Joint Commission Update
National Credentialing Forum

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Objectives

1. Briefly discuss the most commonly cited standards related to medical staff
2. Share information on newest developments
Most Often Cited Standards

PC.03.01.03 – Provision of care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia.

– Most often cited is EP 1 – Before operative or other high-risk procedures or before moderate or deep sedation or anesthesia a presedation or preanesthesia patient assessment is performed.
Most Often Cited Standards

- MS.01.01.01- Medical staff bylaws address self-governance and accountability to the governing body.
  - Relates to structure, function and activities of the organized medical staff

- Most commonly EP 5
  - The medical staff complies with the medical staff bylaws, rules and regulations, and policies.
Most Often Cited Standards

MS.08.01.03 - Ongoing Professional Practice Evaluation

- Single most common related to inconsistent collection of data and lack of effective use of the data in decision making
- Still issues related to lack of inclusion of non-physician providers
Most Often Cited Standards

MS.08.01.01 – Focused Professional Practice Evaluation

- Still primarily a lack of a process for all initially requested privileges
- Lack of clearly defining the monitoring process
Most Often Cited Standards

MS.03.01.01 - Organized medical staff oversees the quality of patient care, treatment, and services

- Practicing outside scope of approved privileges
- Medical staff specifies the minimal content of medical histories and physical examinations
- Medical staff determines the qualifications of radiology and nuclear medicine staff
Most Often Cited Standards

PC.03.01.07 – Care after operative or other high-risk procedures and/or administration of moderate or deep sedation or anesthesia.

- A postanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services.
Survey Analysis for Evaluating Risk™ (SAFER™)
The SAFER™ Model

A model that recognizes that the potential for an EP to be related to a risk/safety issue depends on the context of the situation during a given survey and not pre-determined based on the EP itself
The SAFER™ Matrix

Immediate Threat to Life
(follows current ITL processes)

Likelihood to Harm a Patient/Visitor/Staff

- HIGH
- MODERATE
- LOW

Scope
- LIMITED
- PATTERN
- WIDESPREAD

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The SAFER™ Matrix

Immediate Threat to Life

HIGH

MM.03.01.01, EP8
MM.03.01.01, EP7

MODERATE

MS.01.01.01, EP5
PC.01.02.01, EP4
PC.01.02.03, EP6
PC.01.03.01, EP1
PC.01.03.01, EP5
IM.02.02.01, EP3
MS.08.01.01, EP1
MS.08.01.03, EP3
IC.02.01.01, EP2
IC.02.02.01, EP4

LOW

RC.01.01.01, EP19
RC.02.03.07, EP4

LIMITED

PATTERN

WIDESPREAD

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Questions?
For Standards/NPSG questions:

– 630-792-5900, Option 6 or

– http://www.jointcommission.org/Standards/OnlineQuestionForm/
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