of the applicable department/service or of the president of the staff, and with the concurrence of the chief executive officer.

Consulting Medical Staff. There may be a consulting medical staff consisting of medical practitioners of recognized professional ability, who are not members of another category of the medical staff and who have signified willingness to accept appointment to the consulting staff. Members of the consulting staff may neither vote nor hold office.

Honorary Medical Staff. There may be an honorary medical staff consisting of former staff members, retired or emeritus, and of other practitioners of outstanding reputation whom the medical staff desires to honor. Those who are members of the honorary medical staff exclusively, may neither vote nor hold office.

Officers. There must be such officers of the medical staff organization as will provide effective governance of its affairs and as will ensure proper acceptance and discharge of the overall responsibility for the quality of medical care delegated to the medical staff by the governing body. The duties of each officer, and the qualifications of each incumbent, as well as the method of selection, shall be delineated in the bylaws, rules and regulations of the medical staff. The usual officer positions are president, vice-president or president-elect, secretary-treasurer and immediate past-president. Each officer must be a member of the active medical staff and must be elected by the voting members of the medical staff wherever possible. Officers should be chosen on the basis of ability and willingness to devote the necessary time to the office.

The key position in the medical staff organization is usually identified as that of president of the medical staff, although this title is a matter of local option. All other officer positions relate to it. The president should have demonstrated ability in leadership, administration, professional relations and decision making. His duties may include the following:

- Serving as the presiding officer at medical staff meetings;
- Serving as the chairman of the medical staff executive committee and as an ex officio member of all medical staff committees;
- Appointing medical staff committee members (except when membership is specified in the medical staff bylaws);
- Enforcing medical staff bylaws, rules and regulations;

- Serving as an ex-officio member of the governing body, where organizationally permitted;
- Presenting, if chairman of the executive committee, the views, policies, needs and grievances of the medical staff to the chief executive officer and the governing body;
- Serving, if chairman of the executive committee, as the responsible representative of the medical staff to receive and interpret policies from the governing body, and to report on and interpret to the governing body the performance and maintenance of the medical staff's responsibility for providing good medical care; and
- Acting as medical staff spokesman for the staff's external professional and public relations.

It is recommended that the hospital provide for sufficient personnel to assist the president in his official duties. In larger and more complex hospitals, the duties of the president may be so manifold and time-consuming as to require delegation by the president of certain portions of his duties to another physician. Such physician may be employed for this purpose, if he is approved by the medical staff.

The gravity of the position of president of the medical staff should be recognized by providing opportunity for continuity of service in the position for more than one year, preceded and followed by service in the other offices of the medical staff.

Departments. Departmentalization should occur when the medical staff duties and functions become too complex to be handled by the staff as a whole. In hospitals with departmentalized clinical services, the method of selection of the departmental officers must be defined explicitly in the medical staff bylaws. Departmental officers should be qualified by experience and administrative ability.

The clinical department chairmen are essential elements in the line of authority within the medical staff organization, and are accountable to the executive committee for all professional and medical staff administrative activities within their departments. They must be responsible for departmental implementation of actions taken by the executive committee. They also must maintain continuing surveillance of the professional performance of all members of the medical staff with privileges in their department, and must report regularly thereon to the medical staff executive committee.

Each clinical department must recommend to the medical staff its own criteria for the granting of clinical privileges, and for the holding of office in that department. General or family practitioners shall receive privileges consistent with their education, experience and demonstrated ability. The general or family practitioner shall be subject to the rules and regulations of any department/service in which he has privileges, and shall be responsible for each patient to the chief of the clinical service involved.

Although the general or family practitioner may have privileges in several departments, for

purposes of participating in the required functions of the medical staff and for fulfilling the other obligations that accompany medical staff membership, he must become a member of a clinical department in which he is active and interested.

The medical staff of a hospital may establish a clinical department of general or family practice. The responsibilities assigned to such a department shall be in keeping with such functions as are desirable to meet the organizational needs of the medical staff of the hospital, including equal rights for representation on the executive committee of the medical staff. The final responsibility for recommendations on clinical privileges and for review of cases shall, however, continue to reside in the applicable specialty departments.

Executive Committee. There must be an executive committee that represents the medical staff, has responsibility for the effectiveness of all medical activities of the staff and acts for the medical staff. The executive committee is the mechanism for providing a clearly defined formal relationship between the medical staff organization and the chief executive officer of the hospital.

The executive committee ordinarily will be composed of the president, the president-elect, the immediate past-president, the secretary-treasurer, department heads and one or more members at large from the active medical staff; it may vary in size and composition, however, in accordance with the needs of the hospital. The chief executive officer of the hospital should attend all meetings of this committee.

The executive committee must be empowered to act on behalf of the medical staff, as well as to coordinate the activities and general policies of the various departments and services, under such limitations as may be imposed on the committee by the medical staff bylaws, rules and regulations. The committee should meet at least monthly, and must maintain a permanent record of its proceedings and actions. Further functions and responsibilities of the executive committee should include at least the following:

- To receive and act upon the reports of medical staff committees;
- To consider and recommend action to the chief executive officer on all matters of a medico-administrative nature;
- To implement the approved policies of the medical staff;
- To make recommendations to the governing body;
- To take all reasonable steps to ensure professionally ethical conduct on the part of all members of the medical staff and to initiate such prescribed corrective measures as are indicated;
- To fulfill the medical staff's accountability to the governing body for the medical care rendered to the patients in the hospital; and
- To ensure that the medical staff is kept abreast of the accreditation program and informed of the accreditation status of the hospital.

STANDARD III

The medical staff organization shall strive to create and maintain an optimal level of professional performance of its members through the appointment procedure, the delineation of medical staff privileges and the continual review and evaluation of each member's clinical activities.

INTERPRETATION

The maintenance of high standards of medical care depends upon the professional capabilities of the individual medical staff members, as well as on the effectiveness of the staff organization. The effective discharge of medical staff responsibilities depends in great part on the clear assignment, and full acceptance, of responsibility by the entire medical staff, its individual members, its officers and its committees. The form and complexity of the medical staff organization will vary substantially depending upon the size and composition of each staff. Although the establishment of committees is a common organizational device, other methods also are acceptable, provided that effective discharge of the following responsibilities can be demonstrated by the documentation of activities.

Medical Staff Selection. The medical staff must establish a procedure to ensure a fair evaluation of the qualifications and the competence of each applicant for appointment, and for periodic reappointment, to the medical staff. Whatever the procedure, it should be objective, impartial and fair, broad enough to recognize professional excellence and strict enough to safeguard patients. The selection of persons to be recommended for appointment shall depend upon a thorough study of the qualifications of each applicant. No applicant shall be denied medical staff membership on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion lacking professional justification. In nondepartmentalized hospitals, the credentials of the applicant may be reviewed by the executive committee of the medical staff before recommendations are made by the medical staff, whereas in larger or departmentalized hospitals, the preliminary review of the applicant may be done through a credentials committee after recommendations are received from the department/service in which the candidate requests privileges. The report of this committee then is usually forwarded to the executive committee for medical staff recommendation to the governing body.

All recommendations to the governing body for staff appointment must include a clear delineation of clinical privileges. Privileges granted shall be commensurate with the training, experience, competence, judgment, character and current capability of the candidate. When a hospital uses a system involving classification of privileges, the scope of the classifications must be well defined, and the standards that must be met by the applicant should be clearly stated for each category. Reappointment policies should provide for a periodic appraisal of each member of the staff, including consideration of his physical and mental capabilities.

In connection with medical staff recommendations for denial of staff appointments and reappointments, as well as for the denial, curtailment, suspension or revocation of privileges, there shall be a mechanism provided in the medical staff bylaws, rules and regulations for review of decisions, including the right to be heard, at each step of the process, when re-

quested by the practitioner.¹ The final decision must be rendered by the governing body, within a fixed period of time.

Medical Care Evaluation. The medical staff must take all reasonable steps to ensure clinical practice of the highest quality. In order for the medical staff to carry out this responsibility properly, each member of the staff must:

- Provide his patients with the best possible quality of care;
- Conduct his professional activities according to the bylaws, rules and regulations of the medical staff; and
- Assist in the promotion and maintenance of high quality care, through the analysis, review and evaluation of the clinical practice that exists within the hospital.

Because the overall responsibility for the quality of medical practice rests with the medical staff, the individual staff member must be held accountable for the appropriateness of care rendered to his patients. Medical care evaluation should be a fact-finding and educational function. To accomplish such analysis effectively, criteria for evaluating medical care must be established by the medical staff. Findings relative to medical care evaluation should be compared with the criteria established by the medical staff and may, when pertinent, be compared with criteria reported from hospitals in other areas of the country. Assistance in performing these comparisons may be obtained through the use of outside facilities for processing medical record data for hospitals. Although the content of the medical record is indispensable to the evaluation of medical care, the medical record should be measured independently for adequacy of the form as a source document, and compared with established standards for completeness and accuracy.

The formal means established to accomplish medical care evaluation is dependent upon, and varies with, the size and organizational structure of the hospital. The medical staff may decide to do the clinical review as a unit, or it may delegate the responsibility to a medical care evaluation committee or to a similar committee within each department. In the interest of unbiased medical care evaluation, some hospital medical staffs may wish to include on such committees physicians from the community, who are not members of the medical staff. In some specialty hospitals, physicians representative of other clinical specialties, which are not ordinarily represented within the active attending medical staff structure, may be included on such committees.

Whatever the organizational pattern selected, the medical staff must provide an appropriate peer group method by which the required basic functions of medical, surgical and obstetrical audit are thoroughly performed at least monthly. Included in this audit must be a tissue review and the analysis of necropsy reports. The tissue review should include an evaluation of preoperative and postoperative diagnosis, the indications for surgery and actual diagnosis

¹ For further guidance in developing medical staff bylaws, rules and regulations, refer to *Guidelines in the Formulation of Medical Staff Bylaws, Rules and Regulations*. (Chicago: Joint Commission on Accreditation of Hospitals, 1971).

of tissue removed at operation. Similar review should be performed with respect to those situations in which no tissue was removed at the time of surgery. Necropsies should be performed to identify the contributing factors and processes involved in the patient's terminal illness, and to provide educational experiences.

Medical care evaluation shall include periodic review of the utilization of the bed facilities, and of the diagnostic, nursing and therapeutic resources of the hospital, with respect to both the availability of these resources to all patients in accordance with their medical need and the recognition of the medical practitioner's responsibility for the costs of health care. This review should cover, on a sample, or other basis, admissions, lengths of stay, professional services furnished and the availability and alternate use of out-of-hospital facilities and services. In addition, the services of out-of-hospital facilities for diagnosis and therapy should be reviewed.

The use of consultations, and the qualifications of the consultant, should be reviewed as part of medical care evaluation.

There should be analysis of those hospital services that directly affect patient care, including, when they exist, the emergency service, outpatient clinics and special care units.

Minutes that adequately reflect the transactions of medical care evaluation shall be kept and regularly reported to the medical staff through its executive committee.

STANDARD IV

The medical staff shall participate in the maintenance of high professional standards by representation on committees concerned with patient care.

INTERPRETATION

Because the medical staff has the delegated responsibility for the establishment, maintenance and improvement of high professional standards, the medical staff should encourage and participate in the continuous study and evaluation of the factors that relate to patient care in the hospital's internal environment. The medical staff should participate in this review through the assignment of one or more of its members to each committee concerned with patient care. In addition, the medical staff should participate in the development of hospital departmental policies and procedures, insofar as they affect patient care.

The development and surveillance of pharmacy and therapeutic policies and practices, particularly drug utilization within the hospital, must be performed by the medical staff in cooperation with the pharmacist and with representatives of other disciplines, as necessary. Such policies and practices should ensure optimal drug use, with a minimum potential for hazard to the patient.

The medical staff shall ensure that there is adequate documentation of medical events, and shall conduct a retrospective review for adequacy and completeness of records of discharged patients. Such a review shall ensure that medical records meet the required standards for promptness, completeness and clinical pertinence.

December 1970

1181516

The medical staff must actively participate in the study of hospital-associated infections, and infection potentials, and must promote a preventive and corrective program designed to minimize these hazards.

The medical staff and hospital administration must evaluate their ability to manage internal and external disaster and other emergency situations. There should also be a written plan for the care and/or appropriate referral of patients who are, or who become, emotionally ill while in the hospital, as well as for the care and/or appropriate referral of persons who suffer the results of alcoholism or drug abuse. Medical staff responsibilities in this area must be clearly outlined.

When a joint conference committee exists, the medical staff must appoint its representatives to this committee. The medical staff should participate in the activities of this committee in order to provide medico-administrative liaison that will result in improved understanding of each other's activities and problems. This committee may include, where feasible, adequate representation from community-based physicians elected by the medical staff.

STANDARD V

There shall be regular medical staff and departmental meetings to review the clinical work of members and to complete medical staff administrative duties.

INTERPRETATION

Regular meetings of the medical staff must be held for the purpose of reviewing the performance of the medical staff departments/services and the reports and recommendations of medical staff and multidisciplinary hospital committees. When the medical staff is departmentalized, the frequency of general staff meetings, and the attendance requirements for such meetings, shall be determined by the medical staff and should be clearly stated in the medical staff bylaws, rules and regulations. Departmental meetings must be held monthly, to review the care and treatment of patients served by the hospital. This should include consideration of selected deaths, unimproved patients, patients with infections or complications, errors in diagnosis and treatment, tissue review reports and resultant unresolved problem cases and such other reports as are believed to be important by those charged with the responsibilities of medical, surgical and obstetrical audit. There must be at least one annual meeting of the medical staff, at which officers and committee chairmen make such reports as may be desirable, and at which officers are elected for the ensuing year.

When the medical staff is not departmentalized, the entire staff must meet those same responsibilities for patient care evaluation that otherwise would be assigned to departments. To accomplish this, it is necessary for general medical staff meetings to be held monthly, in order to discuss the reports of the executive committee, and to review the care and treatment of patients served by the hospital.

It is recommended that additional meetings of the medical staff be scheduled for educational efforts, such as clinico-pathologic conferences, necropsy reviews and special analytical reports relative to patient care rendered within the hospital.

Records of attendance and minutes that adequately reflect the transactions, conclusions and recommendations of the meetings must be kept.

Where geographic and other conditions make it feasible, arrangements may be made to provide joint meetings of medical or departmental staffs of neighboring hospitals. In such instances, there must be approval of the arrangement by the medical staffs and governing bodies of the participating hospitals. Provision must be made for the review and analysis of the clinical work of each participating hospital or department. Minutes of these meetings shall be taken in such form that the record of each hospital's activities is kept separately.

STANDARD VI

The medical staff shall provide a continuing program of professional education, or give evidence of participation in such a program.

INTERPRETATION

There shall be a program of continuing medical education designed to keep the medical staff informed of significant new developments and new skills in medicine. Medical staff education should include hospital-based activities as well as educational opportunities available outside of the hospital. Hospital-based programs should be planned and scheduled in advance, and should be on a continuing basis. Documentation of these activities should be kept in order to evaluate the scope, effectiveness, attendance and amount of time spent at such efforts.

The results of medical care evaluation studies should be utilized as an important contribution to the continuing medical education program of the medical staff.

STANDARD VII

The medical staff shall develop and adopt bylaws, rules and regulations to establish a framework for self-government and a means of accountability to the governing body.

INTERPRETATION

The medical staff must establish a framework for collegial self-government, in order to accomplish effectively its functions and responsibilities. Therefore, the medical staff must develop and adopt, subject to the approval of the governing body, a set of bylaws, rules and regulations that create an atmosphere and framework within which each member of the medical staff can act with a reasonable degree of freedom and confidence. The bylaws, rules and regulations of the medical staff must state the policies under which the medical staff regulates itself. There should be a mechanism for, and evidence of, a periodic review and revision, as necessary, of the bylaws, rules and regulations. The bylaws, rules and regulations shall at least:

December 1970

1181518

- Delineate the organizational structure of the medical staff.
- Specify qualifications and procedures for admission to, and retention of staff membership, including the delineation, assignment, reduction, or withdrawal of privileges.
- Specify the method of performing the credentials review function.
- Provide an appeal mechanism relative to medical staff recommendations for denial of staff appointments and reappointments, as well as for denial, curtailment, suspension, or revocation of clinical privileges. This mechanism shall provide for review of decisions, including the right to be heard at each step of the process when requested by the practitioner. The final decision must be rendered by the governing body, within a fixed period of time.
- Delineate clinical privileges of nonphysician practitioners, as well as responsibilities of the physician members of the medical staff in relation to nonphysician practitioners.
- Require a pledge that each practitioner will conduct his practice in accordance with high ethical traditions, and will refrain from:
 - Rebating a portion of a fee, or receiving other inducements in exchange for a patient referral;
 - Deceiving a patient as to the identity of an operating surgeon, or any other medical practitioner providing treatment or service; or
 - Delegating the responsibility for diagnosis or care of hospitalized patients to another medical practitioner who is not qualified to undertake this responsibility.²
- Provide methods for the selection of officers and department/service chairmen.
- Outline responsibilities of the medical staff officers and clinical department/service chairmen.
- Specify composition and functions of standing committees as required by the complexity of the hospital.
- Establish requirements regarding the frequency of, and attendance at, general and departmental meetings of the medical staff.
- Require that the evaluation of the significance of medical histories, authentication of medical histories, the performance and recording of physical examinations and the prescribing of treatment, be carried out by those with appropriate licenses and clinical privileges, within their sphere of authorization.

² For further guidance, refer to *Principles of Medical Ethics*. (Chicago: The American Medical Association, 1969) and *Principles of Ethics*. (Chicago: The American Dental Association, 1969).

- Establish requirements regarding completion of medical records.
- Provide for a mechanism by which the medical staff consults with, and reports to, the governing body. Because the governing body of the hospital, acting through the chief executive officer, has the overall responsibility for the conduct of the hospital, and the medical staff has the overall responsibility for the provision of medical care to patients, there must be full communication between these two bodies. Both must be informed adequately regarding hospital activities. Further, representatives of the medical staff should participate in any hospital deliberations that affect the discharge of medical staff responsibilities.

It is recommended that the medical staff delineate in its bylaws, rules and regulations, the qualifications, status, clinical duties and responsibilities of those members of the allied health professions, such as doctoral scientists and others, whose patient care activities require that their appointment and authority for specified services be processed through the usual medical staff channels. Authorization should be based upon the individual's training, experience and demonstrated competency. Their eligibility for appointment shall be determined on the basis that they meet the following criteria:

- They exercise judgment within their areas of competence, provided that a physician member of the medical staff shall have the ultimate responsibility for patient care;
- They participate directly in the management of patients under the supervision or direction of a member of the medical staff;
- They record reports and progress notes on patients' records and write orders to the extent established for them by the medical staff; and
- They perform services in conformity with the applicable provisions of the medical staff bylaws.

Members of allied health professions shall be individually assigned to an appropriate clinical department as staff affiliates, and should carry out their activities subject to departmental policies and procedures.

The medical staff shall adopt rules and regulations that should contain specific statements covering procedures that foster optimal achievable patient care, including the care provided in the emergency service area. These statements should be appropriate for the given hospital, and should be such as will be followed by members of the medical staff. As an evidence of having read and understood the bylaws, each member must have signed, on application to the medical staff, an agreement to abide by the current medical staff bylaws, rules and regulations and by the hospital bylaws.

References

- Guidelines in the Formulation of Medical Staff Bylaws, Rules and Regulations*, 1971, Joint Commission on Accreditation of Hospitals, 645 North Michigan Avenue, Chicago, Illinois 60611.
- Opinions and Reports of the Judicial Council including Principles of Medical Ethics and Rules of the Judicial Council*, 1969, American Medical Association, 535 North Dearborn St., Chicago, Illinois 60610.
- Principles of Ethics*, 1969, American Dental Association, 211 E. Chicago Avenue, Chicago, Illinois 60611.

December 1970

1181521