

# Union Hospital

## Medical Staff Operations and Procedure Manual

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# **Operations And Procedure Manual**

## **Officers of the Medical Staff**

### **O&P 1.001 Duties Of The President**

In addition to the Medical Staff Bylaws, the following outlines the duties of the medical staff president:

1. call, preside at and be responsible for the agenda of all general meetings of the medical staff;
3. make recommendations for appointment of committee chairpersons and members, in accordance with the provisions of the bylaws, to all standing and special medical staff committees except the executive committee;
3. serve on the executive committee;
4. serve as ex officio member of all medical staff committees other than the executive committee, without vote;
5. represent the views, policies, needs and grievances of the medical staff and report on the medical activities of the staff to the board and to the chief executive officer;
6. provide day-to-day liaison on medical matters with the chief executive officer, and the board;
7. receive and interpret the policies of the board to the medical staff and report to the board on the performance and maintenance of quality with respect to the delegated responsibility of the medical staff to provide medical care.

### **O&P 1.002 Duties Of The Vice President**

In addition to the medical staff bylaws, the following outlines the duties of the medical staff vice president:

1. serve on the executive committee;
2. automatically succeed the president when the president fails to serve for any reason during his term of office; and
3. perform such duties as are assigned to him by the president. Should both the president and vice president be unavailable in an emergency, the authority and duties of the president will be temporarily assumed by the secretary/treasurer, chief of surgery or the chief of medicine, in that order of succession.

**O&P 1.003            Duties Of The Secretary /Treasurer**

In addition to the medical staff bylaws, the following outlines the duties of the medical staff secretary/treasurer:

1.        serve on the executive committee;
2.        verify all ballots;
3.        sign all checks for the medical staff;
4.        verify medical staff fund balance.

## **Clinical Departments of the Medical Staff**

### **O&P 2.001      Clinical Departments and Functions**

A.      The following clinical departments are established.

- Anesthesia
- Emergency
- Family and General Practice
- Internal Medicine
  - Cardiology
  - Dermatology
  - Gastroenterology
  - Internal Medicine
  - Neurology
  - Physical Medicine
  - Pulmonary Medicine
  - Sleep Studies
- Obstetrics and Gynecology
- Pathology
- Pediatrics
- Radiology and Nuclear Medicine
- Surgery
  - General Dentistry
  - General, Vascular and Colorectal Surgery
  - ENT
  - Ophthalmology
  - Orthopaedics
  - Podiatry
  - Oral and Maxillofacial Surgery
  - Urology

B.      Duties

1.      Each department shall monitor and evaluate medical care in all major clinical activities of the department.
2.      Each department shall recommend, subject to approval and adoption by the executive committee and the board, objective criteria that reflect current knowledge and clinical experience. These criteria shall be determined by the department in conjunction with the Quality Improvement Director and/or the Medical Director of Quality Improvement. These criteria will be reviewed and updated at least yearly. These criteria shall be used by the hospital's quality improvement program in the monitoring and evaluation of patient care when important problems in patient care and clinical performance or opportunities to improve care are identified.
3.      Each department shall also conduct a comprehensive review of cases referred for peer review and take action as recommended by the department. Each department shall document the actions taken and evaluate the effectiveness of such actions.

4. The reports of the meetings will be maintained in the medical staff minutes in the quality improvement department.

## **O&P 2.002            Functions of Department Chiefs**

Each department chief shall:

1. Be responsible for the clinical and administratively related activities within the department, including any activities related to corporate compliance as delegated by the Hospital;
2. Be a member of the medical executive committee;
3. Monitor and evaluate the quality and appropriateness of patient care provided including the conduct of adequate peer review within the department;
4. Monitor the professional performance of all individuals who have delineated clinical privileges in the department, and report thereon to the credentials committee as part of the reappointment process and at such times as may be indicated;
5. Recommend criteria for clinical privileges in the department;
6. Recommend a sufficient number of qualified and competent individuals to provide care/clinical services;
7. Be responsible for the integration of the department/service into the primary functions of the organization;
8. Be responsible for the coordination and integration of interdepartmental and intradepartmental services;
9. Be responsible for the development and implementation of policies and procedures that guide and support the provision of services;
10. Appoint ad hoc committees or working groups as necessary to carry out quality improvement activities;
11. Make a report to the credentials committee concerning the appointment, reappointment, and delineation of clinical privileges for all applicants seeking privileges in the department;
12. Be responsible for the evaluation of all provisional appointees and report thereon to the credentials committee;
13. Make recommendations to the credentials committee regarding the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care in the department;
14. Assist the Hospital, in accordance with the provisions of the medical

- staff credentials manual, with respect to the granting of locum tenens privileges within the department and with the evaluation of requests for interim privileges;
15. Be responsible within the department of the Hospital for the enforcement of the medical staff bylaws, policies and rules and regulations;
  16. Be responsible for implementation within the department of actions taken by the board and executive committee;
  17. Be responsible for the establishment, implementation and effectiveness of the orientation, teaching, education and research programs in the department;
  18. Report and recommend to Hospital management, when necessary, with respect to matters affecting patient care in the department, including personnel, space and other resources, supplies, special regulations, standing orders and techniques;
  19. Assist Hospital management in the preparation of annual reports and such budget planning pertaining to the department as may be requested by the chief executive officer or the board;
  20. Establish divisions, sections, or services within the department and appoint chiefs thereof, subject to the approval of the medical executive committee and the board. In the event divisions are formed, minutes and attendance records shall be maintained. Divisions, sections, or service meetings shall not be scheduled at the same time as department meetings or medical staff meetings.

### **O&P 2.003                    Responsibilities of Department Members**

Each department member shall be responsible for:

1. participating in the quality improvement activities of the department;
2. serving as proctors or evaluators for provisional appointees or when such a monitoring requirement is imposed by the Credentials or executive committees, as assigned by the department chief;
3. serving on-call to the emergency department; and
4. serving on ad hoc review committees when assigned by the department chief, medical staff president or other medical staff leaders including completion of a confidentiality agreement relative to peer review.

## **Standing Committees of the Medical Staff**

### **O&P 3.001      Conflict of Interest Statement**

In any instance where a member of a committee has a conflict of interest in any matter involving an applicant or appointee to the staff which comes before the committee, that member shall not participate in the discussion or voting on the matter and shall excuse himself from the meeting during that time, although he may be asked to answer any questions concerning the matter before leaving.

### **O&P 3.002      Nominating Committee**

#### **A.      Composition**

Committee members and the chairman will be selected by the medical staff president from the active staff roster. Members of this committee can not seek office.

#### **B.      Duties**

1.      The chairperson will be responsible to call a meeting within one week after appointed.
2.      The first meeting's agenda will involve reviewing Article III of the medical staff bylaws pertaining to the officers, qualification of officers, and election of officers.
3.      The members will be assigned specific duties, such as:
  - ◆      contacting department chiefs for possible candidates; and
  - ◆      contacting individual staff members regarding their interest in Medical staff officer positions.
4.      A second meeting will be called to discuss the slate of officers.
5.      The chairperson will be responsible for contacting the medical staff office to ensure the candidates are active staff members in good standing. Should any candidate be disqualified, the chairperson will notify the committee members and potential candidate.
6.      The chairperson of the nominating committee shall present the slate of officers to the executive committee at its November meeting.

#### **C.      Meetings, Reports, and Recommendations**

1.      The nominating committee will meet at least two times each election year, shall maintain a permanent record of its proceedings, and actions, and shall make a report of each meeting to the executive committee. The reports of the meetings will be maintained in the medical staff minutes in the quality improvement department.

### **O&P 3.003            Bylaws Committee**

#### A.     Composition

At the end of each medical staff year, the medical staff president will appoint a committee to serve the following year. The Committee will be composed of five active staff appointees and an administrative representative. The committee will review the Bylaws, Operations and Procedure Manual, Rules and Regulation Manual, Peer Review Manual, Credentials Manual and Hearing and Appeals Manual at least every two years or as requested by the Medical Executive Committee.

#### B.     Duties

The Bylaws Committee shall receive recommendations or requests from the executive committee for addition, deletion, or modification of the Bylaws, Operations and Procedure Manual, Rules and Regulation Manual, Peer Review Manual, Credentials Manual and Hearing and Appeals Manual made by various departments, committees, or members of the medical staff. All requests will be reviewed by the committee to determine the appropriate action. A written report of the bylaws committee recommendation shall be made to the executive committee.

#### C.     Meetings, Reports, and Recommendations

The bylaws committee shall meet at least every two years, or more often as requested by the executive committee, until such review and recommendation is completed by the committee. A written report of the meeting(s) shall be forwarded to the executive committee and maintained in the medical staff book of minutes.

### **O&P 3.004            Credentials Committee**

#### A.     Composition

1.     The credentials committee shall consist of five physicians who are experienced with medical affairs. For appointment criteria, please refer to Bylaws, Article II, Structure of the Medical Staff, Section 3.03. Qualifications of Medical Staff Leaders.
2.     Members shall be appointed to the committee for one to three year terms or as determined by the medical staff president. The current Medical Staff President shall be a member. The medical staff president shall appoint the chairperson.
3.     Service on this committee shall be considered as part of the primary medical staff obligation of each member of the committee and other medical staff duties shall not interfere.

4. The president of the medical staff shall appoint up to five additional members of the committee for terms of one year if any time the continued workability of the committee is threatened by the inability of any member to serve.

B. Duties

The duties of the credentials committee shall be:

1. to review the credentials of all applicants for medical staff appointment, reappointment, and clinical privileges, to make investigations of and interview such applicants as may be necessary, and to make recommendations on the same to the executive committee; and
2. to review, as questions arise, all information available regarding the behavior and clinical competence of persons currently appointed to the medical staff, and as a result of such review, to make recommendations on the same to the executive committee.

C. Meetings, Reports and Recommendations

The credentials committee shall meet as often as necessary to accomplish its duties but at least six times a year and shall maintain a permanent record of its proceedings and actions, and shall report its recommendations to the executive committee, the chief executive officer and the board. The chairman or such members of the committee as are deemed necessary shall be available to meet with the board or its applicable committee on all recommendations that the credentials committee may make. The reports of all meetings will be maintained in the quality improvement department.

## **O&P 3.005      Medical Staff Education Committee**

### A.      Composition

The medical education committee shall consist of seven (7) or more active staff appointees. One of the members should also be a member of the quality improvement committee. The co-chairmen of the committee will be appointed by the president of the medical staff and serve as the CME physician advisors.

### B.      Duties

The committee shall be responsible for:

1.      Planning and development of educational activities based on performance improvement studies, medical staff survey of perceived education needs, new advances in knowledge, new techniques and equipment, and recommendation of departmental chairpersons and needs apparent from committee reports/peer review activities.
2.      Review and evaluation of all Category 1 and 2 activities to include but not be limited to:
  1.      Faculty
  2.      Program content
  3.      Principles of adult learning and education techniques
  4.      Program format, program fliers, informational handouts, AV modalities.
3.      Review the educational resources for the medical staff library and determine needs for additional resources and maintenance of existing resources.

### C.      Meetings, Reports and Recommendations

1.      The education committee shall meet as often as necessary to transact its business, but at least quarterly, shall maintain a permanent record of its findings, proceedings and actions, and shall make a report thereof of each meeting to the executive committee.

### **O&P 3. 006      Operating Room Committee**

#### A.      Composition

1.      The operating room committee shall consist of active staff appointees to represent anesthesia services, appropriate surgical specialties and representatives from the hospital to include administration and nursing services.      The chairman will be appointed by the medical staff president.

#### B.      Duties

The committee shall monitor utilization to evaluate under-utilization, over-utilization, and the efficient and effective use the operating suites. The measurable objectives of the committee will be to improve quality, improve outcomes, facilitate best practice pattern development, provide for a cost-effective environment of care, and enhanced customer satisfaction.

#### C.      Meetings, Reports and Recommendations

The OR committee shall meet monthly and maintain a permanent record of its findings, proceedings and recommendations, and present a report thereof after each meeting to the department of surgery and the department of OB/GYN. The chief of surgery will present a report to the medical executive committee. The reports of all meetings will be maintained in the quality improvement department.

### **O&P 3.007      Endoscopy Committee**

#### A.      Composition

The endoscopy committee shall consist of active staff appointees to include physician's with endoscopy privileges and representatives from the hospital to include administration and nursing services. The chairman will be appointed by the medical staff president.

#### B.      Duties

The committee shall monitor utilization to evaluate under-utilization, over-utilization, and the efficient and effective use the endoscopy suites. The measurable objectives of the committee will be to improve quality, improve outcomes, facilitate best practice pattern development, provide for a cost-effective environment of care, and enhanced customer satisfaction.

#### C.      Meetings, Reports and Recommendations

The endoscopy committee      shall meet quarterly and maintain a

perma-  
nent record of its findings, proceedings and recommendations, and present a report thereof after each meeting to all departments of the medical staff with members who perform endoscopy procedures and to the medical executive committee. The reports of all meetings will be maintained in the quality improvement department.

### **O&P 3.008      Intensive Care Unit Committee**

#### A.      Composition

The ICU committee shall consist of active staff appointees to represent cardiac care, primary care delivery, operative and invasive services, laboratory services, emergency medicine and representatives from the Hospital to include: administration, infection control, nursing services, pharmacy, care management, cardiopulmonary services and any others deemed necessary to assist in its functions. The chairman will be appointed by the medical staff president.

#### B.      Duties

1.      The committee will conduct an ongoing analysis of the quality of clinical practice and patient care in the critical care units.
2.      The committee shall focus its analysis on functions designated by the medical staff and Hospital to include: respiratory therapy, drug usage and evaluation, cardiac and pulmonary rehabilitation, dietary and nutrition, infection control, operative and invasive procedures, and care management and laboratory.
3.      The committee, through the above mentioned functions, shall monitor utilization to evaluate under-utilization, over-utilization, and the efficient and effective use of the critical care units. The measurable objectives of the committee will be to improve quality, improve outcomes, facilitate best practice pattern development, provide for a cost-effective environment of care, and enhanced customer satisfaction.

#### C.      Meetings, Reports and Recommendations

The ICU committee shall meet quarterly and shall maintain a permanent record of its findings, proceedings and recommendations, and shall make a report thereof after each meeting to the medical executive committee. The reports of all meetings will be maintained in the quality improvement department.

## **O&P 3.009            Utilization Management Committee**

### A.     Composition

The utilization management committee shall consist of active staff appointees to represent primary care delivery, operative and invasive services, blood bank services and representatives from Hospital to include: administration, infection control, nursing services, medical records, surgical services, pharmacy, care management, home health, dietary and any others deemed necessary to assist in its functions.

### B.     Duties

The committee shall focus its analysis on utilization of medical care provided by the medical staff and Hospital to include the following functions: a) blood utilization, b) drug usage and evaluation, pharmacy and therapeutics and adverse drug reactions, c) dietary and nutrition, d) infection control, e) medical records, f) operative and invasive procedures, and g) care management.

### C.     Meetings, Reports and Recommendations

1.     The utilization management committee shall meet at least monthly, shall maintain a permanent record of its findings, proceedings and actions, and shall make a report thereof after each meeting to the executive committee. The reports of all meetings will be maintained in the quality improvement department.
2.     If deemed appropriate by the utilization management committee, a request may be sent to the department chief of any physician if collegial intervention may address an inappropriate trend in patient care.
3.     The utilization management committee shall report (with or without recommendation) to the credentials committee for its consideration and appropriate action any situation involving questions of the clinical competency, patient care and treatment, case management, professional ethics, infraction of hospital or medical staff bylaws or rules or unacceptable conduct on the part of any individual appointed to the medical staff.
4.     The utilization management committee may send recommendations to the multidisciplinary quality improvement council for quality improvement studies.

### **O&P 3.010            Subcommittees of the Utilization Management Committee**

- Blood Utilization Review Committee
- Dietary Committee
- Infection Control Committee
- Medical Records Committee
- Pharmacy and Therapeutics Committee

#### A.    Composition

The subcommittee membership shall consist of representation from the medical staff and representation from nursing services and hospital management as necessary. Chairmanship of the committee will be determined by the medical staff president.

#### A.    Meetings, Reports and Recommendations

All subcommittees of the utilization management committee shall meet at least quarterly, shall maintain a permanent record of its findings, proceedings and actions, and shall make a report thereof after each meeting to the utilization management committee and if needed, to the medical executive committee.

### **O&P 3.011            Physician Informatics Committee**

#### A.    Composition

The Physician Informatics Committee shall consist of Active Staff physicians representative of the current departments of the Medical Staff. The Chairman shall be appointed by the President of the Medical Staff.

#### B.    Duties

The committee shall be responsible for:

1.    Providing physician input into the planning and development of all phases of the development of information systems at Union Hospital.

#### C.    Meetings, Reports and Recommendations

1.    The Physician Information Committee shall meet as often as necessary to transact its business, but at least quarterly, shall maintain a permanent record of its findings, proceedings and actions, and shall make a report thereof of each meeting to the Medical Executive Committee.

## **O&P 3.012      Peer Support Committee**

### A.      Composition

The hospital and its medical staff are committed to providing patients with quality care. The delivery of quality care can be compromised if a member of the medical staff is suffering from impairment. Impairment may result from a physical, psychiatric or emotional condition.

The peer support committee shall recommend to the credentials committee, the medical executive committee and the chief executive officer additional educational materials beyond this policy that address physician health and emphasize prevention, diagnosis and treatment of physical, psychiatric and emotional illness. Physicians who are suffering from an impairment that affects their ability to practice are encouraged to voluntarily bring the issue to the committee so that appropriate steps can be taken to protect patients and to help the physician to practice safely and completely.

When a situation arises concerning a medical staff member's behavior, the medical staff president may order the peer support committee to meet. The medical staff president shall establish a medical staff peer support committee comprised of not less than three (3) active members of the medical staff. Insofar as possible, this committee shall not serve as active participants on other peer review or quality improvement committees while serving on this committee.

### B.      Duties

The medical staff peer support committee may receive reports related to the health, well being, or impairment of medical staff members and, as it deems appropriate, may investigate such reports. With respect to matters involving individual medical staff members, the committee may, on a voluntary basis, provide such advice, counseling, and referrals to an approved treatment provider, or other referrals as may seem appropriate. Such activities shall be confidential; however, in the event such information received by the committee provides a reasonable basis for believing that the health or impairment of a medical staff member poses an unreasonable risk of harm to hospitalized patients, that member should be referred for corrective action to an approved treatment provider. (See Ohio Revised Code Section 4731.22 (B)).

The committee shall consider general matters related to the health and well-being of the medical staff and, with the approval of the executive committee, develop educational programs or related activities.

The medical staff peer support committee shall not report any voluntary admis-

sion of a practitioner to an approved treatment program if:

1. the practitioner has been referred for an examination to an approved treatment program; and
2. the practitioner cooperates with the referral for examination in any determination that he or she should enter treatment; and
3. there is no reason to believe the practitioner has violated any provisions of Chapter 4731 or Chapter 4730 of the Ohio Revised Code or any Rule of the Board other than Division B (26) of 4731.22 of the Revised Code.

C. Meetings

The committee shall meet as often as necessary. It shall maintain only such record of its proceedings as it deems advisable, but shall report on its activities on a routine basis to the credentials committee.