

MS.7.4 Temporary or emergency privileges are not granted for more than 90 days and are not renewable.

MS.7.5 When a new privilege is requested by a medical staff member, the relevant credentials are verified and evaluated prior to approval.

Standard Intent:

It mandatory that medical staff members are only allowed to practice within the privileges granted by the credentialing and privileging committee after verifying their relevant credentials. Medical staff clinical privileges are reviewed and updated every two years and as needed. The circumstances under which temporary or emergency privileges (not more than 90 days) are granted must be clearly defined. When a new privilege is requested by a medical staff member, the relevant credentials are verified and evaluated prior to approval

MS.8 The performance of the medical staff members is evaluated on an ongoing basis to ensure competency.

MS.8.1 The department head together with the medical director evaluate the performance and competency of medical staff members at least annually and when indicated by the findings of performance improvement activities.

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.

Standard Intent:

The organization is responsible through the department head and the medical director to evaluate the performance and competency of medical staff members at least annually

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.

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.

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.

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.