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DEACONESS HENDERSON HOSPITAL

MEDICAL STAFF ORGANIZATION MANUAL

ARTICLE I. CLINICAL DEPARTMENTS

A. Department Procedures and Responsibilities

1. Staff members and allied health care providers shall be assigned to a department by the Medical Staff Executive Council ("MEC"), upon recommendation of the appropriate department.

2. Each department shall hold meetings at least annually and elect a Chair in accordance with the Bylaws and Rules and Regulations.

3. All questions regarding medical practice, medical ethics and/or professional standards shall be referred to the Chair of the department involved. Any questions not resolved by the appropriate department shall be referred to the MEC.

4. Each department shall adopt such rules and regulations as apply strictly to the administration of its activities. Such rules and standards must be presented to the MEC for approval. No rules or standards may be adopted by any department which conflict with the Bylaws and Rules and Regulations of the Staff. Rules and Regulations become effective upon approval by the MEC and the Governing Board.

5. Each clinical department, as a peer review committee, shall from time-to-time review and make recommendations concerning the process of appointment and reappointment of clinical privileges.

6. Each department shall implement, in its role as a peer review committee and consistent with the Hospital's Quality Improvement Plan, a planned and systematic process for monitoring and evaluating the quality and appropriateness of the care and treatment of patients served by their department and the clinical performance of all individuals with clinical privileges in that department through:

   a. Routine review and assessment of information about aspects of patient care;

   b. Identification and resolution of important problems associated with patient care;

   c. Each department may delegate performance of any or all of the responsibilities described in subsections (a) and (b) above to departmental peer review committees as set forth in departmental rules and regulations approved by the MEC and the Governing Board.

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d. All blood and blood product utilization in the Hospital will be reviewed by the Patient Blood Management Committee, which will report its findings to the Medical Staff Quality Committee and the Quality Improvement Committee; and

e. All tissue removed at surgery shall be reviewed by the Pathology Department jointly with the department to which the practitioner is assigned, and they shall report their findings to the Medical Staff Quality Committee.

B. Departments

1. Departments of the Medical Staff will be as follows:

a. Anesthesia Department – meets every other month

b. Emergency Medicine Department – meets every other month

c. Family Medicine Department – meets annually

d. Internal Medicine – meets semi-annually

e. Hospitalist Department – meets semi-annually

f. Ob/Gyn Department – meets quarterly

g. Orthopaedic Surgery and Physical Medicine Department – meets semi-annually and ad hoc as requested by the Chair

h. Pathology Department – meets every 2 months

i. Pediatric Department – meets quarterly

j. Psychiatry Department

k. Radiology Department – meets quarterly

l. Surgery Department – meets quarterly

2. When indicated, three (3) or more Active members assigned to a department may form their own section, at the discretion of the MEC, upon recommendation of the department. These sections may elect their own Chair and may be organized to function separately under the jurisdiction of the department.

3. A section automatically is terminated when the number of Active members falls below three (3). All functions of the section return to the department having jurisdiction.

4. A new department may be established upon written request of no fewer than three physicians on active staff with full training in a specialty recognized by ABMS or AOA and not covered by current Medical Staff Departments, subject to approval

by the MEC and the Governing Board. All new departments will elect a Chair who will be eligible to attend the MEC as a full voting member.

C. Election of Chair

Each department shall elect a Chair every two (2) years, who shall be primarily responsible for the overall supervision of the clinical work within his/her department along with additional responsibilities. Qualifications to be eligible for Chair are outlined in each of the department's Rules and Regulations. Election shall be held during the last meeting of the fiscal year, and the member receiving the majority of votes shall be Chair. The method of resolving lack of a majority vote will be addressed in each department's Rules and Regulations. The Chair of each department shall serve a two (2) year term and may be reelected to two additional consecutive terms. The immediate Past Chair shall serve as Assistant Chair of the department and shall be eligible to attend the MEC meeting in the Chair's absence.

1. Roles and Responsibilities of Chair

a. Clinically related activities of the department

b. Administratively related activities of the department, unless otherwise provided by the hospital

c. Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges

d. Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department

e. Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization

f. The integration of the department or service into the primary functions of the organization

g. The coordination and integration of interdepartmental and intradepartmental services

h. The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services

i. The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and service

j. The determination of the qualifications and competence of department or service personnel who are not LIPs and who provide patient care, treatment, and services

k. The maintenance of quality control programs, as appropriate

l. The orientation and continuing education of all persons in the department or service

m. Recommendations for space and other resources needed by the department or service

Whenever outside sources are being considered to provide patient services in the hospital under contract, the Department Chair shall review the proposals and make recommendations to the hospital. Whenever such contracts are up for renewal, the Chair shall make recommendations to the hospital.

D. Removal of Chair

A majority of the voting members present at any department meeting may ask for a mailed ballot to remove a Chair from office. Two-thirds of the returned ballots would be required for removal of the Chair. Removal may be considered due to health conditions, lack of attendance at important meetings, or other reasons at the discretion of the members of the department.

E. Department Meetings

1. Attendance

Members of the medical staff and allied health care providers are invited to participate in department meetings. However, attendance at department meetings is voluntary. Departments will establish annually a quorum for the meetings for the fiscal year.

2. Minutes

Minutes for each regular and special meeting of a department shall be prepared and shall include the attendance and vote taken on appropriate issues. The minutes shall be signed by the presiding officer and forwarded to the MEC. Each department shall maintain a permanent file of minutes for each meeting. All records of peer review matters shall be maintained in a separate, confidential file available for inspection by all members of the department, to which they may pertain, but such records shall not be copied and will not be circulated.

F. Peer Review Protocol

The following protocol will be used by each department and by the Medical Staff Quality Committee when reviewing charts or incidents referred to the department or Quality committee by individual members of the department, administration or Quality improvement personnel. In all such instances the department or committee shall be acting as a peer review committee under the Kentucky Peer Review Statute.

"**Peer**," for the purpose of conducting such reviews, shall mean a practitioner with the same licensure as the practitioner being reviewed, and in situations in which evaluation of quality of care requires specialty or department expertise, "peer" shall also include a practitioner in the same specialty or department as the practitioner being reviewed who is not in direct economic competition with him or her. However, this definition does not in any way limit the participation in the review process of other personnel who are not themselves the peers of the practitioner but who are personnel of the peer review committee as defined.

"**Practitioner being reviewed**" is the individual or individuals whose care of a particular patient or trend of patient care is being reviewed.

G. Circumstances requiring review

A review meeting will be held primarily when charts fall out during the quality improvement screening process. However, they will also be held at the request of another peer review committee; at the request of the MEC; at the request of an officer of the medical staff, or at the request of the Chief Administrative Officer of the hospital or his or her designee. Such request must specify which charts or which possible trend in patient care is to be reviewed. The request need not allege that any improper care was rendered.

Procedure. Prior to making a final determination, practitioners will be given notice that charts or possible trends concerning their care have been reviewed and found to be controversial or inappropriate. Whenever possible the charts or documentation of trends will be made available to them prior to the review meeting to make a final determination. A practitioner under review is strongly encouraged to participate in such review, but the review will go forward if the practitioner declines to participate.

"Review meeting" is the meeting at which the charts or possible trends are reviewed. This meeting is not a hearing or an inquisition; it is a discussion among peers with the assistance of personnel of the peer review committee to ascertain facts and opinions concerning the care in question. If any adverse action concerning the practitioner is recommended, the practitioner shall have the rights to a hearing and appeal as are afforded to the practitioner under the Medical Staff Bylaws.

Records of the peer review committee. Minutes will be kept as records of the peer review committee but will not be circulated with the other minutes of the department or control committee. The minutes shall contain, at a minimum, the questions raised for review, and the recommendation of the committee after review. Minority opinions, if any, will be reported as well. Copies of all minutes of review meetings which dealt with the care of a practitioner will be maintained in the practitioner's peer review file in the Medical Staff Office, whether or not any further action was deemed warranted. Such records will be made available to departmental chairs for consideration at the time of reapplication for privileges and departmental chairs are required to comment on such records, where it may impact the recredentialing decisions, at that time. If adverse action is recommended, copies of the minutes will be forwarded to the MEC with the request for corrective action.

Further action. If further action is deemed warranted, the matter may be referred back to a peer review committee which raised the question, to the MEC with a request for

corrective action, or to the Medical Staff Quality Committee with a request for consideration of quality improvement action.

ARTICLE II. OFFICERS

The Officers of the Medical Staff shall be the Chief of Staff, Chief of Staff-Elect, Secretary-Treasurer and Immediate Past Chief of Staff (all of whom shall be elected for a term of two (2) years). The Immediate Past Chief of Staff also shall be a Staff Officer and a voting member of the MEC. Officers of the MEC shall be members of the active staff and during the term of their service remain members in good standing of the active staff. Failure to meet this requirement will result in the officer being automatically removed from his or her position.

The **CHIEF OF STAFF** shall give notice of special and regular meetings of the medical staff, preside at staff meetings and be an ex-officio member of all committees, but shall not be Chair of the MEC. The **CHIEF OF STAFF-ELECT** shall be an ex-officio member of all committees and in the absence of the Chief of Staff shall assume his or her authority and duties. He or she shall serve as Chair of the MEC and shall become Chief of Staff at the end of the Chief of Staff's term.

The **SECRETARY-TREASURER** shall have primary responsibility for the financial accounts. He or she shall present an annual report on the medical staff's finances at the final meeting of the fiscal year. The Secretary-Treasurer may serve two consecutive terms. The Secretary-Treasurer may delegate his or her responsibilities to the lay secretary of the staff. The immediate **PAST CHIEF OF STAFF**, in the absence of the Chief of Staff and Chief of Staff -Elect, shall assume their authority and duties.

Election of officers shall be from a single slate of candidates for each office submitted by the Nominating Committee at least one (1) month prior to the annual meeting of the medical staff in September. After reviewing the Nominating Committee's recommendations in August, the MEC shall notify the Active and Senior Staff members of the list of nominees. Additional nominations may be presented in writing to the Medical Staff Office with five (5) signatures of Active Staff members within ten (10) days following the announcement of candidates. Ballots shall be mailed to all Active and Senior Staff members, excluding provisional members, within ten (10) days before the annual meeting in September to be returned by mail or fax to the Medical Staff Office. The ballots shall be opened, counted, and reported at the annual meeting. The candidate(s) for each office who receives a plurality of all votes cast will be elected. In the event of a vacancy before the expiration of a term, the MEC shall appoint a successor to complete the unexpired term.

A majority of the voting members present at any medical staff meeting may ask for a mailed ballot to remove an officer of the staff for failure or refusal to fulfill responsibilities. Two-thirds of the returned ballots would be required to remove an officer of the staff.

A. Standing Committees

The Chief of Staff shall appoint committees on an annual basis, except where otherwise directed herein. The composition of these committees shall be at the discretion of the Chief of Staff, with the outlined formulation acting as a guideline.

The Chief of Staff shall serve as an ex-officio member of all committees with the Chief Administrative Officer of the Hospital and/or his/her assistants serving as advisory members. The Chief of Staff, in cooperation with the Committee Chair, may invite department directors and other individuals to attend the various meetings when circumstances warrant. The MEC shall have the power to temporarily amalgamate any of the standing committees to facilitate more effective and efficient operational latitude. Standing Committees will establish annually a quorum for their meetings for the fiscal year.

1. Bylaws Committee

The MEC will serve as the Bylaws Committee.
Meeting: As needed.
Purpose: To review the Medical Staff Bylaws and Rules and Regulations at least every two years and recommend changes as needed to the medical staff.

2. Ethics Committee

Composition: Physicians, nurses, social workers, administrators, clergy, lay representatives, attorneys, an experienced ethicist, if one is available in the community, shall have voting privileges. An effort shall be made to draw both physicians and nurses from a broad range of representative areas. The Chair shall be appointed by the Chief of Staff, and the Vice Chair shall be elected by the committee membership from the physicians on the Committee.

Meetings: Ad Hoc

Purpose: To provide assistance in dealing with problems involving ethical issues that affect patients within the institution and concern those persons who are responsible for their care and treatment.

To claim all immunities and maintain confidentiality in its peer review activities.

3. Medical Records Committee

Composition: Five (5) members of the staff representing the various departments. A nursing representative and administration representative will serve in an advisory capacity.
Meeting: Quarterly
Purpose: To review and make recommendations concerning the quality of medical records for clinical pertinence and timely completion.

To report its findings and recommendations at least quarterly to the Medical Staff Quality Committee.

To claim all immunities and maintain confidentiality in its peer review activities.

4. Medical Staff Quality Committee

Composition: Five (5) members of the staff representing a wide variety of specialties.

Meetings: Monthly or as needed upon request of the chair

Purpose: To claim all immunities and maintain confidentiality in its peer review activities.

To serve as the primary multi-specialty peer review committee of the medical staff.

To assist in setting organization-wide Quality Improvement (QI) goals.

To plan and implement QI activities.

To identify opportunities for improvement.

To charter cross-functional QI Teams.

To work cooperatively with medical staff departments and department chairs to define and monitor measurable quality indicators.

To monitor QI processes.

To allocate needed resources.

5. Nominating Committee

The MEC will serve as the Nominating Committee.

6. Oncology Committee

Composition: While the composition of the Oncology Committee will be at the discretion of the Chief of Staff, it is suggested the committee consist of two (2) members of the Surgery Department, two (2) members of the Internal Medicine/Hospitalist Department, two (2) members of the Radiology Department (one (1) of whom may be a Radiation Oncologist), and one (1) member each from the Family Practice, Pathology, Pediatrics and Ob/Gyn Departments. A nursing representative will serve in an advisory capacity.

Meetings: Quarterly in January, April, July and October.

Purpose: To improve the care of cancer patients.

To furnish professional guidance for the operation of an approved Tumor Registry with periodic reports to the staff.

To provide a system for quality-of-care evaluation with documentation of its operation.

To claim all immunities and maintain confidentiality in its peer review activities.

7. Patient Blood Management Committee

Composition: Composed of at least three (3) members of the medical staff including two physician Co-Chairs from the departments of Pathology and Hematology-Oncology. Administrative, Nursing, Pathology, and Pharmacy representatives may serve in an advisory capacity.

Meetings: Monthly

Purpose: To supervise the quality and efficiency of blood product utilization.

To report to the Medical Staff Quality Committee and the Quality Improvement Committee.

To claim all immunities and maintain confidentiality in its peer review activities.

8. Pharmacy & Therapeutic Committee

Composition: At least five (5) physicians. The Chief Hospital Pharmacist, a nursing representative, and a member of administration will serve as advisory members.

Meetings: Monthly

Purpose: To serve as an advisory group on matters pertaining to drugs stocked and used in the Hospital. To analyze drug usage in conjunction with the Infection Control Committee.

To act in accordance with the Hospital's Quality Improvement and Safety Plans, and in particular:

To develop/approve policies and procedures relating to the selection, distribution, handling, use and administration of drugs and diagnostic testing.

To develop and maintain drug formulary or drug lists.

To monitor and evaluate the prophylactic, therapeutic and empiric use of drugs to help assure that they are provided appropriately, safely and effectively with special attention to drugs that are suspected of causing adverse reactions or adverse drug interactions.

To report its activities and recommendations monthly to the MEC.

To claim all immunities and maintain confidentiality in its peer review activities.

9. Radiation Safety Committee

Composition: Physicians from departments using radionuclides and other sources of ionizing radiation (e.g., Radiology-Nuclear Medicine, Pathology, Surgery and Radiation Therapy) as well as other members where required by Federal Regulations. A nursing representative will serve in an advisory capacity.

Meetings: Quarterly

Purpose: To supervise the use of radionuclides and other sources of ionizing radiation as required by Federal Regulations.

To claim all immunities and maintain confidentiality in its peer review activities.

To report quarterly to the Radiology Department.

10. Utilization Review Committee

Composition: Physician Advisor(s), Chief Administrative Officer or his or her designee(s), Case Managers, Social Workers, the Manager of Case Management Services, the Director of Medical Affairs and the Vice President, and Patient Care Services.

Meeting: Quarterly

Purpose: To oversee the utilization review process for all acute patient care settings at Deaconess Henderson Hospital and make recommendations relative to the appropriate utilization of hospital facilities and service.

To claim all immunities and maintain confidentiality in its peer review activities.

B. Special Committees and Appointments

Special Committees shall be appointed as may be required by the Chief of Staff. Such committees shall confine their work to the purpose for which they were appointed and shall report to the MEC. They shall not have the power of action unless such is specifically granted by the motion which created the committee.

Special committees will establish, annually, a quorum for their meetings for the fiscal year.

Practitioners may also be appointed, by the Chief Administrative Officer of the Hospital or his or her designee, to Hospital committees such as the Joint Conference Committee, et cetera.

- Medical Education is provided through the Deaconess Health System medical library and CME department. Notification and priority is given to ensuring participation by the medical staff in all available medical education programs offered throughout the system.

- The education offered is continuously evaluated to reflect current hospital needs, medical science and to address the findings of performance improvement activities.

- Each Deaconess Henderson Medical staff member is encouraged to offer evidence of CME performed for recording through the Deaconess Henderson medical staff office.

ARTICLE III. THE MEDICAL STAFF MEETING

A. The Annual Meeting

The annual meeting of the medical staff shall be the regular meeting prior to the end of the fiscal year. At this meeting, the retiring officers and committees shall make their final reports and officers for the ensuing year shall be elected.

B. Regular Meetings

The regular meetings of the medical staff shall be held quarterly or as needed. Administration may be represented at the meetings, but shall have no vote.

C. Special Meetings

Special meetings of the medical staff may be called by the Secretary-Treasurer at any time on order of the President and must be called at the written request of any ten (10) members of the active staff.

D. Quorum

Those members present and eligible to vote shall constitute a quorum.

E. Agenda

1. The agenda for regular meetings shall include:

    a. Call to order, roll call, establishment of quorum;

    b. Invocation;

    c. Minutes of the last regular and all subsequent special meetings;

    d. Reportable peer review matters;

    e. Non-peer review reports;

    f. Unfinished Business;

    g. New business;

    h. Medical education announcements (if any);

    i. Administrative announcements (if any);

    j. Announcements

    k. Next medical staff meeting;

    l. Adjournment

2. The agenda for special meetings shall be:

    a. Reading of notice calling the meeting;

    b. Discussion of the business for which the meeting was called;

    c. Adjournment

F. Minutes

Minutes of each regular and special meeting of the medical staff shall be prepared and shall include the attendance and the vote taken on each appropriate matter. The minutes shall be signed by the Chief of Staff and maintained in a permanent file. All records of reported

peer review matters shall be maintained in a confidential file available for inspection by all members of the medical staff, but such records may not be copied or circulated.

ARTICLE IV. DUES-FUNDS-EXPENDITURES

The annual dues of the staff members shall be established by the MEC. Senior staff members, Honorary Affiliates and allied health care providers are not required to pay dues.

Members whose dues are delinquent after the first quarter shall be notified by the Secretary-Treasurer. Members whose dues are still delinquent at the end of the second quarter shall stand suspended from staff membership. Reinstatement shall be contingent upon payment of delinquent dues and approval of the Governing Board.

The funds of the staff shall be held by the Secretary-Treasurer. Appropriations from the funds of the staff may be made as follows:

1. The Secretary-Treasurer may draw upon the funds for routine expenditures;

2. The MEC may authorize single expenditures up to ten thousand dollars ($10,000.00);

3. Single expenditures over ten thousand dollars ($10,000.00) may be made by the affirmative vote of a majority of the staff present in any meeting.

ARTICLE V. AMENDMENT

1. Amendment

   The Organization Manual may be amended or repealed, in whole or in part, by a resolution of the MEC recommended to and adopted by the Governing Board.

2. Responsibilities and Authority

   The procedures outlined in the Medical Staff Bylaws and Hospital Governing Documents regarding medical staff responsibility and authority to formulate, adopt, and recommend the Medical Staff Bylaws and amendments thereto and the Medical Staff Rules and Regulations apply as well to the formulation, adoption, and amendment of this Organization Manual, which is part of the Rules and Regulations of the medical staff.

ARTICLE VI. ADOPTION

1. MEDICAL STAFF. This Organization Manual was adopted and recommended as rules and regulations of the medical staff to the Governing Board by the MEC in accordance with and subject to the Medical Staff Bylaws.

_____

Chief of Staff

_____

Date

2. GOVERNING BOARD. This Organization Manual is approved and adopted by the resolution of the Governing Board as rules and regulations of the medical staff after considering the MEC's recommendations and in accordance with and subject to the Hospital Governing Documents.

DEACONESS HENDERSON HOSPITAL

By: _____

President/Board of Directors

_____

Date