

**MEDICAL STAFF BYLAWS, POLICIES,
AND RULES AND REGULATIONS**

HSHS ST. CLARE MEMORIAL HOSPITAL

**MEDICAL STAFF
ORGANIZATION MANUAL**

TABLE OF CONTENTS

	<u>PAGE</u>
1. GENERAL.....	1
1.A. DEFINITIONS.....	1
1.B. TIME LIMITS	1
1.C. DELEGATION OF FUNCTIONS	1
2. CLINICAL DEPARTMENTS.....	2
2.A. LIST OF DEPARTMENTS.....	2
2.B. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS AND DEPARTMENT CHAIRPERSONS.....	2
2.C. DEPARTMENT OF MEDICINE COMMITTEE	2
2.D. DEPARTMENT OF SURGERY COMMITTEE	3
3. MEDICAL STAFF COMMITTEES.....	5
3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS	5
3.B. MEETINGS, REPORTS AND RECOMMENDATIONS	5
3.C. CREDENTIALS COMMITTEE	5
3.D. EXECUTIVE COMMITTEE	6
3.E. INFECTION PREVENTION AND CONTROL COMMITTEE - EWD.....	6
3.F. PHARMACY AND THERAPEUTICS COMMITTEE-EWD	7
3.G. UTILIZATION MANAGEMENT COMMITTEE-EWD	7
4. AMENDMENTS	9
5. ADOPTION.....	10

ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Medical Staff Credentials Policy.

1.B. TIME LIMITS

Time limits referred to in this Manual are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.C. DELEGATION OF FUNCTIONS

- (1) When a function is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff Committee, the individual, or the committee, through its chairperson, may delegate performance of the function to one or more designees.
- (2) When a Medical Staff member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

ARTICLE 2

CLINICAL DEPARTMENTS AND SERVICES

2.A. LIST OF DEPARTMENTS AND SERVICES

The following clinical departments are established:

Department of Medicine

- Cardiology
- Emergency Medicine
- Family Medicine
- GI
- Infection Prevention
- Internal Medicine
- Nephrology
- Neurology
- Oncology
- Pulmonology
- Radiology

Department of Surgery

- Anesthesia
- General & Pediatric Dentistry
- General Surgery
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pathology
- Plastic Surgery
- Podiatric Medicine & Surgery
- Urology

2.B. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS AND DEPARTMENT CHAIRPERSONS

The functions and responsibilities of departments and department chairpersons are set forth in Article 4 of the Medical Staff Bylaws.

2.C. DEPARTMENT OF MEDICINE COMMITTEE

2.C.1. Composition:

The Department of Medicine Committee shall consist of at least three members of the

Active Staff, one of which will serve as chairperson of the department and committee, the Medical Director of the Emergency Room, and, when possible, shall include at least one representative from each of the clinical specialties of Family Medicine, Internal Medicine, Radiology, and APPs. Representatives from Quality, Infection Control, Case Management, Clinics, and Administration shall be included, as necessary.

2.C.2. Duties:

The Department of Medicine Committee shall:

- (a) be responsible for making decisions (in consultation with the responsible physician) and the ultimate disposition of patients when patient load exceeds optimal operational capacity;
- (b) implement and monitor policies approved by the Medical Staff for continuing facility operation;
- (c) act as consultants to Nurse Managers of the emergency room, IMCU, Medical/Surgical, and Surgery;

2.D. DEPARTMENT OF SURGERY COMMITTEE

2.D.1. Composition:

The Department of Surgery Committee shall consist of at least two members of the Active Staff, to include surgical representation, one of which will serve as chairperson of the department and committee, and CRNAs as anesthesia representative; all of which may serve as voting members.

2.D.2 Duties:

The Department of Surgery Committee shall:

- (a) review the use and effectiveness of blood and blood components in the Hospital;
- (b) evaluate all suspected or confirmed transfusion reactions;
- (c) approve all policies and procedures related to the distribution, handling, use and administration of blood and blood components;
- (d) review the adequacy of transfusion services to meet the needs of patients;
- (e) review ordering practices for blood and blood components;
- (f) implement and monitor policies approved by the Medical Staff for continuing facility operation;

- (g) act as consultants to Nurse Managers of the emergency room, IMCU, Medical/Surgical, and Surgery;
- (h) oversee quality of care through the peer review process;
- (i) monitor utilization and efficient use of Hospital resources;
- (j) recommend planning and budgetary needs; and
- (k) participate in the continuing education of nursing personnel and other patient care related departments.

ARTICLE 3

MEDICAL STAFF COMMITTEES

3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

- (1) This Article outlines the Medical Staff committees of HSHS St. Clare Memorial Hospital that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.
- (2) Procedures for the appointment of committee chairpersons and members of the committees are set forth in Article 5 of the Medical Staff Bylaws.
- (3) Members of Medical Staff committees are expected to maintain confidentiality relating to all matters.

3.B. MEETINGS, REPORTS AND RECOMMENDATIONS

Unless otherwise indicated, each committee described in this Manual shall meet as necessary and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely written report after each meeting to the Executive Committee and to other committees and individuals as may be indicated in this Manual.

3.C. CREDENTIALS COMMITTEE

3.C.1 Composition:

The Credentials Committee shall consist of five members of the Active Staff, one of whom shall serve as chairperson. If approved by the Committee and by the Executive Committee, an Advance Practice Clinician may serve as a voting member. The members shall serve an initial term of three years, with no limits on the number of terms a member may serve. The Medical Staff President Elect may also serve on the Committee, *ex-officio* with vote. The Committee shall also include the Director of Medical Staff Services and representatives of the Credentials Verification Office, *ex-officio*, without vote, as designated by the President/CEO.

3.C.2 Duties:

The Credentials Committee reports to the Executive Committee and shall:

- (a) in accordance with the Credentials Policy, review the credentials of all applicants for Medical Staff appointment, reappointment, and clinical privileges, conduct a thorough review of the applications, interview such applicants as may be necessary, and make a written report of its findings and recommendations;

- (b) in accordance with the Policy on Advanced Practice Clinicians, review the credentials of all applicants who request to practice at the Hospital as Advanced Practice Clinicians conduct a thorough review of their applications, interview such applicants as may be necessary, and make a written report of its findings and recommendations;
- (c) review, consider, and make recommendations regarding appropriate threshold eligibility criteria for clinical privileges and scope of practice within the Hospital, including specifically as set forth in Section 4.A.3 (“Clinical Privileges for New Procedures”) and Section 4.A.4 (“Clinical Privileges That Cross Specialty Lines”) of the Credentials Policy;
- (d) review, as may be requested by the Executive Committee, all information available regarding the current clinical competence and behavior of persons currently appointed to the Medical Staff and of those practicing as Advanced Practice Clinicians and, as a result of such review, make a written report of its findings and recommendations to the Executive Committee;
- (e) develop, recommend, and consistently implement policies/directives for all credentialing functions and activities; and
- (f) perform such other functions as requested by the Executive Committee.

3.D. EXECUTIVE COMMITTEE

The composition and duties of the Executive Committee are set forth in Section 5.D of the Medical Staff Bylaws.

3.E. INFECTION PREVENTION AND CONTROL COMMITTEE - EWD

3.E.1. Composition:

The Infection Prevention and Control Committee shall consist of members of the Medical Staff, of whom at least one shall be a pathologist. The infection control specialist and at least one representative each from nursing and Hospital management shall also serve on the Committee as well as representatives from Laboratory, Surgery, and Employee Health, when necessary.

3.E.2 Duties:

The Infection Prevention and Control Committee shall:

- (a) have oversight responsibilities for the surveillance, prevention, and control of infection risks, the review and analysis of actual infections, the promotion of a preventive and corrective program designed to minimize infection risks, and the development of any written policies related to the same; and

- (b) develop, implement, and coordinate the hospital-wide program for risk assessment, surveillance, prevention, and control of infections.

3.F. PHARMACY AND THERAPEUTICS COMMITTEE - EWD

3.F.1. Composition:

The Pharmacy and Therapeutics Committee - EWD shall consist of members of the Active Staff, of whom one shall serve as chairperson. The Committee shall also include one representative each from hospital management, Pharmacy, Nursing, Quality, and Administration.

3.F.2 Duties:

The Pharmacy and Therapeutics Committee shall:

- (a) review the appropriateness of the prophylactic, empiric, and therapeutic use of drugs, including antibiotics, through the review and analysis of individual or aggregate patterns or variations of drug practice;
- (b) develop and recommend to the Executive Committee policies/directives relating to the selection, distribution, handling, use and administration of drugs and diagnostic testing materials;
- (c) define and review all significant untoward drug reactions; and
- (d) maintain and periodically review the Hospital formulary or drug list.

3.G. UTILIZATION MANAGEMENT COMMITTEE-EWD

3.G.1. Composition:

The Utilization Management Committee-EWD shall consist of at least two members of the Medical Staff, one of whom shall serve as chairperson. The Committee shall also include the Director of Health Information Management, the Director of Case Management, and other representatives from Hospital departments as may be assigned.

3.G.2. Duties:

Health Information Management Review Functions:

The Utilization Management Committee-EWD shall:

- (a) conduct periodic reviews of a representative sample of records to assess compliance with hospital, state and federal regulations for medical records; and
- (b) conduct periodic reviews of a representative sample of records to assess the quality of the

- documentation; and
- (c) conduct periodic reviews of summary information regarding the timely completion of all medical records and make recommendations concerning the same as appropriate; and
 - (d) reviews and approves changes to the hospital medical records regulations.

Utilization Management Committee-EWD Functions:

The Utilization Management Committee-EWD shall:

- (a) monitor utilization to evaluate the appropriateness of hospital admissions, length of stays, discharge practices, use of medical and hospital services and resources, and other factors related to utilization of hospital and physician services;
- (b) formulate a written utilization management plan for the Hospital(s), to be approved by the Executive Committee, the President/CEO, and the Board, in accordance with all applicable accreditation, third-party payor, and regulatory requirements which shall be in effect at all times;
- (c) evaluate the medical necessity for initiation of and continued hospital services or level of care for particular patients and make recommendations on the same to the attending physician, the Executive Committee, and the President/CEO. No physician shall have review responsibility for any extended stay cases in which that physician has been professionally involved; and
- (d) Physicians assigned to the Committee serve as Physician Advisors for the medial Staff and Care Managers.

ARTICLE 4

AMENDMENTS

This Manual may be amended by a majority vote of the members of the Executive Committee present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments shall be posted on the Medical Staff bulletin board at least 14 days prior to the Executive Committee meeting, and any member of the Medical Staff may submit written comments on the amendments to the Executive Committee. No amendment shall be effective unless and until it has been approved by the Board.

ARTICLE 5

ADOPTION

This Medical Staff Organization Manual is adopted and made effective upon approval of the Medical Staff and the Board, superseding and replacing any and all previous Medical Staff Bylaws and policies pertaining to the subject matter herein.

Originally adopted by the Medical Staff:	December 15, 2015
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