

# **The Organization and Functions Manual**

## **of the Medical Staff Bylaws of Hutchinson Health**

## THE ORGANIZATION AND FUNCTIONS MANUAL

Hutchinson  
HEALTH

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### Article I. Purpose and Use of Organization and Functions Manual

**Purpose:** Generally this Organization and Functions Manual is intended to establish guidelines for

the conduct of and processes relating to Practitioners who have applied for or been granted Medical Staff appointment and/or clinical privileges by the Governing Body. Nothing in this Manual is intended or shall be deemed to exercise control, supervision or direction over the provision of medical services in the Hospital or System by Practitioners who have been granted Medical Staff appointment and/or clinical privileges by the Governing Body and/or temporary privileges as provided in the Medical Staff Bylaws and other policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System, and Medical Staff.

**Additional Rules:** This Organization and Functions Manual is intended to inform Medical Staff members and other Practitioners holding clinical privileges of the policies, procedures, rules, regulations, guidelines and requirements which apply to them. There are additional policies, procedures, rules, regulations, guidelines and requirements which apply to Medical Staff members and Practitioners holding clinical privileges. It is each Medical Staff member and Practitioner's sole responsibility to read, understand and abide by the Medical Staff Bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital, the System, and the Medical Staff.

**Interpretation:** By submitting an application for appointment, reappointment or temporary and/or privileges, every applicant and Medical Staff appointee agrees that the Medical Staff Bylaws and all other policies, procedures, rules, regulations, guidelines and requirements of the Hospital, the and/or the Medical Staff are subject to the interpretation of the Medical Executive Committee, the Hospital's and System's administration, and, ultimately, the Governing Body, in its sole discretion. This Policy is not intended and shall not be construed as a contract between the Hospital and its Medical Staff or with any individual Practitioner granted privileges hereunder.

**Enabling Procedures:** This Organization and Functions Manual is part of the Medical Staff Bylaws of the Hospital and outlines the mechanisms that the Medical Staff will utilize to accomplish the functions outlined therein. The definitions set forth in the Bylaws are incorporated by reference herein as though fully set forth, unless the context clearly requires otherwise.

**Approval and Modification:** This Manual and its contents are subject to the approval of the Medical Staff and the Governing Body. The Manual may be amended only using the procedures described in the Medical Staff Bylaws for amendments to the Medical Staff Bylaws.

**Current Organization:** The Medical Staff is organized as a non-departmentalized Medical Staff. Major Service Areas provided within the scope of the organization are as follows:

- Inpatient Medicine Services
- Emergency Services
- Maternal and Child Health Services
- Mental Health Services
- Outpatient Clinical Services
- Surgery and Anesthesia Services

Each Medical Staff Major Service Area will have a Clinical Service Committee. The Inpatient Medicine Committee may have sub-committees such as Intensive Care, Transfusion and Pharmacy and Therapeutics. In addition to the standing Clinical Service Committees noted above, special committees

may be created by the Chief of Staff or the Medical Executive Committee from time to time in accordance with the Medical Staff Bylaws.

## **Article II. Committees and Committee Membership**

- A. The Medical Executive Committee has the authority to establish and terminate any and all committees related to the effective implementation of the functions outlined in this Manual.
- B. All committees established will develop a statement approved by the Medical Executive Committee stating the members of the committee, membership terms, primary purpose, responsibilities, authority, expected outcomes and documentation, communication, and reporting requirements.
- C. Members will be appointed for terms designated at the time of appointment.
- D. Members of committees shall be selected on the basis of their experience, expertise, knowledge, interest, administrative skills and leadership ability.
- E. There must be at least one (1) Physician in attendance for a Service Committee meeting to be conducted. A quorum shall be defined by each Service Committee.

## **Article III. Service Reviews and Functions**

Each regular Clinical Services Committee shall operate in accordance with the provisions of the Medical Staff Bylaws and shall undertake the following functions:

- A. Conduct special studies of care and specific monitoring activities including mortality and morbidity review for the purpose of evaluating clinical work performed under its jurisdiction and conduct risk management activities designed to assist the Hospital and System in risk management activities related to the clinical aspects of patient care and safety.
- B. Conduct or participate in, and make recommendations regarding, the need for continuing education programs pertinent to change in the state of the art and to findings of review, evaluation and monitoring activities.
- C. Monitor, on a continuing and concurrent basis, adherence to Medical Staff, Hospital, and System Bylaws, policies, procedures, rules, regulations, guidelines and requirements; requirements for alternative coverage and for consultations; and sound principles of clinical practice.
- D. Coordinate the patient care provided by Medical Staff members and other Practitioners holding clinical privileges with nursing and ancillary patient care services and with administrative support services.
- E. Submit written reports to the Medical Executive Committee and other committees and individuals, as applicable, concerning the findings of the service review, evaluation, monitoring

and risk management activities; actions taken and results of such action; recommendations to maintain and foster the quality of care provided; and such other matters as may be required from time to time by the Medical Executive Committee and other committees and individuals.

- F. Meet at least quarterly for the purpose of receiving, reviewing and considering patient care review findings and the results of any other services review, evaluation and monitoring activities, and of performing or receiving reports of other service functions.
- G. Establish such committees or other mechanisms as necessary and desirable to properly perform the functions assigned to the Clinical Service Committee.
- H. Participate in medical record review processes that include but are not limited to accurate, timely and legible completion of patient medical records.

## **Article IV. Duties and Responsibilities of Officers**

### **Part A: The Chief of Staff shall have the following duties and responsibilities:**

- 1. Coordinate and cooperate with the President of the Hospital and System and the Chief Medical Officer, in all matters of mutual concern;
- 2. Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff, as well as the Medical Executive Committee;
- 3. Appoint committee members, in accordance with the provisions of the Medical Staff Bylaws, including this Manual, to all standing and special Medical Staff committees and Hospital Clinical Services Committees except the Medical Executive Committee;
- 4. Serve on the Governing Body and the Board's Joint Conference Committee, if any, and represent the views, policies, needs and grievances of the Medical Staff and report on the medical activities of the Medical Staff and other Practitioners holding clinical privileges to the Governing Body and to the President;
- 5. Act as a liaison on medical matters to the President and the Governing Body;
- 6. Receive and interpret the policies of the Governing Body to the Medical Staff and report to the Governing Body on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care;
- 7. Be responsible for the organization and conduct of the Medical Staff, including enforcement of the Medical Staff Bylaws, and all other rules, regulations, policies, procedures, guidelines and requirements of the Hospital, System, and the Medical Staff;

8. Be responsible for implementation of sanctions when sanctions are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a Practitioner according to the Bylaws, policies, procedures, guidelines and requirements of the Hospital, System and Medical Staff;
9. Serve as the spokesperson for the Medical Staff in its external professional and public relations; and
10. Serve as a member or assign a Medical Executive Committee member to the Quality and Safety Committee of the Board.

**Part B: The Chief of Staff-Elect shall have the following duties and responsibilities:**

1. Assume all functions and authority of the Chief of Staff in the event of the Chief of Staff's temporary inability to perform due to illness, absence from the community, or unavailability for any other reasons;
2. Automatically succeed the Chief of Staff should the office of the Chief of Staff become vacant for any reason during the Chief of Staff's term of office;
3. Perform such functions as are described in the Medical Staff Bylaws, including serving on the Medical Executive Committee, or assigned by the Chief of Staff;
4. Provide for the keeping of accurate and complete minutes of all meetings and books provided for that purpose;
5. Be the custodian of the records of the Medical Staff;
6. See that all notices of the meetings are given in accordance with the provision of the Medical Staff Bylaws;
7. Attend to all correspondence of the Medical Staff; and
8. Perform all such duties as are incident to the office of Chief of Staff-Elect.

**Part C: Service Chiefs of Clinical Service Areas of the Hospital shall have the following duties and responsibilities:**

1. Serve as a member of the Medical Executive Committee
2. Assist with the integration of services into the Hospital's and System's overall plan for the delivery of patient care and service;
3. Assist in establishing goals and objectives for the Hospital service in collaboration with the administrative leader assigned accountability for the service;

4. Assist in the development and implementation of and compliance with policies and procedures;
5. Assist with the development of plans that are consistent with the Hospital's and System's plans for the delivery of care and service;
6. Effectively implement all administratively related activities assigned;
7. Participate in ongoing processes designed to improve patient safety, patient care services and organizational performance;
8. Recommend the criteria for clinical privileges in the service as appropriate for all individuals credentialed through the Medical Staff Bylaws;
9. Review and evaluate all relevant data and information on the performance of each Medical Staff member and members collectively of the service who have delineated clinical privileges, through Focused Professional Practice Evaluation, Ongoing Professional Practice Evaluation, and other appropriate processes;
10. Report on the qualifications of each Medical Staff Service Area as it relates to membership and clinical privileges;
11. When requested, provide orientation, in-service training and continuing education for staff and recommend adequate space and resources to meet patient care needs and requirements;
12. Assist with the coordination and integration of the care and service provided;
13. Recommend a sufficient number of qualified staff consistent with the assessed needs of the patient population served, the needs of care providers and planned care and service;
14. Assist in determining the competence and qualifications of Service Area and service personnel who provide patient care and service but are not Allied Health Practitioners;
15. Effectively implement all clinically related activities that directly affect the diagnosis and care or treatment of patients within the Service Area;
16. Provide continuous assessment of and improve the quality of care and services provided and maintain quality control programs as appropriate;
17. Assess and recommend to the Medical Executive Committee off-site services for needed patient care that is not provided at the Hospital or System; and
18. Serve as chairperson of their respective Clinical Service Committee, performing the following functions:

- a. Make recommendations for clinical privileges in the Service Area as appropriate for all individuals credentialed through the Medical Staff process and Allied Health Professionals;
- b. Evaluate, analyze and present the data and information as appropriate, based on the agenda and the materials prepared;
- c. Call the meeting to order and close the meeting;
- d. Review the highlights from the previous meeting and gain approval for the minutes;
- e. Keep the committee members on track according to the agenda and the time frames allowed;
- f. Encourage participation from all members of the committee and make sure that if individual members have input, they state the input at the meeting;
- g. Assist the committee in reaching consensus on decisions;
- h. Assure that committee assignments are clear and concise and that expectations are established with appropriate time frames;
- i. Serve as a liaison to other Medical Staff and Hospital committees, as appropriate and as needed; and
- j. Assist as appropriate and needed in between meetings to assure actions have been implemented effectively.

**Part D: Medical Staff Liaisons/Medical Directors shall have the following duties and responsibilities:**

- 1. Assist with the integration of services into the organization's overall plan for the delivery of care and service;
- 2. Provide assistance in the development and implementation of and compliance with policies and procedures;
- 3. When requested, provide in-service training and continuing education for staff, and recommend adequate space and resources to meet patient care needs and requirements;
- 4. Assist with the coordination and integration of care and services provided;
- 5. Serve as liaison (linkage) to other Medical Staff and Hospital committees, as appropriate and as needed; and
- 6. Provide the Medical Executive Committee with a clinical Service Area status report as needed.



7. Liaisons/Medical Directors will be designated by the Chief Medical Officer for the following clinical Service Areas:
  - Inpatient Medicine Services
  - Outpatient Medicine Services
  - Mental Health Services
  - Emergency Medicine Services
  - Laboratory Services
  - Outpatient Cardiac and Rehabilitation Services
  - Radiology Services
  - Rehabilitation Services
  - Respiratory Care Services

In addition to the clinical Service Areas listed above, Liaisons may be assigned for other clinical Service Areas from time to time in accordance with these Bylaws.

8. Assist the Chief Medical Officer with any other additional duties as directed.

## **Article V. Functions and Responsibilities of the Medical Executive Committee**

### **Part A: The Medical Executive Committee shall:**

1. Represent the Medical Staff and act, between regular Medical Staff meetings, on behalf of the Medical Staff in all matters, without requirement of subsequent approval of the Medical Staff, subject only to the limitations imposed by the Medical Staff Bylaws, and the other governing documents of the Medical Staff Hospital, and System;
2. Receive and act upon those Clinical Service Committee reports as specified in the Medical Staff Bylaws, and to make recommendations concerning them to the President and to the Governing Body;
3. Coordinate the activities and general policies of the various Service Areas as defined in the current Organization and Functions Manual of the Medical Staff;
4. Implement and enforce the Medical Staff Bylaws, policies, procedures, rules and regulations of the Hospital, System, and Medical Staff;
5. Serve as a liaison among the Medical Staff, the President, and the Governing Body;
6. Keep the Medical Staff and other Practitioners holding clinical privileges informed of applicable accreditation and regulatory requirements;
7. Address situations involving questions of clinical competence, patient care and treatment, patient safety, care management or inappropriate behavior of any Medical Staff member or other Practitioner holding clinical privileges;

8. Effectively implement the Medical Staff's responsibility for the organization's Patient Safety and Performance Improvement plan as it relates to the Medical Staff functions, reporting this activity to the Governing Body;
9. Review and revise bylaws, policies, rules and regulations and associated documents and recommend changes as may be necessary or desirable;
10. Support an effective continuing education program for members of the Medical Staff and other Practitioners holding clinical privileges based on recommendations from services and committees;
11. Review and evaluate qualifications of each applicant for initial appointment, reappointment or modification of appointment for Medical Staff membership and clinical privileges. Information from the individual's quality file, including Focused Professional Practice Evaluations and Ongoing Professional Practice Evaluations, will be taken into account during the reappointment process. The Medical Executive Committee may interview such applicants as may be necessary;
12. Submit reports to the Governing Body regarding the qualifications of each applicant for Medical Staff membership and for clinical privileges, including recommendations with respect to appointment, staff category, service affiliation, clinical privileges, reappointment and any special conditions, limitations or exceptions attached thereto;
13. Review the safety and efficiency of non-traditional or new medical procedures and practices, evaluate the resources required to provide each procedure or practice, ensure appropriate resources are available, and recommend to the Governing Body whether such non-traditional or new medical procedures and practices should be performed at the Hospital;
14. Develop, evaluate, revise, where appropriate, and recommend to the Governing Body objective, written criteria for the delineation of clinical privileges;
15. Where appropriate, recommend to the Governing Body corrective actions;
16. Review the overall practice of medicine at the Hospital and make recommendations regarding clinical services, including those provided by telemedicine;
17. Review the performance of the full-time and part-time Physicians, other Practitioners and any students participating in medical education programs in relation to their duties and responsibilities and agreements with the Hospital; and review the performance of the Service Chiefs in relation to their responsibilities as outlined in the Bylaws and this Manual;
18. Arrange for the drafting of written descriptions of the role, responsibilities and patient care activities of students participating in medical education programs at the Hospital, including mechanisms by which the student's supervisor and graduate education program director make decisions about the student's involvement in patient care activities;
19. Be available for consultation to the President;

20. Make recommendations to the Governing Body regarding Medical Staff membership, delineated clinical privileges, and other credentialing mechanisms. Also, make recommendations in relation to fair hearing, mechanisms by which membership in the Medical Staff and/or clinical privileges may be terminated, and mechanisms used to review credentials and to determine clinical privileges;
21. Report (with or without recommendation) to the Governing Body for its consideration or approval any situation within the jurisdiction of the Committee involving questions of clinical competence, patient care, or case management of any Medical Staff member; or any situation involving questions of professional ethics, infraction of Medical Staff Bylaws, or any Hospital or System policies, procedures, rules or regulations, or unacceptable conduct on the part of any Practitioner;
22. Work collaboratively with all the other Hospital, System, and Medical Staff committees, subcommittees, improvement teams, and work groups to effectively complete these responsibilities;
23. Handle such other duties and responsibilities as may be assigned to the Medical Executive Committee by these Medical Staff Bylaws, the Medical Staff, Hutchinson Health's Administration or the Governing Body;
24. Meet often as necessary at the call of its chair, but at least ten (10) times annually and maintain a permanent record of its proceedings and activities and all follow-up reports describing any actions or recommendations on any issue assigned to the committee until such issue is resolved. Medical Executive Committee members are required to attend at least seventy-five (75) percent of the meetings of the Medical Executive Committee. The Medical Executive Committee is identified as being a core function of the Medical Staff;

## **Article VI. Functions and Responsibilities of the Clinical Service Committees**

The Clinical Service Committees shall:

- A. Recommend to the Medical Executive Committee written criteria for the assignment of clinical privileges within the Service Area;
- B. Represent the Medical Staff and act, between regular Medical Staff meetings, on behalf of the Medical Staff in all matters within the jurisdiction of the Clinical Service Committee, subject to the requirement of subsequent approval of the Medical Staff;
- C. Receive and act upon Service Area committee reports as specified, and make recommendations concerning them;
- D. Coordinate the activities and general patient care policies of the Service Areas;
- E. Act as a liaison to the Medical Executive Committee;

- F. Keep the Medical Executive Committee informed of applicable accreditation and regulatory requirements for the applicable Service Area;
- G. Address situations involving questions of clinical competence, patient care and treatment, care management or inappropriate behavior of any Medical Staff member or other Practitioner holding clinical privileges for the committee's Service Area;
- H. Effectively implement the Medical Executive Committee's responsibility for the Hospital's and System's Patient Safety and Performance Improvement plan as it relates to the Medical Staff functions for the committee's Service Area and report this activity to the Medical Executive Committee;
- I. Review and revise policies, rules and regulations and associated documents, and recommend changes as may be necessary or desirable for their Service Area;
- J. Support an effective continuing education program for members of the Medical Staff and other Practitioners holding clinical privileges based on recommendations from their Service Area;
- K. Review the safety and efficiency of non-traditional or new medical procedures and practices, evaluate the resources required to provide each procedure or practice, ensure appropriate resources are available, and recommend to the Medical Executive Committee whether such non-traditional or new medical procedures and practices should be performed at their Service Area;
- L. Review the overall practice for their Service Area at Hutchinson Health;
- M. Recommend, based on commonly accepted quality standards, the clinical services that may be provided by telemedicine within their Service Area;
- N. Provide advice about the sources of clinical services that are provided in their Service Area through contractual arrangements, and ensure the nature and scope of such services are described in writing;
- O. Work collaboratively with all the other Hospital and Medical Staff committees, subcommittees, improvement teams, and work groups to effectively complete these responsibilities within their Service Area; and
- P. Handle such other duties and responsibilities as may be assigned by the Medical Executive Committee, the Medical Staff Bylaws, the Medical Staff, the President or the Governing Body.

## **Article VII. Credentials Function**

- A. Purpose: The Credentials Function shall be performed by the Service Chiefs of each Clinical Service Area and the Medical Executive Committee.

- B. Accountability: The Medical Executive Committee has overall accountability for the Credentials Function and for making recommendations regarding Medical Staff membership and/or clinical privileges to the Governing Body. The Service Chiefs have accountability for undertaking a comprehensive review of each Practitioner's credentials file, including, where appropriate, a comparison of the Practitioner's specific performance to aggregate information, and generating a report regarding qualifications for Medical Staff membership and/or competency for clinical privileges.
- C. Responsibilities: The duties supporting this Credentials Function shall include, without limitation, the following:
1. Design a competent credentialing process in accordance with the Medical Staff Bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System, and Medical Staff.
  2. Direct the initial review of the qualifications of individual Practitioners to the Service Chiefs of the appropriate clinical Service Area and others in the organization with information concerning individual performance, and provide a formal process for this initial evaluation.
  3. Review the reports submitted by the Service Chiefs and others and complete the comprehensive review of each Practitioner's performance as demonstrated by the documentation in the credentials file.
  4. Make recommendations to the Governing Body regarding Medical Staff membership and/or clinical privileges based on their comprehensive review.
  5. Approve Service Area specific credentialing criteria as recommended by the Service Chiefs and the Service Areas.
  6. Determine and/or approve (as recommended by the Service Chiefs or Service Area) any disciplinary or corrective action follow-up plans, and forward the same to the Governing Body for final approval.
  7. Participate in the development and/or revision of credentialing procedures, policies and other documents and recommend approval by the Governing Body.
  8. Determine the resources, equipment, and personnel needed to support requested privileges, and whether Hospital has sufficient resources.
  9. Perform such other duties as may be required or assigned by the Medical Staff Bylaws, the Policy on Appointment, Reappointment and Clinical Privileges, this Manual, the President, or the Governing Body.

## Article VIII. Surveillance, Prevention and Infection Control Function

- A. Purpose: The purpose of the Surveillance, Prevention and Infection Control Function is to identify and reduce the risks of acquiring and transmitting infections among patients, employees, Practitioners, medical affiliates, contract service workers, volunteers, students and visitors. Surveillance, prevention and infection control covers a broad range of processes and activities, both in direct patient care and in-patient care support that are coordinated and carried out by the organization.
- B. Accountability: The Medical Executive Committee has oversight accountability for the Infection Control Function. The implementation of the responsibilities outlined above shall be under the direction of the Quality and Safety Manager and other individuals or groups as delegated by the Medical Executive Committee.
- C. Responsibilities: The responsibilities supporting the Infection Control Function shall include, without limitation, the following:
  - 1. Determine the type and scope of surveillance activities including review of designated microbiological reports, patient infections (including determinations of whether an infection is hospital acquired), and those infections that present the potential for prevention or intervention to reduce the risk of further occurrence.
  - 2. Conduct prevalence and incidence studies as appropriate.
  - 3. Determine and implement actions to prevent or control infection based on an evaluation of the surveillance reports of infections and of the infection potential among patients and Hospital personnel.
  - 4. Determine the amount of time the Infection Preventionist spends in infection surveillance, prevention, and control activities based on the needs of the Hospital.
  - 5. Determine the role and scope in the Hospital of employee health activities.
  - 6. Review and analyze hospital acquired infection data, risk factors, and, as needed, special studies that relate to infection prevention and control.
  - 7. Develop indicators and criteria that reflect Centers for Disease Control and Prevention guidelines and other measures that are scientifically valid, applicable in all settings, and practical to implement, as well as assure the ongoing evaluation of patient needs, expectations and requirements.
  - 8. Assist in the identification and promotion of appropriate patient care practices, disinfections and antisepsis practices, and pertinent environment controls and requirements at the Hospital.
  - 9. Determine and monitor appropriate policies and procedures for direct patient care and the provision of patient care support services relating to infection control.

10. Determine and implement (internally and externally) support systems to reduce the risk of infection from the environment, including food and water sources.
11. Work collaboratively with Facility Services on design and new construction projects to assure designs include appropriate infection control mechanisms.

**D. Reports:**

1. The Medical Staff Service Areas shall receive a Service Area-specific summary report of all infection control review findings for review, recommendation or other appropriate action. The Service Chiefs will receive any special reports involving patterns or trends of an individual Practitioner within the Service Area.
2. The Medical Executive Committee shall receive a summary report of all infection control review findings for review and appropriate recommendations for all Medical Staff members and other Practitioners holding clinical privileges.
3. Appropriate reports shall be made to patient care units and Service Areas as needed for feedback, investigation and action.

## **Article IX. Practitioner Quality Review Function**

- A. Purpose: The purposes of the Quality Review (Peer Review) Function are to identify and address opportunities to improve patient safety and patient care, provide consistent and nonpunitive feedback to Practitioners, and to improve the completeness and quality of the patient record.
- B. Accountability: Quality review is the responsibility of the Medical Staff. The Medical Executive Committee shall approve the policies and procedures for peer review. Each new Practitioner, at the time of initial appointment and during the provisional period, and each current Practitioner granted new clinical privileges will be evaluated using Focused Professional Practice Evaluation as outlined in the quality review policies and procedures. In addition, all Practitioners shall be subject to Ongoing Professional Practice Evaluation as outlined in the quality review policies and procedures. The Service Chiefs are accountable for assuring that all Practitioners within the Service Area are competent and demonstrate appropriate standards of practice as evidenced in the patients' medical records.
- C. Responsibilities: The responsibilities supporting quality review shall include, without limitation, the following:
  1. Conduct review of individual cases and/or trends as they pertain to the Practitioner's practice. Cases may be referred for quality review based on the patient safety and performance improvement factors, indicators or other measures. Cases may also be referred by any Practitioner or employee of the Hospital, or based on patient satisfaction surveys, safety reports or patient complaints. Referral information may serve as information for case review. Review of patient records shall occur concurrently and retrospectively.

2. Recommend and/or act on questions, concerns, issues and opportunities to improve the care of the patient as identified through quality review. If significant recommendations are made, these will be reported to the Service Chief for approval and implementation.
3. Ensure all quality activities comply with applicable laws, accreditation standards and Hospital and System policies regarding peer review actions and the confidentiality of peer review data.

D. Reports:

1. The Medical Executive Committee shall receive a summary report of all quality review findings and actions recommended and/or implemented. The Service Chiefs shall receive any special reports involving questions of clinical competence, patient care or case management of any Practitioner within the Service Area, or any situation involving questions of professional ethics, infraction of Medical Staff Bylaws or Policies, or unacceptable conduct on the part of the Practitioner.

## **Article X. Patient Safety and Performance Improvement Function**

- A. Purpose: The primary purposes of the Patient Safety and Performance Improvement function are to design and assure the effective implementation of guidelines and processes supporting an effective, Hospital and System-wide effort to improve patient safety and outcomes by preventing medical or health care errors, reducing risks to patients, and improving care and services.
- B. Accountability: The Governing Body in partnership with the Medical Executive Committee has oversight accountability for the Patient Safety and Performance Improvement Function.
- C. Responsibilities: The responsibilities supporting the Patient Safety and Performance Improvement Function shall include, but are not limited to, the following:
  1. Recommend to the Governing Body a Patient Safety and Performance Improvement Plan ("Plan") outlining the activities and expectations of an effective assessment and improvement program.
  2. Identify and implement mechanisms designed to improve the Hospital's culture as it relates to minimizing individual blame or retribution for the identification and/or involvement in a medical or health care error, encouraging immediate internal reporting of events, open and free communication regardless of position or authority, and interdisciplinary collaboration.
  3. Identify and monitor performance measures that reflect the successful implementation of the Patient Safety and Performance Improvement Plan. Identify an alert system to assure immediate investigation and/or action when measures fall below an accepted level of performance.



4. Identify and monitor the assessment and improvement of processes known to be high risk, problem prone, and potentially unsafe for patients.
5. Define and approve minimum performance measures and an effective reporting and accountability structure for all of the essential elements approved by the Hospital and/or required by accreditation or regulatory standards.
6. Implement effective action strategies when data and information suggest a Hospital-wide problem or opportunity for improvement from the identified performance measures.
7. Implement effective strategies when other groups or individuals assigned accountability for patient safety and performance improvement run into organizational barriers.
8. Review all root cause analysis summaries to assure the review process was timely, credible and thorough. Assign accountability for or implement actions as appropriate to the Quality and Safety Committee of the Governing Board.
9. Assess progress and achievement of patient safety and performance improvement goals and the successful implementation of the Plan.

**D. Reports:**

1. Reports shall include findings, conclusions, improvements, other activities, studies and recommendations, as appropriate, to the Governing Body, Medical Staff Service Areas, Medical Executive Committee or other committees as deemed appropriate by the Governing Body or the Medical Executive Committee.
2. Appropriate reports shall be made to patient care units and Service Areas as needed for feedback, investigation and action.

## **Article XI. Practitioner Health**

- A. Purpose: The purpose of the Practitioner Health Function is to identify and manage matters of individual Practitioner health, and to assist and rehabilitate or aid a Practitioner in retaining or regaining optimal professional functioning, consistent with the protection of patients and outside the corrective action process where possible and appropriate.
- B. Accountability: The Medical Executive Committee has oversight accountability for the Practitioner Health Function.
- C. Responsibilities: The responsibilities to support this function shall include, but not be limited to, the following:
  1. Provide education to all Practitioners about health, well-being and impairment, about appropriate responses to different levels and kinds of distress and impairment, and about treatment, recovery and monitoring. Provide education regarding the responsibility of the Practitioner to report concerns about his/her own health or that of another

Practitioner, and about the appropriate resources for prevention, treatment, rehabilitation, monitoring and re-entry.

2. Attend with compassion the needs of each Practitioner.
3. Design mechanisms for self-referral by a Practitioner and referral by other Hospital staff.
4. Receive and communicate to Medical Staff and administrative leaders, as appropriate, reports related to health, well-being or suspected impairment of any Practitioner.
5. Investigate and evaluate all such reports, allegations, and concerns for credibility.
6. Based on the results of investigation provide advice, recommendations, referrals, including internal or external referrals for education and treatment, and assistance to the Practitioner as appropriate.
7. If appropriate, establish a monitoring program appropriate to the concerns, signed by the affected Practitioner with clear measurements and reporting processes, for use until the Practitioner's rehabilitation or any disciplinary process is complete.
8. Review and re-evaluate the Practitioner and the monitoring agreement on regular intervals to assure that it fits the current needs and situations.
9. Assist the Practitioner with re-entry to practice issues.
10. Maintain confidential secured records that may be accessed only by the appropriate committee members, the Practitioner in question, and other authorized persons in accordance with applicable laws and policies concerning the confidentiality of peer review information.
11. In the event the information received demonstrates an unreasonable risk of harm to patients, the Practitioner may be referred for corrective action according to the Medical Staff Bylaws Policy on Appointment, Reappointment and Clinical Privileges.

#### D. Reports

1. Reports shall include findings, conclusions, improvements, other activities, studies and recommendations, as appropriate, to the Medical Executive Committee or other committees as deemed appropriate by the Medical Executive Committee.
2. Appropriate reports shall be made to the Governing Body as necessary.

## **Article XII. Operative, Invasive, and Other Procedure Review Function**

- A. Purpose: The purpose of the Operative, Invasive and Other Procedure Review Function is to evaluate clinical practice relating to the appropriateness, safety, effectiveness and outcomes of operative, invasive and other procedures.
- B. Accountability: The Medical Executive Committee has oversight accountability for the Operative, Invasive and Procedure Review Function and for approval of recommendations related to the overall practices of all Practitioners with clinical privileges. The Surgery and Anesthesia Service Committee has accountability for review, evaluation and action on specific issues relating to the use of operative, invasive and other procedures. The implementation of the responsibilities outlined above is under the direction of the Surgery and Anesthesia Service Committee and other individuals or groups as assigned by the Medical Executive Committee.
- C. Responsibilities: The responsibilities supporting the Operative, Invasive and Other Procedure Review Function include, without limitation, the following:
  - 1. Approve criteria for high risk, problem prone, new and low volume operative, invasive and other procedures for use in evaluation of procedure appropriateness.
  - 2. Approve all policies and procedures as they relate to patient preparation, patient education, pre-operative, intra-operative and post-operative care of the patient, informed consent, and all other areas related to operative, invasive and other procedures.
  - 3. Approve all policies relating to the provision of anesthesia care and related services by certified registered nurse anesthetists within the context of collaborative management with the Medical Staff.
  - 4. Review, analyze, and make conclusions, recommendations and actions as appropriate, as they relate to anesthesia and operative events and complications.
  - 5. Review operative, invasive and other procedure review data and information on appropriateness, use, effectiveness and efficacy. Approve criteria and indicators, review and analyze data collected, make conclusions and recommendations, implement actions and follow-up as appropriate.
  - 6. Work collaboratively with the surgery suite staff and all other Hospital and Medical Staff committees, teams and task forces to effectively complete these responsibilities.
- D. Reports:
  - 1. The Clinical Service Committee shall receive a committee specific summary report of all operative, invasive and other procedure review findings for review and appropriate recommendations and/or actions. The Service Chiefs shall receive any special reports involving patterns or trends of an individual Practitioner.
  - 2. The Medical Executive Committee shall receive a summary report of all operative,

invasive and other procedure review findings for review and appropriate recommendations for all Medical Staff members and other Practitioners with clinical privileges.

### **Article XIII. Patient Care Review Function – Medical Assessment and Treatment, Patient and Family Education, Continuum of Care and Patient Rights and Ethics**

- A. Purpose: The purpose of the Patient Care Review Function is to assess the appropriateness, efficiency, and effectiveness of clinical practice, clinical practice patterns and standards of medical care and practice. The Patient Care Review Function includes medical assessment and treatment, patient and family education, continuum of care, and patient rights and ethics.
- B. Accountability: The Medical Executive Committee has oversight accountability for the effective implementation of processes designed to evaluate medical assessment, care and treatment of patients, patient and family education, continuum of care and patient rights and ethics. The Medical Staff Service Areas have been delegated the authority and responsibility for determining performance and outcome measurements to assess all of these areas and for analyzing data, implementing action, and documenting results demonstrating improvement. This review and evaluation function is conducted collaboratively with Hospital and System staff providing care and services to patients.
- C. Responsibilities: The responsibilities supporting this Patient Care Review Function shall include, without limitation, the following:
  - 1. Approve the implementation of a planned, systematic and service wide approach to designing, measuring, assessing and improving performance in all clinical areas, whether provided directly or through contractual arrangements. These activities shall be completed collaboratively among Practitioners and Hospital and System staff involved.
  - 2. Participate in the evaluation of the professional performance, judgment, and clinical and/or technical skills of all individuals who have delineated privileges in all clinical Service Areas.
  - 3. Identify general areas of potential risk in the clinical aspects of patient care and safety in each of the clinical Service Areas. This review will include at least restraint, care and services to high-risk populations, processes and outcomes related to resuscitation, and pain assessment and management.
  - 4. Assure that patients presenting with similar needs are given the same level of quality of patient care by all individuals working in the Hospital. Particular attention shall be given to patients who receive care in several locations throughout the Hospital or System
  - 5. Review and approve all policies, procedures, guidelines and practices as they relate to major functions, key processes or important aspects of care, service, outcome and satisfaction.

6. Identify the needs and requirements of patients as they relate to the clinical services and Service Areas, incorporate the needs and requirements into the daily work, and evaluate patient satisfaction.
7. Address with appropriate action any issues, concerns, or opportunities for improvement within the administrative or clinical direction of service and Service Areas. This may include the chartering of teams as determined by the issue, concern or opportunity.
8. Implement processes designed based on the Hospital, System and Service Area's vision, mission, goals and plans, the needs and expectations of patients, staff and others, up-to-date sources of information, and expected performance of both processes and outcomes.

**D. Reports:**

1. The Clinical Service Committees shall receive committee specific summary reports of all patient care review findings for review and appropriate recommendations and/or actions. The Service Chiefs will receive any special reports involving patterns or trends of an individual Practitioner.
2. The Medical Executive Committee shall receive a summary report of all patient care review findings for review and appropriate recommendations for all members of the Medical Staff and other Practitioners with clinical privileges.
3. Appropriate reports shall be made to patient care units and Service Areas as needed for feedback, investigation and action.
4. Reports shall also be made to the Service Chiefs and/or Chief of Staff, as appropriate, for their consideration and appropriate action in any situation within the jurisdiction of these individuals involving questions of clinical competence, patient care, or case management of any Medical Staff member or other Practitioner with clinical privileges, or any situation involving questions of professional ethics, infraction of Medical Staff Bylaws or Policies, or unacceptable conduct on the part of any Practitioner.

## **Article XIV. Medical Record Review Function**

- A. Purpose: The purpose of the Medical Record Review Function is to assess the presence, timeliness, legibility, content, pertinence, completeness and authentication of data and information documented in the patient medical record.
- B. Accountability: The Medical Executive Committee has oversight accountability for the Medical Record Review Function and for acting on all issues relating to the overall practice of the Medical Staff and other Practitioners holding clinical privileges. Clinical Service Committees are accountable for assuring that all Practitioners within the Service Area complete patient medical records in a timely and complete manner. The Service Chiefs of the Service Area assign accountability within the Service Area for performing the concurrent and retrospective review of patient records. This review is often done at the same time as other review for clinical competence or one of the other functions outlined in this Manual.

C. Responsibilities: The responsibilities supporting the Medical Record Review Function shall include, without limitation, the following:

1. Conduct review of individual patient medical records and/or trends as they pertain to all documentation in the patient medical record with specialized attention on those areas of Practitioner documentation. Review of patient records shall occur concurrently and retrospectively.
2. Recommend and/or act on questions, concerns, issues and opportunities to improve the care and experience of the patient as documented in the patient record. If significant recommendations are made, these will be reported to the Service Chiefs for approval and implementation.
3. Review all incomplete and delinquent patient medical record data and information and address all issues and problems associated with these records.

D. Reports:

1. The Clinical Service Committees shall receive committee specific summary reports of all medical record review findings for review and appropriate recommendations and/or action. The Service Chiefs will receive any special reports involving patterns or trends of an individual Practitioner.
2. The Medical Executive Committee shall receive a summary report of all medical record review findings for review and appropriate recommendations for all Medical Staff members and other Practitioners holding clinical privileges.
3. Appropriate reports shall be made to patient care units and Service Areas as needed for feedback, investigation and action.

## **Article XV. Pharmacy and Therapeutics Function**

- A. Purpose: The purpose of the Pharmacy and Therapeutics Function is to evaluate clinical practice relating to the appropriateness, safety, use, effectiveness and efficacy of medications.
- B. Accountability: The Medical Executive Committee has oversight accountability for the Pharmacy and Therapeutics Function and for finalizing recommendations related to the overall practices of all Practitioners with privileges. The Clinical Service Committees have accountability for review, evaluation and action on specific issues relating to the individual Service Areas and Practitioners within the Service Area. The implementation of the responsibilities outlined above shall be under the direction of the Pharmacist and other individuals or groups as assigned by the Medical Executive Committee.
- C. Responsibilities: The responsibilities supporting the Pharmacy and Therapeutics Function shall include, without limitation, the following:

1. Approve criteria for selection of medications for formulary inclusion including criteria

based on need, effectiveness, risk and cost.

2. Approve all policies and procedures as they relate to the availability and prescription ordering of medications, preparation and dispensing of medications, medication administration, and patient medication monitoring.
3. Review and analyze data. Make conclusions and recommend actions as appropriate relating to medication errors and adverse drug reactions. Conduct intense assessment of significant medications errors and adverse drug reactions.
4. Review high risk, problem prone, high volume, high cost medications and select those with opportunities for improvement. Approve criteria and indicators, review and analyze data collected, make conclusions and recommendations, and implement actions and follow-up as appropriate.
5. Work collaboratively with all other Hospital and medical staff committees, teams and task forces to effectively complete these responsibilities.

D. Reports:

1. The Clinical Service Committees shall receive committee specific summary reports of all pharmacy review findings for review and appropriate recommendations and/or actions. The Service Chiefs will receive any special reports involving patterns or trends of an individual Practitioner.
2. The Medical Executive Committee shall receive a summary report of all pharmacy review findings for review and appropriate recommendations for all Medical Staff members and other Practitioners holding clinical privileges.
3. Appropriate reports shall be made to patient care units and Service Areas as needed for feedback, investigation and action.

## **Article XVI. Blood and Blood Product Usage Review Function**

- A. Purpose: The purpose of the Blood and Blood Product Review Function is to evaluate clinical practice relating to the appropriateness, safety, use, effectiveness and efficacy of blood and blood products.
- B. Accountability: The Medical Executive Committee has oversight accountability for the Blood and Blood Product Review Function and for finalizing recommendations related to the overall practices of all Practitioners with privileges. The Clinical Service Committees have accountability for review, evaluation and action on specific issues relating to the individual Service Areas or members within the Service Area. The implementation of the responsibilities outlined above is under the direction of the Medical Director of the Laboratory and other individuals or groups as assigned by the Medical Executive Committee.

C. Responsibilities: The responsibilities supporting the Blood and Blood Product Usage Review Function include, without limitation, the following:

1. Approve criteria for the use of blood and blood products, as appropriate, to assess the appropriateness of ordering practices.
2. Approve all policies and procedures as they relate to availability and ordering of blood and blood products, preparation and dispensing of blood, blood administration, and monitoring.
3. Review, analyze, and make conclusions, recommendations and actions as appropriate, as they relate to transfusion errors and adverse transfusion reactions and conduct intense assessment of significant transfusion reactions.
4. Review data and information on volume, screen and cross match ratios, and other information in appropriateness, use, effectiveness and efficacy. Approve criteria and indicators, review and analyze data collected, make conclusions and recommendations, and implement actions and follow-up as appropriate.
5. Work collaboratively with the Laboratory, all other Hospital and Medical Staff committees, teams and task forces to effectively complete these responsibilities.

D. Reports:

1. The Medical Staff Service Areas shall receive a Service Area specific summary report of all blood and blood product review findings for review and appropriate recommendations and/or actions. The Service Chiefs will receive any special reports involving patterns or trends of an individual Practitioner.
2. The Medical Executive Committee shall receive a summary report of all blood and blood product review findings for review and appropriate recommendations for all members of the Medical Staff and other Practitioners with clinical privileges.

## **Article XVII. Utilization Review, Utilization Management and Care Management Function**

- A. Purpose: The purpose of the Utilization Review, Utilization Management and Care Management Function is to evaluate clinical practice relating to the appropriateness of the level of care, length of stay, cost, and efficiency of resources used for patient care.



- B. Accountability: The Medical Executive Committee has oversight accountability for Utilization Review, Utilization Management and Care Management and for approval of recommendations related to the overall practices of all Practitioners with clinical privileges. The Clinical Service Committees have responsibility for review, evaluation and action on specific issues within their Service Areas. The implementation of the responsibilities outlined above shall be under the direction of the Quality and Safety Manager and other individuals or groups as assigned by the Medical Executive Committee.
- C. Responsibilities: The responsibilities supporting the Utilization Review, Utilization Management and Care Management Function include, without limitation, the following:
1. Approve criteria for the admission and continued stay, level of care and efficient use of resources for use in evaluation of Practitioner practice.
  2. Review, analyze, and make conclusions, recommendations and actions as appropriate, as they relate to questions, concerns and issues focusing on admission, use of services, length of stay and level of care.
  3. Review data and information on individual cases concurrently and retrospectively as appropriate, based on the indicators.
  4. Review and evaluate data collected, make conclusions and recommendations, implement actions and follow-up as appropriate on all individual cases and patterns or trends of Practitioner practice that vary from approved criteria.
  5. Work collaboratively with the Utilization Management staff and all other Hospital and Medical Staff committees, teams and task forces to effectively complete these responsibilities.
- D. Reports:
1. The Clinical Service Committees shall receive a Service Area specific summary report of all utilization and care management review findings for review and appropriate recommendations and/or actions. The Service Chiefs will receive any special reports involving patterns or trends of an individual Practitioner.
  2. The Medical Executive Committee shall receive a summary report of all utilization review and care management findings for review and appropriate recommendations for all members of the Medical Staff and other Practitioners holding clinical privileges.

## **Article XVIII. Autopsy Review Function**

- A. Purpose: The purpose of the Autopsy Review Function is to evaluate clinical practice relating to the appropriateness and use of autopsies.
- B. Accountability: The Medical Executive Committee has oversight accountability for the Autopsy Review Function and for finalizing recommendations related to the overall practices of all Practitioners with clinical privileges. The implementation of the responsibilities outlined above is under the direction of the Medical Director of the Laboratory and other individuals or groups as assigned by the Medical Executive Committee.
- C. Responsibilities: The responsibilities supporting the Autopsy Review Function include, without limitation, the following:
  - 1. Approve criteria for autopsy, as appropriate, to assess Practitioner practices in securing autopsies.
  - 2. Approve all policies and procedures as they relate to documenting permission for an autopsy and notification of the Medical Staff and in particular, the attending Practitioner, when an autopsy is done.
  - 3. Review data and information on the number of deaths, deaths meeting the approved criteria, families approached to secure an autopsy and autopsies done.
  - 4. Work collaboratively with the Laboratory all other Hospital and Medical Staff committees, teams and task forces to effectively complete these responsibilities.

## **Article XIX. Bylaws Review and Revision**

- A. Purpose: The Medical Staff Bylaws review and revision process shall consider changes, additions, or deletions from the bylaws, rules and regulations, and policies and procedures of the Medical Staff. This process will also review the recommendations of the Joint Commission or other accrediting or regulatory bodies and assure Medical Staff compliance with those recommendations which are endorsed by the Medical Executive Committee.
- B. Reporting: The Medical Staff Bylaws review and revision process shall include the establishment of a group of individuals, as necessary and appropriate to complete this activity. This process shall be done at least every three (3) years and/or as often as necessary to comply with applicable laws, regulations, and accreditation requirements. The communication and reporting process is defined in the Medical Staff Bylaws.

## **Article XX. Strategic Planning**

- A. Purpose: The purpose of this function is to allow the Medical Staff members and Practitioners holding clinical privileges to review the Hospital's and System's strategic plan.

- B. Participation and Reporting: Participation by Practitioners in the strategic planning process shall be undertaken through the annual organizational planning retreat. Members from the Medical Executive Committee shall be invited to attend in order to represent the interests of the Medical Staff.

## **Article XXI. Education Function**

- A. Purpose: The purpose of the Education Function is to support the self-development and continuing medical education of all Practitioners.
- B. Accountability: The Medical Executive Committee has oversight accountability for the Education Function.
- C. Responsibilities: The Clinical Service Committees shall be responsible for identifying educational needs and providing educational opportunities within the Hospital based on that evaluation.

## **Article XXII. -- Amendments**

This Manual may be amended only in accordance with the procedures applicable to amendments to the Medical Staff Bylaws and described therein.

### **REVISION HISTORY:**

Revised: 2005    Approved by Medical Staff 07/20/2005, Governing Body 08/2005  
Revised: 2008    Approved by Medical Staff 12/05/2008, Governing Body 12/16/2008  
Revised: 2011    Approved by Medical Staff 05/04/2011, Governing Body 05/17/2011  
Revised: 2014    Approved by Medical Staff 01/29/2014, Governing Body 02/25/2014  
Revised: 2017    Approved by Medical Staff 01/10/2017, Governing Body 01/24/2017

### **DEFINITIONS:**

None.

### **REFERENCES:**

None.

### **ATTACHMENTS:**

None.