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Joint Commission Announces Task Force on Implementation of MS. 1.20

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(OAKBROOK TERRACE, Ill. – January 3, 2008) The Joint Commission today announced the establishment of a special fact-finding task force that will examine implementation issues related to revised hospital medical staff standard MS.1.20 and address issues of concern that have been raised.

The revised standard MS.1.20 was approved by The Joint Commission's Board of Commissioners in June 2007 and will become effective in July 2009. The 16-member task force will analyze the potential impact of implementing the revised standard through the examination of case examples and factual information and will suggest mitigating remedies that will support achievement of the objectives of the standard revision. The intent of the revised standard is to support and reinforce a productive working relationship between the medical staff and the governing body while minimizing disruptions to the hospital, including its medical staff. The revised standard calls for the medical staff and the governing body to work together, reflecting clearly recognized roles, responsibilities and accountabilities, to enhance the quality and safety of care provided to patients. A listing of the members of the MS.1.20 Implementation Task Force is attached.

The MS.1.20 Implementation Task Force will focus on gaining a better understanding of the practical implementation issues related to hospital compliance with the four concepts contained within the revised standard: 1) the flexibility allowed the organized medical staff and the governing body on the placement of documents in or outside of the medical staff by-laws, 2) the expectation that the decisions of the Medical Executive Committee reflect the wishes of the organized medical staff, 3) the expectation that organizations with productive working relationships among leadership will find the voting requirements of the organized medical staff reasonable to implement, and 4) the method to limit items requiring joint approval, thus not burdening the hospital.

An additional aim of the task force is to allay concerns related to the amount of time and money required to meet the requirements of the revised standard within a well-functioning organization.

"We recognize and are addressing the concerns that hospitals and medical staffs have raised about the implementation of MS.1.20. The task force members are uniquely positioned to provide practical insights respecting the implementation of this revised medical staff standard," says Paul M. Schyve, M.D., senior vice president, The Joint Commission. "We want to make sure that as hospitals implement the revised MS.1.20 requirements, that the changes support a positive working relationship between the medical staff and the governing body in order to facilitate improvement in the safety and quality of patient care."

Organizations proceeding with any medical staff by-laws revisions are advised that The Joint Commission will act as expeditiously as possible on recommendations from the task force. The Joint Commission anticipates receiving the task force's report at the meeting of the Board of Commissioners on February 29-March 1, 2008.

MS.1.20 Implementation Task Force**Gene Blumenreich**

Trustee

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Boston, MA

Tucker Bonner, FACHE

President and CEO

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