

SECTION .3700 - MEDICAL STAFF

10A NCAC 13B .3701 GENERAL PROVISIONS

The facility shall have a medical staff organized in accordance with the facility's by-laws which shall be accountable to the governing body and which shall have responsibility for the quality of professional services provided by individuals with clinical privileges. Facility policy shall provide that individuals with clinical privileges shall perform only services within the scope of individual privileges granted.

History Note: Authority G.S. 131E-79;
Eff. January 1, 1996.

10A NCAC 13B .3702 ESTABLISHMENT

The medical staff shall be established in accordance with the by-laws, rules or regulations of the medical staff and with the written policies, rules or regulations of the facility. The governing body of the facility, after considering the recommendations of the medical staff, may grant clinical privileges to other qualified, licensed practitioners in accordance with their training, experience, and demonstrated competence and judgment in accordance with the medical staff by-laws, rules or regulations.

History Note: Authority G.S. 131E-79;
Eff. January 1, 1996.

10A NCAC 13B .3703 APPOINTMENT

Formal appointment for membership and granting of clinical privileges shall follow procedures set forth in the by-laws, rules or regulations of the medical staff. These procedures shall require the following:

- (1) a signed application for membership, specifying age, year and school of graduation, date of licensure, statement of postgraduate or special training and experience with a statement of the scope of the clinical privileges sought by the applicant;
- (2) verification by the hospital of the qualifications of the applicant as stated in the application, including evidence of continuing education;
- (3) written notice to the applicant from the medical staff and the governing body, regarding appointment or reappointment which specifies the approval or denial of clinical privileges and the scope of the privileges granted; and
- (4) members of the medical staff and others granted clinical privileges in the facility shall hold current licenses to practice in North Carolina.

History Note: Authority G.S. 131E-79;
Eff. January 1, 1996.

10A NCAC 13B .3704 STATUS

(a) Every facility shall have an active medical staff to deliver medical services within the facility. The active medical staff shall be responsible for the organization and administration of the medical staff. Every member of the active medical staff shall be eligible to vote at medical staff meetings and to hold office.

(b) The active medical staff may establish other categories for membership in the medical staff. These categories for membership shall be identified and defined in the medical staff bylaws, rules or regulations adopted by the active medical staff. Examples of these other categories for membership are:

- (1) associate medical staff;
- (2) courtesy medical staff;
- (3) temporary medical staff;
- (4) consulting medical staff;
- (5) honorary medical staff; or
- (6) other staff classifications.

The medical staff bylaws, rules or regulations may grant limited or full voting rights to any one or more of these other membership categories.

(c) Medical staff appointments shall be reviewed at least once every two years by the governing board.

(d) The facility shall maintain an individual file for each medical staff member. Representatives of the Department shall have access to these files in accordance with G.S. 131E-80.

(e) Minutes of all actions taken by the medical staff and the governing board concerning clinical privileges shall be maintained by the medical staff and the governing board, respectively.

*History Note: Authority G.S. 131E-79;
Eff. January 1, 1996.*

10A NCAC 13B .3705 MEDICAL STAFF BYLAWS, RULES OR REGULATIONS

(a) The active medical staff shall develop and adopt, subject to the approval of the governing body, a set of bylaws, rules or regulations, to establish a framework for self governance of medical staff activities and accountability to the governing body.

(b) The medical staff bylaws, rules and regulations shall provide for at least the following:

- (1) organizational structure;
- (2) qualifications for staff membership;
- (3) procedures for admission, retention, assignment, and reduction or withdrawal of privileges;
- (4) procedures for fair hearing and appellate review mechanisms for denial of staff appointments, reappointments, suspension, or revocation of clinical privileges;
- (5) composition, functions and attendance of standing committees;
- (6) policies for completion of medical records and procedures for disciplinary actions;
- (7) formal liaison between the medical staff and the governing body;
- (8) methods developed to formally verify that each medical staff member on appointment or reappointment agrees to abide by current medical staff bylaws and facility bylaws; and
- (9) procedures for members of medical staff participation in quality assurance functions.

*History Note: Authority G.S. 131E-79;
Eff. January 1, 1996.*

10A NCAC 13B .3706 ORGANIZATION AND RESPONSIBILITIES OF THE MEDICAL STAFF

(a) The medical staff shall be organized to accomplish its required functions and provide for the election or appointment of its officers.

(b) There shall be an executive committee, or its equivalent, which represents the medical staff, which has responsibility for the effectiveness of all medical activities of the staff, and which acts for the medical staff.

(c) All minutes of proceedings of medical staff committees shall be recorded and available for inspections by members of the medical staff and the governing body.

(d) The following reviews and functions shall be performed by the medical staff:

- (1) credentialing review;
- (2) surgical case review;
- (3) medical records review;
- (4) medical care evaluation review;
- (5) drug utilization review;
- (6) radiation safety review;
- (7) blood usage review; and
- (8) bylaws review.

(e) There shall be medical staff and departmental meetings for the purpose of reviewing the performance of the medical staff, departments or services, and reports and recommendations of medical staff and multi-disciplinary committees. The medical staff shall ensure that minutes are taken at each meeting and retained in accordance with the policy of the facility. These minutes shall reflect the transactions, conclusions and recommendations of the meetings.

*History Note: Authority G.S. 131E-79;
Eff. January 1, 1996.*

10A NCAC 13B .3708 MEDICAL STAFF RESPONSIBILITIES FOR QUALITY IMPROVEMENT REVIEW

(a) The medical staff shall have in effect a system to review medical services rendered, to assess quality, to provide a process for improving performance when indicated and to monitor the outcome.

(b) The medical staff shall establish criteria for the evaluation of the quality of medical care.

(c) The facility shall have a written plan approved by the medical staff, administration and governing body which generates reports to permit identification of patient care problems. The plan shall establish a system to use this data to document and identify interventions.

(d) The medical staff shall establish and maintain a continuous review process of the care rendered to both inpatients and outpatients in every medical department of the facility. At least quarterly, the medical staff shall have a meeting to examine the review process and results. The review process shall include both practitioners and allied health professionals from the facility staff.

(e) Minutes shall be taken at all meetings reviewing quality improvement, and these minutes shall be made available to the medical staff on a regular basis in accordance with established policy. These minutes shall be retained as determined by the facility.

*History Note: Authority G.S. 131E-79;
Eff. January 1, 1996.*