

**BAPTIST HEALTH DEACONESS MADISONVILLE, INC.
MEDICAL STAFF**

ORGANIZATION MANUAL

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MEDICAL STAFF ORGANIZATION MANUAL

The Medical Staff Organization Manual outlines the committees, appointments, and functions that the medical staff accomplishes. This outline is intended to give guidance to committee members to ensure proper understanding of the specific committee role and functions in which they serve.

Section A. General Requirements

1. **Appointments.** All committees of the Medical Staff shall be appointed and shall serve the Medical Executive Committee.
2. **Nonperformance.** Whenever a committee does not perform its responsibilities as established by the Medical Executive Committee, those responsibilities shall be performed by the Medical Executive Committee until such time as the committee again functions.
3. **Substantive Change.** Committees recommending substantive change or action that involve more than one department shall be required to coordinate those changes with the Medical Executive Committee.
4. **Meeting Cancellation.** The chair of each Medical Staff committee may cancel scheduled meetings for lack of agenda items.
5. **Quorum.** Two active medical staff members of a committee must be present at any regular or special meeting to constitute a quorum for purposes of carrying out committee business.
6. **Establishment.** Permanent and standing committees must be established by the Medical Executive Committee, but ad hoc (temporary) committees may be established by the Medical Executive Committee, or by a department or section.
7. **Regular Meetings.** Committees may, by resolution, provide the time for holding regular meetings without notice other than such resolution.
8. **Special Meetings.** A special meeting of any committee may be called by or at the request of the Chair thereof, by the Medical Staff President, or by one third of the group's then members, but no less than two members.
9. **Notice of Meetings.** Written or oral notice stating the place, day, and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be given to each member of the committee or department.
10. **Manner of Action.** The action of a majority of the members present at a meeting at

which a quorum is present shall be the action of a committee or department.

11. **Right of Ex Officio Members.** Persons serving as ex officio members of a committee shall have all rights and privileges of regular members except they shall not be counted in determining the existence of a quorum and they shall not vote.

12. **Minutes.** Minutes of each regular and special meeting of a committee or department shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer. Minutes of each meeting will be retained in accordance with the Baptist Health Deaconess, LLC (BHD) Record and Retention Policy.

Section B. Established Committees

1. Blood Usage Review Committee.

Composition: Membership shall consist of members of the Medical Staff and representatives from appropriate Hospital departments.

Responsibilities: The responsibilities of the Blood Usage Review Committee shall be:

- a. to assess and improve the ordering of appropriate blood and blood components;
- b. to assess and improve the distribution, handling and dispensing of blood and blood components;
- c. to assess and improve the monitoring of the effects of blood and blood components on patients.
- d. to assess and improve, through the use of screening criteria, the use of each category of blood and components and identify single cases or patterns of cases which require more intensive evaluation;
- e. to evaluate all confirmed transfusion reactions.

Meetings: This committee should meet at least quarterly and shall maintain a record of its meetings and actions in accordance with the BHD Record Retention Policy.

This committee is organized for professional standards review purposes as described and defined in KRS 311.377.

2. The Cancer Committee

Composition: The Cancer Committee Membership shall consist of multidisciplinary members, both physician and non-physician. Refer to the BHDM Cancer Committee Membership and Requirements Policy for more information.

Responsibilities: The responsibilities of the Cancer Committee includes but is not limited to:

- a. Provide multidisciplinary program leadership to represent the full scope of cancer care and services at BHDM
- b. Guide the provision of multidisciplinary cancer case conferences for management of patient care
- c. Ensure quality assurance practices are in place for diagnostic imaging, radiation oncology services, and systemic therapy services
- d. Ensure cancer patient management is conducted by physicians who are board certified, or if not board certified, maintain the annual requirement for cancer related Continuing Medical Education (CME) hours
- e. Ensure nursing care is provided by nurses with cancer specific nursing certification or ongoing cancer specific education
- f. Ensure case abstracting is performed by a Oncology Data Specialist (ODS), and non-certified members of the cancer registry staff demonstrate completion of cancer-related continuing education applicable to their roles
- g. Ensure policy and procedures for cancer risk assessment, genetic counseling, and genetic testing is performed by genetics professionals with educational background in cancer genetics and hereditary cancer syndromes
- h. Ensure palliative care is integrated into the continuum of cancer care
- i. Ensure policies are in place and maintained to guide referral to appropriate rehabilitation care services, to provide patient centered care that optimizes patient functional status and quality of life
- j. Ensure oncology nutrition services are provided by Registered Dietician Nutritionists, define and identify nutrition services, and to monitor, evaluate and make recommendations for improvements
- k. Oversee and maintain the survivorship program
- l. Ensure cancer protocols are followed for pathology reporting as defined by the College of American Pathologists (CAP)
- m. Ensure a psychosocial policy/procedure is in place to define and evaluate distress screening, assessment and appropriate referrals.
- n. Ensure compliance with all surgical operative standards, including education, monitoring compliance, and reporting non-compliance to the surgeon and Medical Executive Committee
- o. Monitor and ensure compliance with all cancer registry requirements

- p. Monitor treatment of patients in accordance to nationally accepted accountability and quality improvement measures, and implement action plans if measures not met
- q. Monitor concordance with evidence-based guidelines through performance of an in depth analysis of the diagnostic evaluation and treatment of a retrospective review of a chosen patient population
- r. Monitor performance improvement initiatives guided by the CLP and QIC
- s. Establish at least one goal per calendar year using the goal setting tool SMART
- t. Identify and analyze patient barriers to care to accessing health and/or psychosocial care
- u. Plan, implement, and analyze at least one cancer prevention event annually
- v. Plan, implement, and analyze at least one cancer screening event annually
- w. Implement and maintain a policy and procedure to screen, and identify participant eligibility for cancer related clinical research studies, and enroll applicable candidates
- x. Perform CoC Special Studies when available
- y. Ensures that educational and consultative cancer conferences cover all major sites and related issues
- z. Ensures that an active supportive care system is in place for patients, families and staff

Reporting: The Cancer Committee Chairman and/or the Cancer Liaison Physician, and/or Quality Improvement Coordinator, and/or Cancer Program Director/Administrator will report non-compliance or concerns in regard to the cancer program standards to the appropriate executive leadership, including but not limited to the Medical Executive Committee.

Meetings: The Cancer Committee shall meet at least quarterly and maintain a record of its meetings and actions.

Peer Review: This Committee is organized for professional standards review purposes as described and defined in KRS 311.377.

3. The Credentials Committee

Composition: Membership on the Credentials Committee shall consist of members of the medical staff, who shall have been members in good standing of the Active Staff for three (3) years or more. Members will be appointed by the Medical Executive Committee to serve for two (2) year terms. Appointment of members of the Credentials Committee shall be approved by the Governing Body. The Chair may be the Immediate Past President of the Medical Staff, if

appointed to that role. The Hospital's Chief Medical Officer shall be an ex officio member.

Responsibilities: The responsibilities of the Credentials Committee shall be:

- a. To review and recommend action on all applications and reapplications for membership status on the Baptist Health Deaconess Madisonville, Inc. Medical Staff. To investigate and interview such applicants as may be necessary to assess the application.
- b. To review and recommend action on all requests for new privileges and changes/revisions to current privileges for practitioners granted clinical privileges at Baptist Health Deaconess Madisonville, Inc..
- c. To evaluate, review, research and recommend criteria for the granting of medical staff membership and clinical privileges as recommended by appropriate representatives of clinical services or specialties for Baptist Health Deaconess Madisonville, Inc..
- d. To develop, recommend, and consistently implement contemporary policy and procedures for all credentialing activities at Baptist Health Deaconess Madisonville, Inc.

Meetings: The Credentials Committee will meet at least 10 times per year to fulfill its responsibilities and functions and report to the Medical Executive Committee. A record of its meetings and actions will be maintained in accordance with the BHD Record Retention Policy.

This committee is organized for professional standards review purposes as described and defined in KRS 311.377.

4. Critical Care Committee

Composition: Membership shall consist of members of the medical staff and representatives from the Critical Care Unit and other hospital departments.

Responsibilities: The responsibilities of the Critical Care Committee shall be responsible:

- a. Review, develop and recommend policies related to critical care.
- b. Review/monitor quality of critical care and develop recommendations for improvement as needed.

- c. Monitor utilization of critical care resources (staffing, equipment, supplies, etc.) and make recommendations for improvement as needed.

Meetings: The Critical Care Committee shall meet at least three times per year and maintain a record of its meetings and actions in accordance with the BHD Record Retention Policy.

Peer Review: This committee is organized for professional standards review purposes as described and defined in KRS 311.377.

5. Infection Control Committee

Composition: Membership shall consist of representatives from the medical staff, nursing, administration, and infection control. Other supportive departments shall be available on a consultative basis.

Responsibilities: The responsibilities of the Infection Control Committee shall be:

- a. to determine the type of surveillance and reporting programs to be used;
- b. to provide standard criteria for reporting all types of infections, including respiratory, gastrointestinal, surgical wound, skin, urinary tract, septicemia, and those related to the use of intravascular catheters;
- b. to develop, evaluate and revise procedures and techniques for meeting established standards of sanitation and asepsis;
- d. to develop a practical system for reporting, evaluating, and keeping records of patients and personnel to provide an indication of endemic levels of infections and to identify and trace potential endemic situations;
- e. to provide assistance in development of a Hospital employee health program;
- f. to review infections within the Hospital, particularly with regard to their proper management and to their epidemic potential;
- g. to originate, supervise, review, and act upon any cultures of personnel or the environment required by the Hospital, the Medical Staff, or local, state, or federal agencies or regulations;
- h. to review the results of any antimicrobial susceptibility/resistance trend studies;
- i. to review proposals and protocols for all special infection control studies to be conducted throughout the Hospital, and any subsequent findings;

k. to review pertinent related findings from other Hospital committees and share Infection Control Committee findings with other committees;

l. to undertake other responsibilities as may be, from time to time, assigned by the Medical Executive Committee; and

m. to routinely and promptly report its deliberations, findings, recommendations, and actions to the Medical Executive Committee, to the hospital president, chief medical officer and to the chief nursing officer.

Meetings: The Infection Control Committee shall meet at least quarterly and maintain a record of its meetings and actions in accordance with the BHD Record Retention Policy.

Peer Review: This Committee is organized for professional standards review purposes as described and defined in KRS 311.377.

6. Library Committee

Composition: Membership shall consist of members of the medical staff departments, the librarian from Baptist Health Deaconess Madisonville, Inc. and other Hospital departments as deemed appropriate.

Responsibilities: The responsibilities of the Library Committee shall be:

a. Evaluation of recommendations for book and/or journal purchases.

b. Review and update of existing reference books.

c. Recommend journals to be discontinued for lack of use.

d. Review library statistics (searches, reprints, interlibrary loans).

e. Review recommendations for library improvements.

e. Conduct needs assessment and follow-up on recommendations.

Meetings: The Library Committee will meet at least annually and shall maintain records of its meetings and actions in accordance with the BHD Record Retention Policy.

7. Medical Quality Management Committee

Composition: Active Staff members of the medical staff, House Staff

representative, Director of Clinical Quality & Safety, Hospital President, Chief Nursing Officer, Performance Improvement Coordinator, Corporate Compliance Representative, and Hospital Legal Counsel/Risk Management Representative.

Responsibilities: The responsibilities of the Medical Quality Management Committee shall be:

- a. Provide review of cases of sufficient complexity of management or seriousness of outcome requiring physician peer review based on cases identified by "Review" indicators through referrals from:
 - Department Chairs
 - The Medical Staff Intake Registry
 - Generic quality screens
 - Blood product appropriateness screening
 - Drug use evaluation
 - Infection Control findings
 - Surgical and invasive procedure pathologic findings
 - Utilization Management activities
 - Risk Management Cases
 - Department and/or specialty specific measures
 - Referrals regarding physician service
 - Others as needed.
 - b. Communicate with the Practitioners involved with the case to obtain response prior to making determinations provided the response is received as outlined in the Peer Review Flowchart.
 - c. Make determinations regarding opportunities for individual or system improvements based on individual case review and/or performance trend identification.
 - d. Make final determination regarding the rating of presented cases related to severity and classification in order to determine if a MEC referral is needed.
- Reference: Medical Quality Management Committee Charter

Meetings: The Medical Quality Management Committee will meet on a monthly basis and maintain a record of its meetings and actions in accordance with the BHD Record Retention Policy.

Peer Review: This committee is organized for professional standards review purposes as described and defined in KRS 311.377. All peer review activity is performed under the direction of the hospital's legal counsel and shall be considered the entity's Patient Safety Work Product and shall be reported by the facility to the PSO (Patient Safety Organization).

8. Nutrition Committee

Composition: The committee shall consist of representatives from the medical staff, Food and Nutrition, Nursing, Pharmacy, and other areas as deemed appropriate.

Responsibilities: The responsibilities of the Nutrition Committee shall be:

- a. Review and approve diet manual.
- b. Review quality of nutrition care and develop recommendations for any necessary improvements.
- c. Review Food and Nutrition Department quality control monitor results.

Meetings: The Nutrition Committee will meet twice per year and shall maintain a record of its meetings and actions in accordance with the BHD Record Retention Policy.

9. Pharmacy and Therapeutics Committee

Composition: Membership shall consist of representatives of the medical staff, pharmaceutical service, the nursing service and hospital management. The chief hospital pharmacist shall be a member of the committee.

Responsibilities: The responsibilities of the Pharmacy and Therapeutics Committee shall be:

- a. to develop and monitor all drug utilization policies and practices within the Hospital in order to assure optimum clinical results and minimum potential for hazard.
- b. to assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, and safe administration of drugs in the Hospital;
- c. to serve as an advisory group to the Hospital Medical Staff and the pharmacist on matters pertaining to the choice of available drugs;
- d. to review antibiotic usage in the Hospital, including but not limited to, the appropriateness, safety, and effectiveness of the prophylactic and therapeutic use of antibiotics for in-patients, emergency patients and out-patients both as to clinical use as well as review based on statistical/prevalence and susceptibility/resistance studies;

- e. to develop and review periodically a formulary or drug list for use in the Hospital;
- f. to routinely review the drug formulary and advise the Medical Staff of changes;
- g. to prevent unnecessary duplication in stocking drugs and drugs in combination having comparable therapeutic ingredients;
- h. to evaluate clinical data and approve new drugs or preparations requested for use in the Hospital;
- i. to establish standards and evaluate, approve, and monitor the use and control of investigational or experimental drugs and of research in the use of recognized drugs in conjunction with the Institutional Review Committee.
- j. to review all untoward drug reactions;
- k. to review drug therapy practice and drug utilization and to review the appropriateness of the therapeutic use of drugs through the analysis of individual or aggregate patterns of drug practice;
 - l. to undertake other responsibilities as may be, from time to time, assigned by the Medical Executive Committee; and
 - m. review all medication errors including errors caused by physicians writing incorrect orders.
 - n. to routinely and promptly report its deliberations, findings, recommendations and actions to the Medical Executive Committee, Department Chairpersons, and/or Quality Management.

Meetings: This committee will meet at least quarterly and shall maintain records of its meetings and actions in accordance with the BHD Record Retention_Policy.

Peer Review: This committee is organized for professional standards review purposes as described and defined in KRS 311.377.

10. Utilization Management Committee

Composition: Membership shall consist of representatives of the medical staff, Case Management, Administration, Compliance and the Quality Department.

Responsibilities: The responsibilities of the Utilization Management Committee shall be:

- a. Assure inpatient and ancillary services provided to patients are of optimal quality, medically necessary, timely, appropriate, cost effective and provided regardless of patients' ability to pay in the most appropriate setting or facility.
- b. Review admission and continued stays that fail to meet screening tool criteria.
- c. Assist Case Management in monitoring daily outlier list.
- d. Review avoidable days. Forward trends identified to MEC for review as needed.
- e. Review issues/trends associated with length of stay or over utilization of resources and report to issues/trends identified to MEC as needed.
- f. Review under or over utilization of drugs and biologicals as reported through Pharmacy & Therapeutics Committee.

Meetings: The Committee will meet quarterly and maintain a record of its meetings and actions in accordance with the BHD Record Retention Policy.

Peer Review: This committee is organized for professional standards review purposes as described and defined in KRS 311.377.

Amendment

This Organization Manual may be amended or repealed, in whole or in part, by a resolution of the Medical Executive Committee recommended to and adopted by the Board of Managers.