

**MS.3 The hospital has an effective process that supports the professional communication and coordination of care amongst medical staff.**

- MS.3.1 There is a medical executive committee or equivalent, chaired by medical director and includes the heads of clinical departments, to ensure that they work together to coordinate the provision of care.
- MS.3.2 The medical executive committee holds regular formal meetings (at least monthly).
- MS.3.3 The medical executive committee reviews and approves policies and procedures related to clinical departments.
- MS.3.4 The medical executive committee reviews all relevant reports of other hospital committees for prioritizing the services needed and guiding the credentialing and privileging process.

**MS.4 Each clinical department is directed by a qualified individual.**

- MS.4.1 The department head is board certified or equivalent in his field and qualified in healthcare management by education, training or experience.
- MS.4.2 The department head has a written job description that clearly describes his role and responsibilities.
- MS.4.3 Responsibilities of the department head include:
  - MS.4.3.1 Defining medical staff qualifications required for the provision of effective and safe patient care.
  - MS.4.3.2 Recommending the need for further training/certification of a medical staff member.
  - MS.4.3.3 Monitoring admissions to ensure that the diagnostic and therapeutic interventions are within the staff capabilities and the available hospital resources.
  - MS.4.3.4 Ensuring that medical staff members work within the clinical privileges granted to them.
  - MS.4.3.5 Developing a written scope of services for the department.
- MS.4.4 The department head has an ongoing method of peer review (e.g., peer review committee) to evaluate care provided as well as the performance of the medical staff.
  - MS.4.4.1 The department head regularly assesses important functions that include appropriateness of admissions, appropriateness and effectiveness of care, training and educational needs, length of stay, and appropriate utilization of resources.
  - MS.4.4.2 The department head defines criteria or indicators for selecting cases that must be referred for peer review.
  - MS.4.4.3 The activities of the peer review process are utilized as part of the physician's performance evaluation.
  - MS.4.4.4 The department head shares the findings of the peer review with the medical director and works closely to improve and correct any deficiencies.

**MS.5 The credentialing and privileging of the medical staff is based on an informed group decision.**

- MS.5.1 The hospital has a credentialing and privileging committee chaired by the medical director or a designee.
- MS.5.2 The credentialing and privileging committee provides oversight on the credentialing and privileging processes.
- MS.5.3 The credentialing and privileging committee ensures that only qualified physicians and dentists are appointed and granted privileges.