

**MEDICAL STAFF
ORGANIZATION
MANUAL**

**ST. JOSEPH'S HOSPITAL
HIGHLAND, ILLINOIS
an Affiliate of
Hospital Sisters Health System**

Horty, Springer & Mattern, P.C.

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. MEDICAL STAFF COMMITTEES	2
2.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS	2
2.B. DUTIES, MEETINGS, REPORTS, AND RECOMMENDATIONS	2
2.C. CREDENTIALS COMMITTEE	3
2.D. MEDICINE COMMITTEE	3
2.E. PHARMACY AND THERAPEUTICS COMMITTEE.....	4
2.F. SURGERY COMMITTEE	5
2.G. INTERDISCIPLINARY HOSPITAL COMMITTEES.....	6
2.H. OTHER COMMITTEES AND FUNCTIONS	7
3. AMENDMENTS	10
4. ADOPTION	11

ARTICLE 1

GENERAL

1.A. DEFINITIONS

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

1.C. DELEGATION OF FUNCTIONS

Functions assigned to an identified individual or committee may be delegated to one or more designees.

ARTICLE 2

MEDICAL STAFF COMMITTEES

2.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

- (1) This Article outlines the Medical Staff committees that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board. There will be a Medical Staff Executive Committee and other standing and special committees responsible to the Medical Staff Executive Committee (“MEC”) or to a designated staff official, as are necessary and desirable to perform all required Medical Staff functions. Staff functions and responsibilities which require participation of, rather than direct oversight by, the Medical Staff may be discharged in part by various officers and organizational components of the staff as described in this Manual and the Medical Staff Bylaws, and in part by Medical Staff representation on interdisciplinary Hospital committees established to perform such functions.
- (2) Procedures for the appointment of committee chairpersons and members of the committees are set forth in Article 4 of the Medical Staff Bylaws.
- (3) The MEC may, at any time it deems necessary and desirable for the proper discharge of the functions required of the Medical Staff by this Manual and the Medical Staff Bylaws and policies of the Hospital, by resolution and upon approval of the Board, establish, eliminate or merge standing or special Medical Staff committees, change the functions of a committee, assign the function to the Medical Staff as a whole, or assign the functions to Medical Staff members as part of their participation on an interdisciplinary Hospital committee.

2.B. DUTIES, MEETINGS, REPORTS, AND RECOMMENDATIONS

- (1) At a minimum, each committee will perform the duties set forth below and any additional duties which may be assigned by the Medical Staff Executive Committee.
- (2) Unless otherwise stated in this Manual or the Medical Staff Bylaws, each Medical Staff committee will meet as often as necessary to fulfill its duties, and will make a report or submit minutes to the Executive Committee and the Executive Vice-President. Each committee may report directly to the Executive Committee, for its consideration and appropriate action, any situation involving questions of clinical competency, patient care and treatment, case management, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies or rules, or unacceptable conduct on the part of any individual member of the Medical Staff.

2.C. CREDENTIALS COMMITTEE

2.C.1. Composition:

The Credentials Committee will be composed of at least three members of the Medical Staff. The past President of the Medical Staff shall also serve on the Committee, *ex officio*, with vote.

2.C.2. Functions:

The Credentials Committee will perform the following functions:

- (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 reports of its findings and recommendations;
- (b) review, as may be requested by the Medical Staff Executive Committee, all information available regarding the current clinical competence and behavior of persons currently appointed to the Medical Staff and/or granted clinical privileges, and, as a result of such review, make a report of its findings and recommendations;
- (c) review and make recommendations regarding appropriate threshold eligibility criteria for clinical privileges within the Hospital, including specifically as set forth in Section 4.A.5 (“Clinical Privileges for New Procedures”) and Section 4.A.6 (“Clinical Privileges That Cross Specialty Lines”) of the Credentials Policy;
- (d) submit recommendations to the Medical Staff Executive Committee for revisions to the Medical Staff Bylaws and any accompanying procedure manuals and forms, if needed; and
- (e) identify nominees for election to general Medical Staff offices.

2.D. MEDICINE, EMERGENCY SERVICES, AND PHARMACY COMMITTEE

3.E.1. Composition:

The Medicine and Emergency Services Committee will consist of members of the Active Staff in the Medicine and Emergency Services Department. The committee will also include the Medical Director of Emergency Services, the Nursing Director of the Emergency Room, a representative from Hospital Administration, Nursing Management, and Pharmacy, and the Director in charge of the Medical/Surgical Units and Intensive Care Unit. Other consultants/staff may be appointed as needed.

3.E.2. Functions:

The Medicine and Emergency Services Committee will perform the following functions:

- (a) annually review, monitor for compliance, and recommend for implementation policies and procedures for the medical care provided in the Hospital and continued operation of emergency services;
- (b) review, analyze, and evaluate the quality of medical care rendered in a medical unit and the emergency department;
- (c) formulate policies and procedures for the review, analysis, and evaluation of the quality of medical records;
- (d) determine the guidelines for clinical practice of the members of the Medicine and Emergency Services Department;
- (e) review the clinical work performed by the members of the Medicine and Emergency Services Department to determine the extent to which it conforms to or deviates from the medical appropriateness guidelines;
- (f) make recommendations to the Medical Staff Executive Committee on matters pertaining to the establishment and enforcement of medical appropriateness guidelines for the provision of emergency services and for access to, use of, and discharge from the ICU; and
- (g) make recommendations to the Medical Staff Executive Committee on medical education that has been attained by members of the Medicine and Emergency Services Department and Hospital staff and that may be required to improve the quality of care rendered by the Department.

In relation to pharmacy, the Committee will perform the following functions:

- (a) annually review pharmacy policy and procedures;
- (b) review appropriateness of empiric and therapeutic use of drugs through the analysis of individual or aggregate patterns of drug practice;
- (c) develop and recommend to the Medical Staff Executive Committee rules and regulations relating to the selection, distribution, handling, use, and administration of drugs in the Hospital;
- (d) review and analyze all medication errors and recommend policies and procedures to prevent and reduce the same;

- (e) review all significant drug reactions;
- (f) develop and periodically review and update the Hospital formulary;
- (g) review the appropriateness, safety, and effectiveness of the prophylactic, empiric, and therapeutic use of antibiotics in the Hospital;
- (h) inform the Medical Staff and nursing care personnel of any changes in the Hospital formulary, development of standard dosing or drug monitoring protocols, and recent problems with dosing, interactions, and inappropriate use of drugs;
- (i) promote educational programs on drugs and drug therapy for the Medical Staff, nursing care personnel, and other appropriate personnel; and
- (j) establish guidelines for the education, in-service training and supervision of all individuals administering drugs in the Hospital; and
- (k) as necessary, develop or review control and reporting procedures for investigational or experimental drug use in the Hospital.

The Committee will submit written reports at least quarterly to the Medical Staff Executive Committee on its activities and on the quality of care reflected by its activities.

2.F. SURGERY/ANESTHESIA COMMITTEE

2.F.1. Composition:

The Surgery Committee will be composed of Active Staff with privileges in Surgery, Anesthesia, Medical Imaging and Pathology, at least one of whom must be an Active Staff member who will serve as committee chairperson. One representative from anesthesiology, either an anesthesiologist or CRNA, will be a voting member of this committee. Representatives from Nursing Service, Administration and Quality Management may also serve on the committee. Other consultants may be appointed to the committee as appropriate. A minimum of three active medical staff members shall sit on this Committee.

2.F.2. Functions:

The Surgery/Anesthesia Committee will:

- (a) formulate policies and procedures for anesthesia and surgery services and annually evaluate them;

- (b) analyze and evaluate the quality, timely completion, and completeness of the surgical portion of medical records;
- (c) determine the guidelines for clinical surgical practice that each member with privileges in surgery is expected to meet;
- (d) recommend to the Credentials Committee guidelines to be used in assignment and reappointment of surgical privileges;
- (e) review the clinical work done in surgery to determine the extent to which it conforms to or deviates from the pre-determined guidelines;
- (f) make recommendations to the Medical Staff Executive Committee on matters pertaining to the establishment and enforcement of medically appropriate guidelines of care and medical education to ensure the continuing improvement of the quality of surgical care;
- (g) review the clinical practice of blood and blood product utilization and transfusions within the Hospital and evaluate variations based on pre-determined guidelines;
- (h) annually review and recommend to the Medical Staff Executive Committee appropriate guidelines for whole blood, blood component, and blood product utilization and policies relating to blood transfusions and the preparation and handling of blood within the Hospital;
- (i) provide the Nursing Service and Medical Staff with education on the changes in clinical or pathological laboratory testing or changes in lab/blood usage by way of written communication to Medical Staff members, minutes sent to the meetings of the Medical Staff or oral report to Medical Staff members at a scheduled meeting of the Medical Staff;
- (j) investigate all transfusion reactions occurring in the Hospital and make recommendations to the Executive Committee on policies and procedures to reduce transfusion reactions; and
- (k) submit written reports at least quarterly to the Medical Staff Executive Committee on the committee's activities and on the quality of care reflected by the committee's activities.

2.G. INTERDISCIPLINARY HOSPITAL COMMITTEES

The Interdisciplinary Hospital Committees are the Quality Management Committee, the Infection Control Committee, and the Physician Health Advisory Committee. The composition and duties of Interdisciplinary Hospital Committees will be those as

determined by the Executive Vice-President, who is a member of all Hospital committees.

2.G.2. Infection Control Committee:

The Infection Control Committee will consist of at least one member of the Active Medical Staff. The committee will also include the Infection Control Coordinator and representatives from Hospital Administration, Nursing Services, Quality Management, Laboratory, and the Central Service Departments. Other Medical and Hospital Staff may be appointed as consultants as appropriate. The Executive Vice-President or a designee will serve as chairperson. All members of the committee will have voting privileges. The committee shall meet at least quarterly. The Infection Control Committee will:

- (a) annually review infection control policies and procedures;
- (b) supervise infection control in all phases of the Hospital's activities through surveillance of Hospital infection potentials;
- (c) recommend to Administration, Nursing Service, and the Medical Staff, through reports to the Executive Committee, educational programs based on needs assessment determined by its monitoring activities;
- (d) review and analyze actual infections;
- (e) promote an ongoing preventative and corrective program designed to minimize infection hazards; and
- (f) submit written reports at least bimonthly to the Executive Committee on the committee's activities and on the quality of care reflected by the committee's activities.

2.H. OTHER COMMITTEES AND FUNCTIONS

Members of the Medical Staff will participate in the following Hospital committees and/or functions as either a committee member or consultant: Safety, Ethics, Home Health, ECC Utilization Review, Patient Evaluation, and other committees or activities recommended by the Administration and the Executive Committee.

ARTICLE 3

AMENDMENTS

The process for amending this Medical Staff Organization Manual is set forth in Article 7.B of the Medical Staff Bylaws.

ARTICLE 4

ADOPTION

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

Adopted by the Medical Staff on:

Date: _____

President of the Medical Staff

Approved by the Board on:

Date: _____

Chair, Board of Directors