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and when indicated by the findings of performance improvement activities. Such activities may include elements of sub-standards MS.8.3.1 through 8.3.11. As well the leaders must identify the circumstances under which an unplanned review of their performance is carried out.

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**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.

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**Standard Intent:**

The medical director and head of clinical departments use the collected data and information resulted from the medical staff performance to provide feedback and counseling to the medical staff regarding their performance, recommend plans for improvement. In addition, they may amend the granted clinical privileges as necessary, by expansion or limitation, a period of counseling and oversight, or other appropriate action and make informed decisions regarding staff reappointment and staff need for training and continuous education.

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**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.



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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.

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**Standard Intent:**

The heads of clinical departments together with the medical director work closely with the quality management director/risk manager in promoting and supporting the hospital-wide quality improvement, patient safety, and risk management plans. The information collected from the medical staff performance is used to:

- Studying and minimizing variances in the processes
  - Recommending equipment needed in specified areas
  - Taking actions to avoid preventable medical errors and adverse events
  - Handling incidents including near misses and sentinel events.
  - Focus on system improvements
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**MS.11 Heads of clinical departments review mortality and morbidity cases.**

MS.11.1 Heads of clinical departments conduct mortality and morbidity meetings on a monthly basis to review all cases of mortality and significant morbidity.

MS.11.2 Mortality and morbidity meetings are documented and attendance is considered essential.

MS.11.3 The departmental mortality and morbidity meetings should focus on scientific discussion, improvement and prevention, with a non-punitive intent.

MS.11.4 Heads of clinical departments work with the medical director to select cases to be referred to the hospital mortality and morbidity committee.

MS.11.5 Heads of clinical departments send regularly mortality and morbidity findings to the medical director and the quality director.

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**Standard Intent:**

The departmental mortality and morbidity committee is one of the essential hospital committees. Mortality and morbidity cases should be reviewed for a scientific discussion, improvement, and prevention, with a non-punitive intent. This should be done on regular basis (at least monthly) and its findings must be shared regularly with the medical director and the quality director.

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**MS.12 The hospital has a mortality and morbidity committee.**

MS.12.1 There is a mortality and morbidity committee that is chaired by the medical director or a designee.