

- MS.8.2 The hospital identifies the circumstances under which an unplanned review of the performance of a medical staff member may be initiated.
- MS.8.3 The performance evaluation includes, but is not limited to, the following:
 - MS.8.3.1 Assessment of patients.
 - MS.8.3.2 Adverse events.
 - MS.8.3.3 Moderate and deep sedation.
 - MS.8.3.4 Quality of medical records.
 - MS.8.3.5 Medication errors.
 - MS.8.3.6 Sentinel events.
 - MS.8.3.7 Outcome of high-risk procedures and surgeries.
 - MS.8.3.8 Morbidities and mortalities.
 - MS.8.3.9 Blood and blood product usage.
 - MS.8.3.10 Discrepancies between pre and post-operative pathological diagnoses.
 - MS.8.3.11 Appropriateness of admissions from the emergency room and outpatient department.

MS.9 Medical staff leaders make use of the data and information resulting from the medical staff performance review.

- MS.9.1 The data and information resulting from the medical staff performance review are used to :
 - MS.9.1.1 Provide feedback and counseling to the medical staff regarding their performance.
 - MS.9.1.2 Recommend plans for improvement.
 - MS.9.1.3 Amend clinical privileges as necessary, by expansion or limitation, a period of counseling and oversight, or other appropriate action.
 - MS.9.1.4 Make informed decisions regarding reappointment.
 - MS.9.1.5 Recommend training and continuous education as needed.
- MS.9.2 The outcomes of the medical staff performance evaluation and actions taken are documented in the physician's credentials file.

MS.10 Medical staff leaders support the hospital-wide quality improvement, patient safety, and risk management plans.

- MS.10.1 Heads of clinical departments together with the medical director work closely with other hospital leaders through formal meetings to support the implementation of the hospital-wide quality improvement, patient safety, and risk management plans.
- MS.10.2 Data and information resulting from the medical staff performance review are used to continuously improve the quality and safety by :
 - MS.10.2.1 Studying and minimizing variances in the processes.
 - MS.10.2.2 Taking actions to avoid preventable medical errors and adverse events.
 - MS.10.2.3 Recommending equipment needed in specified areas.
- MS.10.3 Heads of clinical departments together with the medical director work closely with the quality management director/risk manager in handling incidents including near misses and sentinel events.
 - MS.10.3.1 Root cause analysis is properly conducted.
 - MS.10.3.2 Emphasis is on improving systems.
 - MS.10.3.3 Corrective actions are documented.