

	<b>MS.01.01.01 - Medical Staff Bylaws address self-governance and accountability to the governing body.</b>
<b>EP</b>	<b>DESCRIPTION</b>
<b>1</b>	Medical Staff Develops Medical Bylaws, rules and regulations and policies.
<b>2</b>	Medical Staff adopts and amends Medical Staff Bylaws. Bylaws become effective only upon governing body approval.
<b>12</b>	The structure of the medical staff
<b>13</b>	Qualifications for appointment to the medical staff
<b>14</b>	Process for privileging and re-privileging LIP, which may include other practitioners*
<b>15</b>	Duties and privileges (prerogatives) related to each category of the med staff
<b>16</b>	Requirement for completing/documenting H&P by physician or qualified individual—Including time frames 30 days prior to admission/registration or within 24 hours after, and the requirement for update.
<b>17</b>	Description of those members of the medical staff eligible to vote
<b>18</b>	Process by which org MS selects or elects and removes MS officers*
<b>19</b>	List of all the officer positions for the medical staff
<b>20</b>	The MEC's function, size, and composition; authority delegated to MEC to act on MS behalf; how such is delegated or removed
<b>21</b>	Process for selecting or electing and removing MEC members*
<b>23</b>	That the MEC acts on behalf of MS between meetings as defined by MS
<b>24</b>	Process for adopting and amending the medical staff bylaws*
<b>25</b>	Process for adopting/amending the MS rules and regulations, and policies*
<b>26</b>	Process for credentialing/re-credentialing LIP, may include other practitioners*
<b>27</b>	Process for appointment/re-appt to membership on the med staff*
<b>28</b>	Indications for automatic suspension of MS membership or clinical privileges
<b>29</b>	Indications for summary suspension of MS membership or clinical privileges
<b>30</b>	Indications for termination or suspension of MS membership and/or termination, suspension, or reduction of privileges
<b>31</b>	Process for automatic suspension of MS membership or clinical privileges*

32	Process for summary suspension of MS membership or clinical privileges*
33	Process for recommending termination or suspension of MS membership and/or termination, suspension or reduction of clinical privileges*
34	The fair hearing and appeal process*
35	Composition of the fair hearing committee
36	<b>If departments of MS exist</b> , the qualifications, roles, and responsibilities of department chair
	Qualifications - Board certification or comparable competence
	a) Roles and responsibilities <ul style="list-style-type: none"> <li>• Clinically related activities of the department</li> <li>• Administrative activities of dept, unless provided by hospital</li> <li>• Continuing surveillance of prof perf of all in dept with privileges</li> <li>• Recommending to the med staff the criteria for departmental clinical privileges</li> <li>• Recommending clinical privileges for each member of dept</li> <li>• Assessing and recommending to hospital authority off-site sources of care</li> <li>• Integration of dept or service into primary functions of org</li> <li>• Coordination and integration of inter- and intra-departmental services</li> <li>• Development and implementation of policies and procedures</li> <li>• Recommendations for sufficient number of qualified and competent persons to provide care, treatment, and services</li> <li>• Determination of qualifications and competence of dept or service non-LIP</li> <li>• Continuous assessment and quality improvement</li> <li>• Maintenance of quality control programs, as appropriate</li> <li>• Orientation and continuing education of persons in dept or svc</li> </ul> Recommending space and resources needed by the dept or service
37	<ul style="list-style-type: none"> <li>• Process by which med staff at each hospital are advised of their right to opt out of unified&amp; integrated medical staff structure after a majority vote to maintain a separate medical staff for their hospital.</li> </ul> <b><i>N.B.: Applies to multihospital systems with unified/integrated medical staff and deemed status*</i></b>
38	When MS allows an assessment in lieu of a comprehensive H&P for patients receiving specific outpatient surgical or procedural services, MS bylaws specify that the assessment is completed and documented after registration, but prior to a procedure requiring anesthesia services.

Other Medical Staff Standards that address bylaws requirements		
STD	EP	DESCRIPTION
EM.02.02.13	2	Bylaws must identify individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.
MS.02.01.01		The medical staff executive committee makes recommendations, as defined in the bylaws directly to the governing body on, at least, all the following EPs 8-12 of this Standard.
	8	Medical staff membership
	9	The organized medical staff's structure
	10	The process used to review credentials and delineate privileges
	11	The delineation of privileges for each practitioner privileged through the medical staff process
	12	The executive committee's review of and actions on reports of medical staff committees, departments, and other assigned activity groups
MS.06.01.03	4	The credentialing process is outlined in the medical staff bylaws*
MS.06.01.05	11	Completed applications for privileges are acted on within the time period specified.
MS.06.01.13	1	Temporary privileges are granted to meet an important patient care need for the time period defined in the medical staff bylaws.
MS.10.01.01	5	The fair hearing process developed by the medical staff must, with the governing body, provide a mechanism to appeal adverse decisions as provided in the medical staff bylaws

\*Only basic steps must be included in the Bylaws. Details may be in the Bylaws or Rules and Regulations or policies, as applicable. For instance, information on disaster privileging is required in the Bylaws such as that disaster privileges may be granted when the Emergency Operations Plan has been activated in response to a disaster and the individuals responsible for granting disaster privileges (see EM.02.02.13 EP 2), but the details of primary source verification, etc. are not required in the Bylaws and may be in policy or the Emergency Operations plan.

EP 1-11 of MS.01.01.01 may be in the bylaws, but they are not required to be. While discussion of Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation and their use may be contained in the Bylaws, they are not a required part of the Bylaws of the Medical Staff.

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