

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

**MEMORIAL HOSPITAL OF SOUTH BEND, INC.
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ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

Table of Contents

PART ONE. RESPONSIBILITIES AND AUTHORITY OF OFFICERS	1
1.1 Responsibilities and Authority of the President of the Staff.....	1
1.2 Responsibilities & Authority of the Vice President.....	2
1.3 Responsibilities & Authority of the Secretary-Treasurer.....	2
1.4 Responsibilities & Authority of the Immediate Past President.....	3
1.5 Responsibilities & Authority of Department Chiefs.....	3
1.6 Responsibilities & Authority of Department Vice Chiefs.....	3
PART TWO. MEDICAL STAFF COMMITTEES.....	4
2.1 Designation.....	4
2.2 Medical Executive Committee.....	4
2.3 Air/Medical Transport Committee.....	5
2.4 Bylaws Committee	6
2.5 Credentials Committee	6
2.6 Infection Control Committee	7
2.7 Medical Records Committee.....	7
2.8. Medical Staff Quality Assessment Committee	8
2.9 Oncology Care Committee.....	9
2.10 Operating Room Committee	9
2.11 Perinatal Care Committee.....	10
2.12 Pharmacy & Therapeutics Committee	10
2.13 Rehabilitation Committee.....	11
2.14 Special Care Committee	12
2.15 Trauma Committee.....	12
PART THREE. MEETING PROCEDURES.....	13
3.1 Notice of Meetings	13
3.2 Quorum.....	13
3.3 Order of Business at Regular Staff Meetings.....	13
3.4 Manner of Action.....	13
3.5 Minutes	13
3.6 Procedural Rules	14
PART FOUR. AMENDMENT	14
CERTIFICATION OF ADOPTION AND APPROVAL	15

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

PART ONE. RESPONSIBILITIES AND AUTHORITY OF OFFICERS

1.1 **RESPONSIBILITIES AND AUTHORITY OF THE PRESIDENT OF THE STAFF**

As the primary Medical Staff officer, the chief administrative officer of the Staff and the Staff's representative in its relationships to others, the President has these responsibilities and authority:

1.1-1 **AS STAFF'S REPRESENTATIVE TO OTHERS**

- A. Transmit to the Board or the appropriate Committee(s) and to the Hospital President the views and recommendations of the Medical Staff and the Medical Executive Committee (MEC) on matters of Hospital policy, planning, operations, governance, and relations with external agencies, and transmit the views and decisions of the Hospital's Board and President to the MEC and the Medical Staff membership.
- B. Communicate and represent the opinions and concerns of the Medical Staff and its individual members on organizational and individual matters affecting Hospital operations to the Board and the Hospital President.
- C. Oversee compliance on the part of the Medical Staff with the procedural safeguards and rights of individual Staff members in all stages of the Hospital's credentialing process.

1.1-2 **AS THE CHIEF ADMINISTRATIVE OFFICER**

- A. Direct the efficient operation and organization of the administrative policy-making and representative aspects of the Medical Staff organization, work with the Hospital President in coordinating these with administration, nursing, support and other personnel and services, enforce compliance with the provisions of the Bylaws, Rules, Regulations, Policies and Procedures of the Staff and the Hospital related to these matters and with regulatory and accrediting agencies' requirements, and periodically evaluate the effectiveness of the organization.
- B. Preside at, and be responsible for the agenda of, all general and special meetings of the Medical Staff and of the MEC.
- C. Unless otherwise provided in the Corporate or Medical Staff Bylaws or this Manual, appoint, subject to MEC approval, Medical Staff members to Committees formed to accomplish Staff administrative, environmental or representation functions.
- D. Review and enforce compliance with standards of ethical conduct and professional demeanor among the members of the Medical Staff in their relations with each other, the Board, Hospital management, other professional and support staff, and the community the Hospital serves.

1.1-3 **AS CHIEF QUALITY ASSESSMENT OFFICER**

In the absence of another practitioner serving as the chief quality assessment and clinical officer, the President also has the following responsibilities and authority to be carried out in conjunction with the MEC:

- A. Direct the development, implementation, and day-to-day functioning and organization of the Medical Staff components of the quality assessment (QA) program, and assure that they are clinically and professionally sound and accomplishing their objectives and are in compliance with regulatory and accrediting agencies' requirements.
- B. Unless otherwise provided in the Corporate or Medical Staff Bylaws or this Manual, appoint, subject to the MEC approval, Medical Staff members to committees formed to accomplish Staff quality assessment, monitoring, and education functions.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

- C. Advise the Board, Hospital President, MEC and other relevant Staff and Hospital individuals and groups on the functioning of the QA program.
- D. Consult with, and report in writing to, the Board on the findings and results of the quality assessment activities, provide written recommendations for actions that are required, and together with the Hospital President, assure that the decisions of the Board are carried out within the Hospital and the Medical Staff.

1.1-4 AS THE CHIEF CLINICAL OFFICER

- A. Supervise the clinical organization of the Staff, coordinate the delivery of services among the clinical services, and work with the Hospital President in coordinating activities of administration, nursing, support and other personnel and services with Medical Staff clinical units.
- B. Advise the Board, the Hospital President and the MEC on matters impacting patient and clinical services, including the need for new or modified programs and services, for recruitment and training of professional and support staff personnel and for staffing patterns.

1.2 RESPONSIBILITIES AND AUTHORITY OF THE VICE PRESIDENT

As the second ranking Medical Staff officer, the Vice President has these responsibilities and authority:

- A. Assume all of the duties and responsibilities and exercise all of the authority of the President when he/she is unable--temporarily or permanently--to accomplish the same by reason of illness, absence, other incapacity or unavailability, or refusal.
- B. Serve as a member of the MEC and as Chair of the Medical Staff Quality Assessment Committee (MSQA). As Chair of the MSQA Committee, fulfill those responsibilities defined above in Section 1.1-3 as delegated by the President.
- C. Perform such additional duties as may be assigned by the President of the Staff, the MEC, or the Board.

1.3 RESPONSIBILITIES AND AUTHORITY OF THE SECRETARY-TREASURER

The Secretary-Treasurer has these responsibilities and authority:

- A. Serve as a member of the MEC.
- B. Report on meetings of the Medical Staff and the MEC.
- C. Give proper notice of all Medical Staff and MEC meetings on order of the appropriate authority.
- D. Supervise the collection and accounting for any funds that may be collected in the form of dues, assessments, or otherwise.
- E. If funds are collected from dues, assessments, or otherwise, prepare an annual financial report for transmittal to the Staff at its annual meeting and to the Board and Hospital President, and any other interim reports that may be requested by the President of the Staff or MEC.
- F. Perform such additional duties as may be assigned by the President of the Staff, the MEC, or the Board.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

1.4 RESPONSIBILITIES AND AUTHORITY OF THE IMMEDIATE PAST PRESIDENT

The Immediate Past President has these responsibilities and authority:

- A. Serves as an advisor to the President of the Staff and to other officials and Committees of the Staff. Also, performs such other duties as are delegated by the President or the MEC.

1.5 ROLES AND RESPONSIBILITIES OF DEPARTMENT CHIEFS

In assuring the accomplishment of the functions of a Department as provided in Section 8.3 of the Medical Staff Bylaws and in meeting the responsibility for all professional and administrative activities within the Department, a Department Chief has these specific roles and responsibilities:

- A. Clinically related activities of the department;
- B. Administratively related activities of the department, unless otherwise provided by the hospital;
- C. Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;
- D. Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;
- E. Recommending clinical privileges for each member of the department;
- F. Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization;
- G. The integration of the department or service into the primary functions of the organization;
- H. The coordination and integration of interdepartmental and intradepartmental services;
- I. The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
- J. The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- K. The determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- L. The continuous assessment and improvement of the quality of care, treatment, and services;
- M. The maintenance of quality control programs, as appropriate;
- N. The orientation and continuing education of all persons in the department or service; and
- O. Recommending space and other resources needed by the department or service.

1.6 RESPONSIBILITIES AND AUTHORITY OF DEPARTMENT VICE CHIEFS

The Department Vice Chief has these specific responsibilities and authority:

- A. Represent the Department on the MSQA Committee.
- B. In the absence of the Department Chief, act on all matters for which responsibility is given.
- C. In the absence of the Department Chief, attend the MEC meeting with vote.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

PART TWO. MEDICAL STAFF COMMITTEES

2.1 DESIGNATION

There will be a Medical Executive Committee (MEC) and the following standing Committees responsible to the MEC. The purpose, composition, functions and reporting mechanisms are defined within each of the Medical Committees.

2.2 MEDICAL EXECUTIVE COMMITTEE

2.2-1 PURPOSE AND MEETINGS

The MEC is empowered to act for the organized medical staff between meetings of the organized medical staff and to coordinate all activities and policies of the Staff, its Departments, and other Clinical Units and Committees. It meets at least 10 times a year and communicates its discussions and actions that relate to or define Staff Policies, Rules, or positions by monthly summary reports made available to all Attending and Conditional Attending members of the Medical staff.

2.2-2 COMPOSITION

The MEC includes the President, Vice President and Secretary-Treasurer of the Medical Staff, and the Chiefs of each of the Medical Staff Departments. Non-voting members include the Chair of the Credentials Committee, Director of Medical Education, Program Director of the Family Medicine Residency, the Hospital President, the Hospital Chief Operating Officer, the Vice President for Medical Affairs, and the Vice President of Nursing.

2.2-3 FUNCTION

- A. Receives, coordinates and acts upon the written reports and recommendations from Departments, Committees, other assigned activity groups, and Officers concerning the function assigned to them and the discharge of their delegated administrative responsibilities.
- B. Coordinates the activities of and policies adopted by the Staff, the Departments and other Clinical Units and Committees.
- C. Accounts to the Board and to the Staff by written reports concerning the overall quality and efficiency of patient care in the Hospital.
- D. Takes reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of Staff members including initiating investigation and pursuing corrective action when warranted.
- E. Makes recommendations on Medical, Administrative, and Hospital management matters.
- F. Informs the Medical Staff of the accreditation program and the accreditation status of the Hospital.
- G. Represents and acts on behalf of the Staff subject to such limitations as may be imposed by the Staff.
- H. Prepares a monthly summary report of its discussions and actions for the Staff, the Board and the Hospital Management.
- I. Approves all physician appointments to Medical Staff Committees.
- J. Reviews the recommendations of the Credentials Committee concerning appointment and reappointment to the Medical Staff and the delineation of individual clinical privileges.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

- K. Makes recommendations to the Board of Trustees for its approval concerning staff appointment and reappointment, delineation of clinical privileges, and termination of medical staff membership.
- L. Ensures that each Resident is adequately supervised in his/her patient care responsibilities by a member of the Medical Staff who has been granted appropriate clinical privileges, as more fully described in the Residency Program Policy and Procedures Manual. The MEC shall regularly communicate with the Hospital's Family Medicine Residency Program about the safety and quality of patient care, treatment, and services provided by, and the related educational and supervisory needs of, Residents. The MEC shall periodically communicate with the Board of Trustees about the educational needs and performance of Residents.

2.2-4 CIRCULATION OF AGENDA

A. Circulation

At least one week in advance of each regular MEC meeting, the agenda for the meeting will be provided to members of the Committee.

B. Request to Participate

At least three (3) working days prior to a regular MEC meeting, any individual who does not have a position on the Committee may, by written notice to the President of the Staff, request to participate at the meeting in the discussion of specific agenda items which are believed to have a significant impact on the medical staff. Each such notice must make reference to the agenda items involved and must be supported by reasons for the request. If the President of the Staff believes that the request is not substantiated or that it is in the best interests of the efficient functioning of the MEC, the request to appear may be denied. The Committee must be informed of the request and of the action. The MEC may over-ride the President and postpone consideration of the item in question.

2.3 AIR/MEDICAL TRANSPORT COMMITTEE

2.3-1 PURPOSE AND MEETINGS

The purpose of the Air/Medical Transport Committee is to address issues related to the Air/Medical transport programs and the transport of patients. The Committee meets at least quarterly and reports to the MEC.

2.3-2 COMPOSITION

The Air/Medical Transport Committee includes at least ten (10) members of the Attending medical staff representing the following specialties: emergency medicine, cardiothoracic surgery, obstetrics/gynecology, pediatrics (PICU), orthopaedic surgery, general surgery/trauma, cardiology, neurosurgery, medicine, and critical care medicine. Additional non-voting members may include the EMS/Transport Supervisor, Trauma Program Manager, Outreach Transport Coordinator, Transfer Coordinator, Administrative Vice President, a representative of Air Angels, Inc., and other healthcare professionals who can contribute specialized or unique knowledge and skills

2.3-3 FUNCTION

1. Review and revision of standing medical orders and other protocols for Memorial MedFlight helicopter personnel.
2. Development and revision of standing medical orders and other protocols for Memorial Hospital MICU personnel.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

3. Development and oversight of transfer coordination procedures between referral sources and Memorial Hospital.
4. Ongoing review of care provided to patients transported by Memorial MedFlight helicopter.

2.4 **BYLAWS COMMITTEE**

2.4-1 **PURPOSE AND MEETINGS**

The Bylaws Committee fulfills Staff responsibilities related to revision of Medical Staff Bylaws and related manuals and forms and assumes the responsibility for investigating and providing recommendations on such Administrative policy-making and planning matters and activities of concern to the Staff as are referred to the MEC. It also supervises overall Medical Staff compliance with accreditation and other regulatory requirements applicable to the Medical Staff or any of its clinical units. The Committee meets annually, or as needed, to reflect the current practice of the organization and reports to the MEC.

2.4-2 **COMPOSITION**

The Bylaws Committee includes at least five (5) members of the Attending medical staff. A representative of Administration serves without a vote.

2.4-3 **FUNCTION**

Conduct at least a triennial review of the Bylaws and the Procedures Manuals and forms promulgated in connection with them.

2.5 **CREDENTIALS COMMITTEE**

2.5-1 **PURPOSE AND MEETINGS**

The Credentials Committee coordinates the medical staff credentialing function by receiving and analyzing applications and recommendations for appointment, provisional conclusion or extension, reappointment, clinical privileges, including revisions and recommendations for appropriate action and by integrating quality assessment, membership and other relevant information into individual credential files. It also supervises the procedures for credentialing Allied Health Professionals. The Committee meets as often as necessary and reports to the MEC.

2.5-2 **COMPOSITION**

The Credentials Committee will be composed of at least five (5) or more members of the Attending medical staff. A representative of Administration serves without vote.

2.5-3 **DIRECTION, COORDINATION AND FUNCTION**

- A. Take responsible steps to ensure ethical conduct and competent clinical performance on the part of Staff members, including recommending to the MEC that corrective action be initiated or pursued.
- B. Formulate and act upon specific recommendations to correct identified improvable situations.
- C. Follow-up on action taken.
- D. Send required written reports to the MEC including findings, action taken and follow-up.

2.5-4 **CREDENTIALS REVIEW**

- A. Review, evaluate, and transmit written reports as required by the Bylaws and Credentialing Procedures Manual on the qualifications of each applicant or member for appointment, concluding or extending the provisional period, reappointment or

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

modification of appointment for Clinical Privileges, and of each Allied Health Professional for the performance of specified services.

- B. Initiate, investigate, review and report on corrective action matters and on any other matters involving the clinical, ethical, or professional conduct of any practitioner assigned or referred by the MEC, the Board of Trustees, any Medical Staff Officer, the Hospital President, or any Department Chief or Committee Chair.
- C. Submit written reports monthly to the MEC and the Board on the status of pending applications or other credential matters including the specific reasons for any inordinate delay in their processing.
- D. Maintain a Credentials file for each member of the Staff including records of participation in Staff activities and results of Quality Assessment monitoring and utilization activities.
- E. Receive reports for the Allied Health Professional Credentialing Committee and act upon them in a timely manner.

2.6 INFECTION CONTROL COMMITTEE

2.6-1 PURPOSE AND MEETINGS

The purpose of the Infection Control Committee is to review infection reports and investigate causes of Hospital infections and make recommendations concerning the prevention and proper isolation of infectious diseases. The Committee will submit any findings of significant variance to the MEC and where appropriate, to the Quality Assessment Committee. This Committee will meet at least quarterly.

2.6-2 COMPOSITION

Suggested membership includes at least five (5) members of the Attending medical staff from the Departments of Surgery, Medicine, Orthopaedics, Family Practice, Obstetrics-Gynecology, Pediatrics, and Pathology. Representatives from Nursing Services, Administration, and other appropriate Hospital Departments may serve without vote.

2.6-3 FUNCTION

- A. Maintain surveillance over the Hospital Infection Control Program.

2.7 MEDICAL RECORDS COMMITTEE

2.7-1 PURPOSE AND MEETINGS

The purpose of the Medical Records Committee is to review and evaluate medical records to determine that they 1) properly describe the condition and progress of the patient, therapy and tests provided, the results thereof, and the identification of responsibility for all actions taken, and 2) are sufficiently completed at all times so as to facilitate continuity of care and communications between all those providing patient care services throughout the Hospital. This Committee meets at least quarterly and reports to the Hospital President in matters referred to the operations of the Medical Records Department and to the MEC and Department Chiefs, as appropriate, regarding physicians who do not comply with the Medical Staff Bylaws and Rules and Regulations.

2.7-2 COMPOSITION

Suggested membership on the Medical Records Committee includes at least three (3) members of the Attending medical staff. The Director of the Medical Records Department and representatives from Nursing and Administration may serve without vote.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

2.7-3 FUNCTION

- A. Develop, review, enforce and maintain surveillance of Staff and Hospital policies, rules and regulations relating to Medical Records, including medical records completion, preparation, forms, format, filing, indexing, storage, destruction and availability and recommend methods of enforcement and changes.
- B. Provide liaison with Hospital Administration, Nursing, and Medical Records Professionals employed by the Hospital in matters relating to the Medical Records practice.

2.8 MEDICAL STAFF QUALITY ASSESSMENT COMMITTEE

2.8-1 PURPOSE AND MEETINGS

The Medical Staff Quality Assessment Committee (MSQA) coordinates and monitors the Medical Staff data gathering and analysis components of the Medical Staff's Quality Assessment Program. It develops an annual plan for the Staff's performance improvement activities and annually reviews the effectiveness and cost efficiency of the performance improvement activities. It meets at least quarterly and reports to the MEC. As appropriate and necessary, it transmits its findings for information or follow-up to the Credentials Committee, any of its subcommittees, Department of Medical Education, Bylaws Committee, and/or relevant clinical units of the Staff and Administration when other professional, technical, or administrative services are involved.

2.8-2 COMPOSITION

The Quality Assessment Committee includes the Vice President of the Medical Staff who acts as Chair, and the Secretary-Treasurer who acts as Vice Chair, and Vice Chiefs from each of the Medical Staff Departments. The Vice President for Medical Affairs, an Administrative representative and Quality Management personnel also attend without vote.

2.8-3 FUNCTION

- A. Adopts, modifies and supervises the conduct of specific programs and procedures for assessment and improvement of quality and efficiency of medical care provided at the Hospital, subject to the approval of the MEC and the Board.
- B. Implement or approve procedures required under "A" above by developing criteria for the various activities. Review findings, trends, and evaluations taken at the department level, evaluate these conclusions, recommendations, and actions taken for appropriateness, and report the evaluation of appropriateness to the MEC.
- C. Formulate and act upon specific recommendations to correct identified improvable situations.
- D. Follow-up on action taken.
- E. Coordinate the Staff's performance improvement activities with those of other Health Care disciplines.
- F. Send quarterly reports to the Medical Executive Committee that includes findings, action taken, and follow-up progress of the performance improvement activities.
- G. Participate and annually evaluate the overall Quality Assessment program for its comprehensiveness, integration, effectiveness and cost efficiency.

2.8-4 MONITORING ACTIVITIES

- A. Adopt and modify, supervise, and coordinate the conduct and findings of clinical care monitoring activities.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

- B. Review on a continuous basis, other general indicators of the quality of care and of clinical performance including unexpected clinical occurrences.
- C. Those responsible for conducting any monitoring activities shall submit written reports of results and progress as required by the frequency of the activity to the MSQA and for information purposes, to any other Staff organization entity or official with an official interest in the activity and to the Board. The MEC and the Staff President report on the overall activity to the Board.

2.9 **ONCOLOGY CARE COMMITTEE**

2.9-1 **PURPOSE AND MEETINGS**

The purpose of the Oncology Care Committee is to provide advice, consultation and direction for the Oncology Unit, to establish and review policies and procedures for the provision of cancer care, to provide a holistic approach to patient care by establishment of a multi-disciplinary team, and to determine needs for educational programs which will enable the Staff to provide comprehensive care to the patient. The Committee meets at least quarterly and reports directly to the MEC on policies and procedures that affect members of the Medical Staff.

2.9-2 **COMPOSITION**

Suggested membership for the Oncology Care Committee includes at least six (6) members of the Attending medical staff, including a radiation oncologist, medical oncologist, diagnostic radiologist, general surgeon, pathologist, and a cancer liaison physician. The cancer liaison may fulfill the role of one of the required physician specialties. The Committee also includes the following, without vote: the Cancer Program Administrator, and representatives from the following Oncology Departments: Radiation Oncology, Breast Care Center, African American Women in Touch, Pain Center, Lymphedema program, Pediatric Oncology, Clinical Research, Oncology Nursing, Social Services, Quality Assurance, community representatives, and a Certified Tumor Registrar (CTR).

2.10 **OPERATING ROOM COMMITTEE**

2.10-1 **PURPOSE AND MEETINGS**

The purpose of the Operating Room Committee is to address issues regarding operating room policies and procedures and to provide guidance on clinical, technological, and quality issues, as well as new program development. The Committee meets every other month and reports to the MEC.

2.10-2 **COMPOSITION**

Membership may include representation from the following specialties: anesthesiology, obstetrics-gynecology, ophthalmology, orthopaedic surgery, otolaryngology, pathology, radiology, general surgery, neurosurgery, plastic surgery, cardiothoracic surgery, and urology. Additional non-voting members include the Executive Director of Surgical Services, Director of Outpatient Surgery, and the Directors of Major Surgery.

2.10-3 **FUNCTION**

- A. Review operating room policies and procedures.
- B. Review OR time allocations/blocks.
- C. Make recommendations regarding OR performance and efficiencies.
- D. Provide guidance on clinical, technological, quality issues, and new program development.
- E. Provide a forum for physician input and feedback.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

- F. Address issues related to interpersonal conflict and disruptive behavior.

2.11 PERINATAL CARE COMMITTEE

2.11-1 PURPOSE AND MEETINGS

The Perinatal Care Committee is responsible for evaluating all births. It reports its findings to the Departments involved for action and follow-up. The Committee meets at least quarterly and reports to the MEC.

2.11-2 COMPOSITION

Suggested membership for the Perinatal Care Committee includes at least four (4) members of the Attending medical staff from the Departments of Anesthesiology, Family Practice, Obstetrics-Gynecology, and Pediatrics. The Director of NICU and a nursing representative from Labor and Delivery may also serve without vote.

2.12 PHARMACY AND THERAPEUTICS COMMITTEE

2.12-1 PURPOSE AND MEETINGS

The purpose of the Pharmacy and Therapeutics Committee is to promote and maximize rational drug use within the Hospital. This purpose is both advisory and educational in nature. In an advisory capacity, the Committee recommends the adoption of, or assists in the formulation of, policies regarding the evaluation, selection, and therapeutic use of drugs in the Hospital. In an educational capacity, the Committee recommends or assists in the formulation of programs designed to meet the needs of the professional staff (physicians, nurses, pharmacists, and other healthcare practitioners) for complete current knowledge on matters related to drugs and drug use. The Committee meets at least quarterly and reports to the MEC.

2.12-2 COMPOSITION

The Committee is comprised of at least five (5) members of the Attending medical staff representing various Departments in the Hospital. Additional non-voting members may include the Director of Pharmacy, Director of Nursing, Administrative Vice President, and other healthcare professionals who can contribute specialized or unique knowledge and skills.

2.12-3 FUNCTION

- A. Advise the Medical Staff and Hospital Administration in all matters pertaining to the use of drugs.
- B. Advise Pharmacy in the implementation of effective drug distribution and control procedures.
- C. Maintain a formulary system, whereby a formulary of drugs accepted for use in the Hospital is compiled and continually revised. The Committee will define operating policies and procedures for the formulary system including those governing generic substitution, therapeutic interchange, and investigational drugs to be made available to, and observed by all Staff members.
- D. Establish programs and procedures which help ensure cost effective drug therapy.
- E. Participate in performance improvement activities related to the prescription, distribution, and administration of drugs.
- F. Direct drug usage evaluation studies, review the results of such activities, and initiate any necessary follow-up action.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

- G. Establish educational programs for the Hospital's professional staff on matters related to drug therapy.
- H. Review adverse drug reactions occurring in the Hospital.
- I. Make recommendations concerning drugs to be stocked in Hospital patient care areas.
- J. Develop a system for reporting, identifying and analyzing the incident and cause of all infections.
- K. Develop and implement a preventive and corrective program, designed to minimize infection hazards, including establishing, reviewing and evaluating aseptic, isolation and sanitation techniques.
- L. Develop, evaluate and review preventive surveillance and control policies and procedures relating to all phases of the Hospital's activities, including:
 - 1. Operating Rooms
 - 2. Delivery Rooms
 - 3. Special Care Units
 - 4. SPD
 - 5. Environmental Services and Laundry Sterilization and disinfection procedures by heat, chemicals or otherwise, isolation procedures, prevention of cross-infection by anesthesia apparatus or inhalation therapy equipment, testing of Hospital personnel for carrier status, disposal of infectious materials, food sanitation and waste management in other situations as required.
- M. Coordinate activities with the Pharmacy and Therapeutics Committee.
- N. Conduct on a periodic basis, statistical prevalence studies of antibiotic usage and susceptibility-resistance trend studies in conjunction with the Pharmacy and Therapeutics Committee.

2.13 REHABILITATION COMMITTEE

2.13-1 PURPOSE AND MEETINGS

The Rehabilitation Committee provides medical and policy coordination and direction for the various rehabilitation services and is responsible for developing systems and criteria for monitoring the quality and efficiency of care provided by the various services. The Rehabilitation Committee reports to the MEC on matters related to policy and procedures and to the Quality Assessment Committee in terms of assessment studies. This Committee meets at least quarterly.

2.13-2 COMPOSITION

Suggested membership for the Rehabilitation Committee includes at least five (5) members of the Attending medical staff interested in Rehabilitation Services. Additional non-voting members may include a representative from Nursing and Administration and one representative from each of the Rehabilitation Services covered by the Committee.

2.13-3 FUNCTION

- A. Adopts, modifies, and supervises the conduct of specific programs and procedures for assessing and improving the quality and efficiency of rehabilitative services provided, subject to the approval of the MEC and the Board.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

- B. Implement the procedures required above by developing criteria and data needs for the various activities making findings, identifying patterns of performance within, or outside the acceptable range, receiving and evaluating explanations for patterns significantly different from the norm, and reporting these explanations.
- C. Formulate and act upon specific recommendations to correct identified improvable situations.
- D. Follow-up on action taken.
- E. Coordinate the Staff's Quality Assessment activities with those of other healthcare disciplines.
- F. Review on a continuous basis and enforce or coordinate compliance with the consultation requirements and other established policies and protocols related to clinical practice and in the Hospital.

2.14 SPECIAL CARE COMMITTEE

2.14-1 PURPOSE AND MEETINGS

The Special Care Committee is responsible for developing and enforcing policies and rules governing conduct and procedures for the activities of the Special Care Units: ICU, CCU, OHR, and medical and coronary step down units. The Committee establishes guidelines for the use of special techniques, therapeutic agents, quality of care rendered, and for admission/discharge of patients from these units. This Committee is involved in special training, protocols, equipment needs of the units, and sets guidelines for the activities of other health related personnel. The Committee reports to the MEC and meets at least quarterly.

2.14-2 COMPOSITION

Suggested membership for the Special Care Committee includes at least nine (9) members of the Attending medical staff including a pulmonologist, cardiologist, neurologist, CV surgeon, neurosurgeon, anesthesiologist, family practitioner, and internist. A representative from Administration, Quality Assurance and applicable hospital departments may serve without vote.

2.15 TRAUMA COMMITTEE

2.15-1 PURPOSE AND MEETINGS

The purpose of the Trauma Committee is to monitor and evaluate quality, timeliness, and appropriateness of trauma care and to resolve identified problems. The Committee meets quarterly and reports to the MEC.

2.15-2 COMPOSITION

Suggested membership includes at least eight (8) members of the Attending medical staff from the following departments: Surgery, Anesthesia, Radiology, Emergency Medicine, Family Medicine, Otolaryngology, Orthopedics, Pathology, and Pediatrics. Also suggested is a thoracic surgeon and a neurosurgeon. The following non-voting members may include the Emergency Department Nursing Director, the Trauma Clinical Nurse Specialist, and representatives from Quality Assurance and Administration.

2.15-3 FUNCTION

- A. Review trauma cases according to quality care criteria.
- B. Coordinate the functions of the multidisciplinary response team.
- C. Evaluate pre-hospital trauma care.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

- D. Make recommendations regarding hospital support services, i.e., Radiology, Laboratory, Blood Bank, and SPD.
- E. Collect and evaluate trauma data and make recommended changes in trauma care delivery as appropriate.
- F. Report positive and/or negative findings to the appropriate department and/or Quality Assessment Committee.

PART THREE. MEETING PROCEDURES

3.1 **NOTICE OF MEETINGS**

A schedule of regular General Staff and Department/Committee meetings will be mailed to all medical staff members at the beginning of each medical staff year. Notice of any special meeting of the Staff, a Department, or a Committee will be mailed to the appropriate medical staff members. Personal attendance at a meeting constitutes a waiver of notice of such meeting, except when a person attends a meeting for the express purpose of objecting, at the beginning of the meeting, to the transaction of any business because the meeting was not duly called or convened. No business shall be transacted at any special meeting except that stated in the meeting notice.

3.2 **QUORUM**

The quorum requirement for the MEC, Credentials Committee and the MSQA Committee shall be 30 percent. All other medical staff department and committee meetings shall be those present and voting.

3.3 **ORDER OF BUSINESS AT REGULAR STAFF MEETINGS**

The order of business at a regular Staff meeting is determined by the President of the Staff. The agenda includes as least:

- A. Acceptance of the minutes of the last regular and all special meetings held since the last regular meeting.
- B. Administrative reports from the President of the Staff, the Chiefs of Departments, and the Hospital President.
- C. The election of officers and of representatives to Staff and Hospital Committees, when required by the Medical Staff Bylaws.
- D. Reports by responsible officers, Departments and Committees, and discussion on the overall results of the Staff's performance improvement activities and on the fulfillment of the other required Staff functions.
- E. New business.
- F. Education program.

3.4 **MANNER OF ACTION**

Except as otherwise specified, the action of a majority of the members present and voting at a meeting is the action of the group. Action may be taken by a Department or Committee without a meeting by unanimous consent in writing setting forth the action so taken and signed by each member entitled to vote.

3.5 **MINUTES**

Minutes of all meetings shall be prepared including the vote taken on each matter. Copies of said minutes must be signed by the presiding officer, approved by the attendees, forwarded to the MEC, or the parent Committee in the case of a subcommittee, and made available to any

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

Attending or Conditional Attending member of the Staff upon request. A permanent file of the minutes of each meeting shall be maintained.

3.6 PROCEDURAL RULES

Meetings of the Staff, Departments, and Committees will be conducted according to the then current edition of Robert's Rules of Order. In the event of conflict between said Rules and any provision of the Medical Staff Bylaws or any of its related manuals, the latter are controlling.

PART FOUR. AMENDMENT

4.1 AMENDMENT

This Organizational Manual may be amended or repealed, in whole or in part, by following the procedures outlined in Article Sixteen of the Medical Staff Bylaws.

ORGANIZATIONAL MANUAL OF THE MEDICAL STAFF

CERTIFICATION OF ADOPTION AND APPROVAL

Adopted by the Medical Staff

October 4, 1993

Date

Approved by the Board of Trustees

October 28, 1993

Date