

**MEDICAL STAFF
ORGANIZATION MANUAL**

ST. ELIZABETH'S HOSPITAL
an Affiliate of
Hospital Sisters Health System

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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

CLINICAL DEPARTMENTS

2.A. CLINICAL DEPARTMENTS

The Medical Staff will be organized into the following departments:

Medicine
Surgery
Obstetrics/Pediatrics
Pathology
Radiology
Anesthesiology
Emergency Department

Subspecialties may be organized as a section of a department and will be directly responsible to the department within which it functions.

2.B. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS

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

ARTICLE 3

MEDICAL STAFF COMMITTEES

3.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.
- (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.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 Medical Staff Executive Committee and the Chief Executive Officer. Each committee may report directly to the Medical Staff 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.

3.C. BUDGET COMMITTEE

3.C.1. Composition:

The Budget Committee will consist of the Treasurer of the Medical Staff who will serve as the chair, and Medical Staff Members with representation from each department as outlined in the Bylaws. The Chief Medical Officer will serve on the committee, without vote.

3.C.2. Functions:

The Budget Committee will perform the following functions:

- (a) oversee the Medical Staff funds;
- (b) annually prepare a budget to propose to the Medical Staff Executive Committee;
- (c) recommend to the Medical Staff Executive Committee the disposition of Medical Staff funds;
- (d) recommend changes in the Medical Staff dues as appropriate; and
- (e) maintain a balanced budget.

3.D. BYLAWS COMMITTEE

3.D.1. Composition:

The Bylaws Committee will consist of 10 members of the Active Staff, with representation from each of the departments. The Chief Executive Officer and the Chief Medical Officer will serve on the Bylaws Committee, without vote.

3.D.2. Functions:

The Bylaws Committee will perform the following functions:

- (a) conduct an annual review of the Medical Staff Bylaws, Credentials Policy, this Organization Manual, the Medical Staff Rules and Regulations and Departmental Regulations and Forms, and make recommendations to the Medical Staff Executive Committee and Board regarding such documents;
- (b) formulate recommendations on such matters as may be referred to it by the Board, Quality Care Committee, the Medical Staff Executive Committee or the Chief Executive Officer; and
- (c) formulate recommendations on such matters as may be referred to it by the Board, Quality Care Committee, the Medical Staff Executive Committee or the Chief Executive Officer.

3.E. CREDENTIALS COMMITTEE

3.E.1. Composition:

The Credentials Committee will consist of at least seven members of the Active Staff, with representation from each of the departments. The Chief Medical Officer and Chief Executive Officer will be *ex officio* members, without vote.

3.E.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; and
- (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.

3.F. CRITICAL CARE COMMITTEE

3.F.1. Composition:

The Critical Care Committee will consist of at least seven members of the Medical Staff, with reasonable efforts made to include representation from each of the departments and physicians who regularly use the Critical Care and Telemetry Units. The Committee will also include a representative from administration, nursing and respiratory therapy.

3.F.2. Functions:

The Critical Care Committee will perform the following functions:

- (a) recommend rules for access of and use of the Critical Care and Telemetry Units;
- (b) monitor the application of approved rules and the quality of care in each Critical Care and Telemetry Unit to ensure patient safety; and
- (c) perform a review of the care rendered in the Critical Care and Telemetry Units.

3.G. INFECTION CONTROL COMMITTEE

3.G.1. Composition:

The Infection Control Committee will consist of at least seven members of the Medical Staff, with representation from each department, as well as the Infection Control Nurse and at least three additional members of the Hospital staff selected by the Chief Executive Officer.

3.G.2. Functions:

The Infection Control Committee will perform the following functions:

- (a) investigate infection potential, techniques for prevention of infection, and/or techniques for preventing the spread of established infection in any area of the Hospital;
- (b) review and analyze actual infections;
- (c) promote a preventive and corrective program designated to minimize infection hazards;

- (d) supervise infection control in all phases of Hospital activities;
- (e) recommend altered visitor policies and traffic patterns to minimize the hazards of infection;
- (f) review proposed construction and reconstruction within the Hospital for possible infection hazards; and
- (g) initiate quality improvement studies through the Medical Staff Executive Committee and/or Hospital Performance Improvement Committee.

3.G.3. Meetings:

The Infection Control Committee will meet at least quarterly.

3.H. NOMINATING COMMITTEE

3.H.1. Composition:

The Nominating Committee will consist of the President of the Medical Staff, the Immediate Past President of the Medical Staff and at least two other Medical Staff Members.

3.H.2. Functions:

The Nominating Committee will perform the following functions:

- (a) submit one or more nominations for the offices of President, Vice-President and Secretary/Treasurer; and
- (b) ascertain that each candidate for office has the following requisite qualifications:
 - (i) an understanding of the purpose and function of the Medical Staff organization;
 - (ii) an understanding of, and willingness to work toward obtaining, the Hospital's goals;
 - (iii) knowledge of, and experience in, basic management principles as may apply to their respective positions; and
 - (iv) an ability to work with and motivate others to achieve the objectives of the Medical Staff.

3.I. PEER REVIEW COMMITTEES

The composition, functions, and frequency of meetings for committees conducting peer review are outlined in the Medical Staff Quality Improvement and Peer Review Policy.

3.J. PHARMACY AND THERAPEUTICS COMMITTEE

The pharmacy and therapeutics functions for the Hospital are performed by the HSHS System Pharmacy and Therapeutics Committee. The composition, functions, and frequency of meetings for this System Committee are defined by System policy.

3.K. UTILIZATION REVIEW MANAGEMENT COMMITTEE

3.K.1. Composition:

The Utilization Review Management Committee will consist of at least six members of the Medical Staff, with representation from each department, and Hospital staff appointed by the Chief Executive Officer.

3.K.2. Functions:

The Utilization Review Management Committee will perform the following functions:

- (a) determine the extent to which the Hospital's facilities and services are appropriately used by Medical Staff Members;
- (b) identify areas of inappropriate utilization of facilities and services;
- (c) make recommendations to the Medical Staff Executive Committee as to how inappropriate utilization can be rectified;
- (d) assure that a utilization plan is in effect, communicated and functioning; and
- (e) conduct studies of utilization patterns as may be requested by the Medical Staff Executive Committee.

3.K.3. Meetings:

The Utilization Review Management Committee will meet at least quarterly.

ARTICLE 4

AMENDMENTS

The process for amending this Medical Staff Organization Manual is set forth in Section 8.B of the Medical Staff Bylaws.

ARTICLE 5

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