

(2) Performance improvement activities must track medical errors and adverse patient events, implement preventive actions and mechanisms that include feedback and learning throughout the

(3) The hospital must take actions aimed at performance improvement and, after implementing, must measure its success, and track performance to ensure that improvements are sustained.

(d) *Standard: Performance improvement projects.* As part of its quality assessment and performance program, the hospital must conduct performance improvement projects.

(1) The number and scope of distinct improvement projects conducted annually must be proportional to the complexity of the hospital's services and operations.

(2) A hospital may, as one of its projects, develop and implement an information technology system to improve patient safety and quality of care. This project, in its initial stage of development, does not demonstrate measurable improvement in indicators related to health outcomes.

(3) The hospital must document what quality improvement projects are being conducted, the results of the projects, and the measurable progress achieved on these projects.

(4) A hospital is not required to participate in a QIO cooperative project, but its own projects are comparable effort.

(e) *Standard: Executive responsibilities.* The hospital's governing body (or organized group or legal authority and responsibility for operations of the hospital), medical staff, and administrative staff are accountable for ensuring the following:

(1) That an ongoing program for quality improvement and patient safety, including the reduction of risk, is defined, implemented, and maintained.

(2) That the hospital-wide quality assessment and performance improvement efforts address patient safety and quality of care and patient safety; and that all improvement actions are evaluated.

(3) That clear expectations for safety are established.

(4) That adequate resources are allocated for measuring, assessing, improving, and sustaining performance and reducing risk to patients.

(5) That the determination of the number of distinct improvement projects is conducted annually.

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#### **§482.22 Condition of participation: Medical staff.**

The hospital must have an organized medical staff that operates under bylaws approved by the hospital and is responsible for the quality of medical care provided to patients by the hospital.

(a) *Standard: Eligibility and process for appointment to medical staff.* The medical staff must be composed of physicians in the field of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff must include categories of physicians (as listed at §482.12(c)(1)) and non-physician practitioners who are determined to be qualified for appointment by the governing body.

(1) The medical staff must periodically conduct appraisals of its members.

(2) The medical staff must examine the credentials of all eligible candidates for medical staff recommendations to the governing body on the appointment of these candidates in accordance with off-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who has been re-staff and who has been appointed by the governing body is subject to all medical staff bylaws, rules to the requirements contained in this section.

(3) When telemedicine services are furnished to the hospital's patients through an agreement with the governing body of the hospital whose patients are receiving the telemedicine services may choose to have its medical staff rely upon the decisions made by the distant-site hospital when making recommendations on privileges for the inpatient physicians and practitioners providing such services, if the hospital's governing body ensures, through its agreement with the distant-site hospital, that all of the following provisions are met:

(i) The distant-site hospital providing the telemedicine services is a Medicare-participating hospital.

(ii) The individual distant-site physician or practitioner is privileged at the distant-site hospital providing telemedicine services, which provides a current list of the distant-site physician's or practitioner's privileges at that hospital.

(iii) The individual distant-site physician or practitioner holds a license issued or recognized by the hospital whose patients are receiving the telemedicine services is located.

(iv) With respect to a distant-site physician or practitioner, who holds current privileges at the hospital receiving the telemedicine services, the hospital has evidence of an internal review of the distant-site practitioner's performance of these privileges and sends the distant-site hospital such performance information and a periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include that result from the telemedicine services provided by the distant-site physician or practitioner to the hospital, including complaints the hospital has received about the distant-site physician or practitioner.

(4) When telemedicine services are furnished to the hospital's patients through an agreement with a telemedicine entity, the governing body of the hospital whose patients are receiving the telemedicine services may choose, in lieu of the requirements in paragraphs (a)(1) and (a)(2) of this section, to have its medical staff rely upon the privileging decisions made by the distant-site telemedicine entity when making recommendations on privileges for the distant-site physicians and practitioners providing such services, if the hospital's governing body enters into an agreement with the distant-site telemedicine entity, that the distant-site telemedicine entity furnishes such information in accordance with §482.12(e), permit the hospital to comply with all applicable conditions of participation for telemedicine services. The hospital's governing body must also ensure, through its written agreement with the distant-site telemedicine entity, that all of the following provisions are met:

(i) The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at §482.12(a)(1) through (a)(7) and §482.22(a)(1) through (a)(2).

(ii) The individual distant-site physician or practitioner is privileged at the distant-site telemedicine entity providing telemedicine services, which provides the hospital with a current list of the distant-site physician's or practitioner's privileges at the distant-site telemedicine entity.

(iii) The individual distant-site physician or practitioner holds a license issued or recognized by the hospital whose patients are receiving such telemedicine services is located.

(iv) With respect to a distant-site physician or practitioner, who holds current privileges at the hospital receiving the telemedicine services, the hospital has evidence of an internal review of the distant-site practitioner's performance of these privileges and sends the distant-site hospital such performance information and a periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include that result from the telemedicine services provided by the distant-site physician or practitioner to the hospital, including complaints the hospital has received about the distant-site physician or practitioner.

receiving the telemedicine services, the hospital has evidence of an internal review of the distant-site practitioner's performance of these privileges and sends the distant-site telemedicine entity such information for use in the periodic appraisal of the distant-site physician or practitioner. At a minimum, this information includes all events that result from the telemedicine services provided by the distant-site physician or practitioner and all complaints the hospital has received about the distant-site physician or practitioner.

(b) *Standard: Medical staff organization and accountability.* The medical staff must be well organized and approved by the governing body for the quality of the medical care provided to patients.

(1) The medical staff must be organized in a manner approved by the governing body.

(2) If the medical staff has an executive committee, a majority of the members of the committee must be physicians, dentists, podiatrists, or osteopaths.

(3) The responsibility for organization and conduct of the medical staff must be assigned only to:

(i) An individual doctor of medicine or osteopathy.

(ii) A doctor of dental surgery or dental medicine, when permitted by State law of the State in which the hospital is located.

(iii) A doctor of podiatric medicine, when permitted by State law of the State in which the hospital is located.

(4) If a hospital is part of a hospital system consisting of multiple separately certified hospitals, the system must have a unified and integrated medical staff for its member hospitals, after determining that such a structure is consistent with all applicable State and local laws, each separately certified hospital must demonstrate that:

(i) The medical staff members of each separately certified hospital in the system (that is, all medical staff members who hold specific privileges to practice at that hospital) have voted by majority, in accordance with medical staff bylaws, to accept a unified and integrated medical staff structure or to opt out of such a structure and to maintain separate medical staff for their respective hospital;

(ii) The unified and integrated medical staff has bylaws, rules, and requirements that describe governance, appointment, credentialing, privileging, and oversight, as well as its peer review policies and procedures, which include a process for the members of the medical staff of each separately certified hospital (that is, all medical staff members who hold specific privileges to practice at that hospital) to be advised of the unified and integrated medical staff structure after a majority vote by the members to maintain a unified and integrated medical staff for their hospital;

(iii) The unified and integrated medical staff is established in a manner that takes into account unique circumstances and any significant differences in patient populations and services offered in the system;

(iv) The unified and integrated medical staff establishes and implements policies and procedures that address the concerns expressed by members of the medical staff, at each of its separately certified hospital locations, are given due consideration, and that the unified and integrated medical staff has mechanisms by which issues localized to particular hospitals are duly considered and addressed.

(c) *Standard: Medical staff bylaws.* The medical staff must adopt and enforce bylaws to carry out its duties. The bylaws must:

(1) Be approved by the governing body.

(2) Include a statement of the duties and privileges of each category of medical staff (e.g., acti

(3) Describe the organization of the medical staff.

(4) Describe the qualifications to be met by a candidate in order for the medical staff to recom appointed by the governing body.

(5) Include a requirement that—

(i) A medical history and physical examination be completed and documented for each patient before or 24 hours after admission or registration, but prior to surgery or a procedure requiring ane medical history and physical examination must be completed and documented by a physician (as c the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State

(ii) An updated examination of the patient, including any changes in the patient's condition, be within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesth medical history and physical examination are completed within 30 days before admission or registr examination of the patient, including any changes in the patient's condition, must be completed and (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed in State law and hospital policy.

(6) Include criteria for determining the privileges to be granted to individual practitioners and a criteria to individuals requesting privileges. For distant-site physicians and practitioners requesting telemedicine services under an agreement with the hospital, the criteria for determining privileges : applying the criteria are also subject to the requirements in §482.12(a)(8) and (a)(9), and §482.22(.

(d) *Standard: Autopsies.* The medical staff should attempt to secure autopsies in all cases of u medical-legal and educational interest. The mechanism for documenting permission to perform an There must be a system for notifying the medical staff, and specifically the attending practitioner, w performed.

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### **§482.23 Condition of participation: Nursing services.**

The hospital must have an organized nursing service that provides 24-hour nursing services. 7 furnished or supervised by a registered nurse.

(a) *Standard: Organization.* The hospital must have a well-organized service with a plan of adi delineation of responsibilities for patient care. The director of the nursing service must be a license is responsible for the operation of the service, including determining the types and numbers of nurs necessary to provide nursing care for all areas of the hospital.

(b) *Standard: Staffing and delivery of care.* The nursing service must have adequate numbers nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all pa must be supervisory and staff personnel for each department or nursing unit to ensure, when need of a registered nurse for bedside care of any patient.