

**MEDICAL STAFF
ORGANIZATION
MANUAL**

**GOOD SHEPHERD HOSPITAL
SHELBYVILLE, ILLINOIS
an Affiliate of
Hospital Sisters Health System**

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. BYLAWS COMMITTEE.....	2
2.D. CREDENTIALS COMMITTEE	3
2.E. EMERGENCY DEPARTMENT COMMITTEE.....	3
2.F. ANTIBIOTIC STEWARDSHIP COMMITTEE.....	4
2.G. MEDICAL STAFF EXECUTIVE COMMITTEE.....	5
2.H. UTILIZATION REVIEW COMMITTEE.....	5
2.I. INFECTION CONTROL COMMITTEE.....	5

	<u>PAGE</u>
2.J. BLOOD UTILIZATION COMMITTEE.....	6
2.K. PHARMACY & THERAPEUTICS COMMITTEE	7
2.L. SURGERY & SURGICAL CASE REVIEW COMMITTEE	8
2.M. CARDIOLOGY COMMITTEE	9
2.N. LABORATORY COMMITTEE	9
2.O. QUALITY IMPROVEMENT COMMITTEE	9
2.P. RADIOLOGY COMMITTEE	10
3. AMENDMENTS	11
4. ADOPTION	12

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.
- (2) Procedures for the appointment of committee chairpersons and members of the committees are set forth in Article 4 of the Medical Staff Bylaws.

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 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 Chief Executive Officer. 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. BYLAWS COMMITTEE

2.C.1. Composition:

The Bylaws Committee will consist of at least two persons appointed from the medical staff. A representative from Hospital management shall also serve on the committee.

2.C.2. Functions:

The Bylaws Committee will perform the following functions:

- (a) annually review the Medical Staff Bylaws, Rules and Regulations, and other associated documents and recommend amendments as appropriate to the Executive Committee to ensure that current Medical Staff practices are stated and that the documents comply with relevant laws, regulations, and accreditation standards; and

- (b) receive and consider all recommendations for changes in these documents made by the Board, any committee of the Medical Staff, any individual appointed to the Medical Staff, and the Chief Executive Officer.

2.D. CREDENTIALS COMMITTEE

2.D.1. Composition:

The Credentials Committee will consist of at least two (2) members holding clinical privileges. The Chief Executive Officer and the Chief Medical Officer shall also serve on the Committee, *ex officio*, without vote.

2.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 the credentials of all applicants for Advanced Practice Professionals Staff appointment, perform investigations of and interviews with applicants as may be necessary, and report its findings and recommendations in accordance with the Credentials Policy;
- (c) review, as may be requested by the Executive Committee, all information available regarding the current clinical competence and behavior of person currently appointed to the Medical Staff and/or granted 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.

2.E. EMERGENCY DEPARTMENT COMMITTEE

2.E.1. Composition:

The Emergency Department Committee will consist of at least one (1) member holding clinical privileges. The committee will also include the Medical Director of Emergency Services, the Nursing Supervisor of the Emergency Department and a representative from Hospital Administration and/or Nursing Management. Other consultants/staff may be appointed as needed.

2.E.2. Functions:

The Emergency Department Committee will perform the following functions:

- (a) annually review, monitor for compliance, and recommend for implementation policies and procedures for continued operation of the Emergency Department;
- (b) formulate policies and procedures for the review, analysis, and evaluation of the quality of medical records generated as a part of the Hospital's Emergency Department;
- (c) determine the guidelines for clinical practice of the members of the Emergency Department;
- (d) review the clinical work performed of the members of the Emergency Department to determine the extent to which it conforms to or deviates from the medical appropriateness guidelines;
- (e) make recommendations to the Executive Committee on matters pertaining to the establishment and enforcement of medical appropriateness guidelines for the provision of emergency services;
- (f) make recommendations to the Executive Committee on medical education that has been attained by emergency room physicians and Hospital staff and that which may be required to improve the quality of care rendered by the service; and
- (g) submit written reports at least bi-annually to the Medical Staff Executive Committee on the committee's activities and on the quality of care reflected by its activities.

2.F. ANTIBIOTIC STEWARDSHIP:

2.F.1. Composition:

The Antibiotic Stewardship Committee will consist of at least one (1) member holding clinical privileges. Hospital Staff members, and other consultants/staff, may be members as may be appropriate.

2.F.2. Functions:

The Antibiotic Stewardship Committee will have the following functions:

- (a) annually review applicable policies and procedures for the medical care rendered in the Hospital;
- (b) review the appropriateness, safety, and effectiveness of the prophylactic, empiric, and therapeutic use of antibiotics in the Hospital.

2.G. MEDICAL STAFF EXECUTIVE COMMITTEE

The composition, functions, and requirements for meetings of the Medical Staff Executive Committee are included in Section 4.B of the Medical Staff Bylaws.

2.H. UTILIZATION REVIEW COMMITTEE

2.H.1. Composition:

The Utilization Review Committee will consist of three (3) members holding clinical privileges. The committee will also include a representative from Administration and Nursing Management, and other consultants/staff as may be appropriate.

2.H.2. Functions:

The Utilization Review Committee will perform the following functions:

- (a) formulate, maintain, and annually review a written utilization review plan for the Hospital, which complies with federal and state law and regulations;
- (b) determine the extent to which the Hospital's facilities and services are appropriately used by members of the Medical Staff;
- (c) report to the Credentials Committee information on inappropriate utilization by Medical Staff members for the purpose of reappointment assessment; and
- (d) identify areas of inappropriate utilization and make recommendations to the Executive Committee on how this inappropriate utilization can be corrected.

2.H.3. Meetings:

The Utilization Review Committee will meet at least quarterly.

2.I. INFECTION CONTROL COMMITTEE

2.I.1. Composition:

The Infection Control Committee will consist of at least one (1) member holding clinical privileges. The committee will also include a representative from Infection Prevention, a representative from Hospital Administration, and a representative from Nursing Management. Other consultants/staff may be included as appropriate.

2.I.2. Functions:

The Infection Control Committee will perform the following functions:

- (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 Hospital Management, 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 quarterly to the Executive Committee on the committee's activities and on the quality of care reflected by the committee's activities.

2.I.3. Meetings:

The Infection Control Committee will meet at least quarterly.

2.J. BLOOD UTILIZATION COMMITTEE

2.J.1. Composition:

The Blood Utilization Committee will consist of at least one (1) member holding clinical privileges. Other members of the committee will include a representative from Nursing Management. Other consultants/staff may be appointed as appropriate.

2.J.2. Functions:

The Blood Utilization Committee will perform the following functions:

- (a) review the clinical practice of blood and blood product utilization and transfusions within the Hospital and evaluate variations based on pre-determined guidelines;
- (b) 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; and
- (c) investigate all transfusion reactions occurring in the Hospital and make recommendations to the Executive Committee on policies and procedures to reduce transfusion reactions.

2.K. PHARMACY & THERAPEUTICS COMMITTEE

2.K.1. Composition:

The Pharmacy & Therapeutics Committee will consist of at least one (1) member holding clinical privileges. The committee will also include representation from Hospital Administration, Laboratory, and Pharmacy.

2.K.2. Functions:

The Pharmacy 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 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, 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;
- (j) establish guidelines for the education, in-service training and supervision of all individuals administering drugs in the Hospital;
- (k) as necessary, develop or review control and reporting procedures for investigational or experimental drug use in the Hospital; and

- (l) submit written reports at least quarterly to the Executive Committee on its activities and on the quality of care reflected by its activities.

2.K.3. Meetings:

The Pharmacy Committee will meet at least quarterly.

2.L. SURGERY & SURGICAL CASE REVIEW COMMITTEE

2.L.1. Composition:

The Surgery & Surgical Case Review Committee will consist of members with privileges in Surgery and Anesthesia. The committee will also include the Nursing Supervisor of Surgery, a representative from Hospital Administration and Nursing Management, and other consultants/staff as may be appropriate.

2.L.2. Functions:

The Surgery & Surgical Case Review Committee will perform the following functions:

- (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 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 care rendered by the Surgery/Anesthesia Clinical Service;
- (g) 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; and

- (h) submit written reports at least bi-annually to the Executive Committee on the committee's activities and on the quality of care reflected by the committee's activities.

2.M. CARDIOLOGY COMMITTEE

2.M.1. Composition:

The Cardiology Committee will consist of at least one (1) member holding clinical privileges. The committee will also include a representative from Hospital Administration and Nursing Management. Other consultants/staff may be appointed as needed.

2.M.2. Functions:

The Cardiology Committee will annually review, monitor for compliance, and recommend for implementation policies, protocols and procedures for operation of the Cardiology Service.

2.N. LABORATORY COMMITTEE

2.N.1. Composition:

The Laboratory Committee will consist of at least one (1) member holding clinical privileges. The committee may also include representation from Hospital and/or Nursing Management. Other consultants/staff may be appointed as needed.

2.N.2. Functions:

The Laboratory Committee will review, monitor for compliance, and recommend for implementation policies, protocols and procedures for operation of the Laboratory, and will provide updates and communication to the Medical Staff Executive Committee regarding the Laboratory's operations.

2.O. QUALITY IMPROVEMENT COMMITTEE

2.O.1. Composition:

The Quality Improvement Committee will consist of at least two (2) members holding clinical privileges. The committee will also include representation from Hospital and/or Nursing Administration, and other staff as appropriate.

2.O.2. Functions:

The Quality Improvement Committee will meet bimonthly and will support leaders in planning, implementing, and evaluating performance improvement activities. It reflects commitment by the ministry to objectively and systematically monitor and evaluate the quality and appropriate delivery of patient care, treatment, and services, and their associated outcomes consistent with the mission, vision and values of the Hospital Sisters Health System.

2.P. RADIOLOGY COMMITTEE

2.P.1. Composition:

The Radiology Committee will consist of at least one (1) member holding clinical privileges in Radiology. The committee may also include a representative from Hospital Administration and/or Nursing Management. Other consultants/staff may be appointed as needed.

2.P.2. Functions:

The Radiology Committee will perform the following functions:

- (a) annually review, monitor for compliance, and recommend for implementation policies, protocols and procedures for operation of the Radiology Service; and
- (b) determine the guidelines for clinical surgical practice that each member with privileges in radiology is expected to meet.

ARTICLE 3

AMENDMENTS

The process for amending this Medical Staff Organization Manual is set forth in Section 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: May 4, 2021

S/ Suzanne Clarke, MD
President of the Medical Staff

Approved by the Board on:

Date: May 17, 2021

S/ Josh Shallenberger
Chairperson, Board of Directors