

## Medical Staff Standard Intents

### **MS.1 The organization, functions, and responsibilities of the medical staff are documented and communicated to all medical staff members.**

MS.1.1 The hospital has medical staff bylaws that govern the organization, functions, and responsibilities of the medical staff.

MS.1.2 Medical staff bylaws are approved by the governing body.

MS.1.3 Medical staff bylaws are consistent with acceptable medical staff practices and laws and regulations.

MS.1.4 Medical staff bylaws describe the organizational structure of the medical staff and the reporting relationships, including all medical departments and committees.

MS.1.5 Medical staff bylaws address:

MS.1.5.1 The medical staff ranking and the qualifications required for each rank.

MS.1.5.2 Categories of the medical staff membership (e.g., full time, part time, and locum).

MS.1.5.3 Roles and responsibilities of the medical staff members.

MS.1.5.4 Appointment, promotion, and reappointment of medical staff members.

MS.1.5.5 The process for verification of the medical staff credentials.

MS.1.5.6 Granting and maintaining clinical privileges, including temporary privileges (e.g., for locums and emergency situations).

MS.1.5.7 Disciplinary procedures for medical staff members, including corrective actions and appeals.

MS.1.6 Medical staff bylaws describe the acceptable standards of patient care and professional conduct, including:

MS.1.6.1 Admission, referral, transfer, and discharge processes.

MS.1.6.2 Documentation in medical records.

MS.1.6.3 The conduct of care expected for all levels of medical staff (e.g., daily rounds).

MS.1.6.4 The professional conduct (e.g., handling ethical issues) of the medical staff.

MS.1.7 The medical director and heads of medical departments ensure the medical staff bylaws are made accessible and communicated to all members of the medical staff.

MS.1.8 The medical director and heads of medical departments enforce the medical staff bylaws along with relevant rules and regulations.



**Standard Intent:**

The medical staff is defined as all physicians, dentists, and other professionals who are licensed to practice independently and who provide preventive, curative, restorative, surgical, rehabilitative, or other medical or dental services to patients; or who provide interpretative services for patients, such as pathology, radiology, or laboratory services. There must be a medical staff bylaw that describes the organization, functions, and responsibilities of the medical staff that are known to all of them.

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**MS.2 A qualified medical director is responsible for managing the medical staff and medical services.**

MS.2.1 The medical director is a board certified physician or equivalent, qualified in healthcare management by education, training or experience.

MS.2.2 The medical director is responsible and accountable for the clinical performance of the medical staff, the quality of care they provide, as well as their professional conduct.

MS.2.3 The medical director recommends to the hospital director the appointment of the heads of clinical departments.

MS.2.4 The medical director has a current written job description that clearly describes his managerial roles and responsibilities.

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**Standard Intent:**

The medical director is primarily responsible and accountable for the clinical performance of the medical staff and the quality of care they provide, as well as their professional conduct. He recommends to the hospital director the appointment of the head of clinical departments. The medical director must be qualified and well trained in healthcare management.

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**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.