

**MEDICAL STAFF
ORGANIZATION MANUAL**

**St. Anthony's Memorial Hospital
an Affiliate of
Hospital Sisters Health System**

June 2021

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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 Medical Staff Bylaws.

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

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. 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. BYLAWS COMMITTEE

3.C.1. Composition:

The Bylaws Committee will consist of at least three (3) members of the Active Staff, with representation from each of the departments. The Chief Medical Officer will serve on the Bylaws Committee, without vote.

3.C.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.D. CREDENTIALS COMMITTEE

3.D.1. Composition:

The Credentials Committee will consist of at least three (3) members of the Active Staff appointed by the Medical Executive Committee, with representation from each of the departments. The Immediate Past President will be an *ex officio* member, with vote. The Chief Medical Officer will be an *ex officio* member, without vote.

3.D.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.E. PEER REVIEW COMMITTEE

3.E.1. Composition.

The Peer Review Committee will consist of at least three (3) members of the Active Staff appointed by the President of the Medical Staff following recommendation from the department chairs, with representation from each of the departments.

3.E.2 Policy.

The functions and frequency of meetings for committees conducting peer review are outlined in the Medical Staff Peer Review Committee Charter and Peer Review Policy.

3.F. OTHER STANDING COMMITTEES

Other standing committees of the Medical Staff are: Physician Partnership Committee, Grievance Committee, and the Wellness Committee. The President, in collaboration with the Medical Staff Executive Committee, will assign Physician membership to other Medical Staff or Hospital committees that are involved with clinical aspects of patient care.

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