



MOUNT CARMEL

MEDICAL STAFF OF MOUNT CARMEL HEALTH

POLICY AND PROCEDURE MANUAL

2009

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MEDICAL STAFF COMMITTEES

All committee appointments shall be for two-year renewable terms, providing the appointee agrees to continue as a committee member. (Article IX, Section 9.3-5.c) Quorum and attendance requirements are outlined in the Medical Staff Bylaws.

Network Cancer Committee

The Network Cancer Committee (NCC) is an oversight committee for the cancer program. The American College of Surgeons Commission on Cancer (COC) is the regulatory body for the accreditation of cancer programs. The COC developed standards for compliance. One standard addresses the NCC scope and authority, required membership, and the recommendation that this committee be a medical staff committee.

Medical Staff Representation includes medical oncology, surgery, radiation oncology, ACOS surgical liaison, pathology, and diagnostic radiology. Administrative representatives include administration, tumor registry, nursing, social services, and pastoral care.

- Responsibilities of the committee include:
- Develop and evaluate annual goals and objectives for the clinical, educational and programmatic activities related to cancer.
- Promote a coordinated multi-disciplinary approach to patient management.
- Ensure that educational and consultative conferences cover all major sites and related issues.
- Monitors quality management and improvement activities through completion of studies that focus on quality, access to care, satisfaction survey and outcomes.
- Ensure that an active supportive care system is in place for patients, families and staff.
- Promote clinical research.
- Supervise the cancer registry and ensure accurate and timely abstracting, staging and follow-up reporting.
- Perform quality control on registry data.
- Encourage data usage and regular reporting.
- Ensure annual report meets requirements.
- Publishes the annual report by November 1 of the following year.
- Upholds medical ethical standards.

This is a centralized committee that meets quarterly or as necessary to conduct the business and/or responsibilities of this committee.

Continuing Medical Education (Administrative Committee)

Effective June 25, 2007, this is an administrative committee with physician participation.

Graduate Medical Education Committee

The Graduate Medical Education Committee will communicate to the Clinical Department Council, any changes in the Medicare (CMS) or Ohio Medicaid "Rules for Teaching Physicians." Routine reports are provided to the Clinical Department Council (MCW) on a regular basis.

Ethics Advisory Committee (Administrative Committee)

The Ethics Advisory Committee is an administrative committee with medical staff representation. The Mount Carmel Health Board of Trustees approved the transition from medical staff committee to administrative committee on December 21, 2005. Minutes from the Ethics Advisory Committee shall be routed to the respective Clinical Department Council meeting at each hospital.

Peer Support Committee - Effective June 25, 2007

The Peer Support Committee is a centralized committee that reports directly to the Medical Executive Committee.

The Peer Support Committee shall:

- Work with and serve a supporting role to medical staff members whose health or well-being is compromised by such problems as:
 1. Alcohol/drug addiction
 2. Addictions such as gambling, sexual, etc.
 3. Physical or mental illness
 4. Death or health problems in their immediate family
 5. Divorce
 6. Malpractice suits
- Be the identified point within the hospital where information and concern about the health, well-being or impairment of a medical staff member can be delivered for confidential consideration.
- Investigate reports of impairment of medical staff members seeking corroboration and identification of:
 1. Nature of impairment
 2. Seriousness of the impairment
 3. Corrective alternatives
- Provide advice, recommendations and referrals for education and therapeutic action to the medical staff member and to the referring source as appropriate.
- Activities of the Peer Support Group shall be confidential, however, in the event information received by the Group clearly demonstrated that the health or known cognitive behavioral, functional or physical impairment of a medical staff member poses unreasonable risk of harm to hospitalized patients, that information shall be referred to the appropriate Department Chair and Chair of the Clinical Department Council for protective intervention.
- Educate members of the medical staff about professionals' health, well-being and impairments; about appropriate responses to different levels or kinds of distress and impairment; and about appropriate resources for prevention and treatment.
- Not have authority to take disciplinary action. It shall serve as an advisor to the referral source, the medical staff member in question, and to the Chair of the Clinical Department Council, as well as the Credentials Committee. It shall also serve an advisory role to the personal physician of the medical staff member, if appropriate, and not a substitute for that personal physician.

- Advise the Credentials Committee and the President of the Medical Staff as appropriate, concerning treatment, intervention, confrontation, re-entry, monitoring, relapse, etc.
- Serve as a liaison with the Ohio State Medical Association's Physician Effectiveness Program through the Columbus and Franklin County Medical Society's Physicians Effectiveness Program, treatment facilities, and other resources.
- Serve a supporting role to medical staff members entering treatment for alcohol/drug addiction and assure appropriate monitoring provisions are performed.
- At the discretion of the group members, statistical information may be compiled and used as a database for reporting activities of the group.

The Peer Support Committee shall be a standing body, advisory to the President of the Medical Staff and the Medical Executive Committee. It shall consist of at least three, but not more than five Active medical staff who have an interest in, as well as demonstrated experience in the recognition and treatment of addictions and related disorders. Except for initial appointments, each member shall serve a term of five years, and the terms shall be staggered so as to achieve continuity. There should be representation of the Medical Staff from each Mount Carmel East and Mount Carmel West Hospitals.

Insofar as possible, members of this group shall not serve as active participants on peer review or performance improvement committees while serving on this group. If possible, at least one member of the group shall be a recovered physician.

The committee shall meet monthly or as necessary to conduct the business or responsibilities of the committee.

Subcommittee for the Review and Accreditation of GI Endoscopy

The Subcommittee for the Review and Accreditation of GI Endoscopy is a central committee, reporting to the Medical Staff Quality Committee.

The Subcommittee for the Review and Accreditation of GI Endoscopy shall:

- Establish the necessary credentials and requirements for the initial grant of gastrointestinal endoscopy privileges, expansion of existing gastrointestinal endoscopy privileges, and renewal of gastrointestinal endoscopy privileges.
- Monitor ongoing procedural performance and outcome.

The Subcommittee for the Review and Accreditation of GI Endoscopy shall include, in addition to its Chair:

- At least two gastroenterologists (one from Mount Carmel West and one from Mount Carmel East)
- Two colorectal surgeons (one from Mount Carmel West and one from Mount Carmel East)
- One general surgeon who is credentialed in the performance of gastrointestinal endoscopy privileges.
- One representative of the Outcomes Measurement staff, without vote.

The committee shall meet quarterly or as appropriate to conduct the necessary business and/or responsibilities of the committee.

Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee is a central committee that reports to the Medical Executive Committee.

The Pharmacy and Therapeutics Committee shall:

- Evaluate medications and classes of medication (new and old);
- Evaluate IV guidelines and medications;
- Evaluate equivalencies;
- Maintain a formulary;
- Evaluate use of experimental drugs.

The Pharmacy and Therapeutics Committee shall consist of one representative from the following specialties:

- Medicine
- Family Medicine
- Cardiology
- Orthopedic Surgery
- General Surgery
- Vascular Surgery
- Emergency Medicine
- Anesthesiology
- OB/GYN
- Infectious Disease nurse
- Dietary, Patient Care Services and Pharmacy

The committee shall meet monthly or as necessary to conduct business and/or responsibilities of this committee.

Surgical Administrative Committee

The Surgical Administrative Committee is a decentralized committee that reports to the Clinical Department Council.

The Surgical Administrative Committee shall:

- Develop and recommend policies for the day-to-day operation of the surgical suite;
- Implement such policies and procedures as are approved by its CDC;
- Interpret policies associated with the operational aspects of the surgical suite;
- Evaluate and make recommendations on requests for capital equipment and expenditures;
- Maintain a record of its activities and report periodically thereon to its CDC.

The Surgical Administrative Committee shall include, in addition to its Chair:

- One representative each from the Departments of Anesthesiology, EENT, OB/GYN, Orthopedics and Surgery.
- Chief resident in Orthopedics or Surgery, without vote.
- A representative of the surgical nursing staff, without vote.

The committee shall meet monthly or as necessary to conduct business and/or responsibilities of this committee.

Trauma Committee (Mount Carmel West Only)

The Trauma Committee is a decentralized committee that reports directly to the Clinical Department Council.

The Trauma Committee shall:

- Assist and advise in attaining and maintaining ACS Level II verification;
- Develop, organize and implement system processes and protocols that streamline and improve the care of trauma patients;
- Establish clinical guidelines for patient care.
- Develop, maintain and modify a flexible monitoring process that identifies current or potential problems in all areas of care of the injured patient;
- Establish and maintain a peer review process that evaluates cases or problems identified by the monitoring process;
- Document its function;
- Implement corrective actions and reassesses the results of these actions;
- Evaluate the effectiveness of its roles and functions by reviewing outcomes.

The committee shall consist of:

- Trauma Medical Director (who also acts as Chair)
- Trauma Attending Physicians
- Emergency Department Medical Director
- Emergency Physician(s)
- Orthopedic Surgeon(s)
- Neurosurgeon(s)
- Anesthesiologist(s)
- Radiologist (ad hoc)
- Trauma Nurse Coordinator, without vote
- Director of ED/Trauma Services, without vote
- Emergency Department Unit Director, without vote
- Surgical Intensive Care Unit Director, without vote
- Trauma Registrar, without vote
- Operating Room Unit Director, without vote

The committee meets monthly or as necessary to conduct its business and/or responsibilities of the committee.

Trauma Peer Review Committee

The Trauma Peer Review Committee is a decentralized committee of the Trauma Committee. The committee reports to the Medical Staff Quality Committee.

It is a multidisciplinary committee composed of the physician voting members of the Trauma Committee. It conducts peer review of trauma medical issues independently from department based peer review, including all mortalities. Performance improvement issues related to medical care are specifically addressed and forwarded to appropriate committees and personnel in the medical staff structure as needed.

Critical Care Quality Committee (Mount Carmel West only)

The Critical Care Quality Committee is a decentralized committee that functions only at Mount Carmel West. It is a multidisciplinary group of physicians and hospital personnel working together to improve the quality of care delivered in the intensive care units. The committee consists of critical care physicians, GME representatives, surgeons, administrators, medical staff leaders, nurses and a pharmacist from the ICU.

The Critical Care Quality Committee is co-chaired by one of its appointed physician members, elected by the committee every two years, and the Vice President of Medical Affairs. It meets monthly, and reports to the Medical Staff Quality Committee.

CURRENT DEPARTMENTS, DIVISIONS AND SPECIAL CARE UNITS

The Current Clinical Departments, Divisions and Special Care Units at Mount Carmel West are:

- I. Anesthesiology
 - a. Recovery Care Unit (Surgical)
 - b. Recovery Care Unit (Obstetrical)
- II. Department of Cardiothoracic Surgery
- III. Department of Cardiovascular Medicine
 - a. Cardiography Services, including ECG, VCG, and Phonocardiography
 - b. Cardiac Care Unit
 - c. Cardiac Catheterization Services
- IV. Department of EENT
 - a. Division of Otorhinolaryngology
 - b. Division of Ophthalmology
- V. Department of Family Medicine
- VI. Department of Medicine
 - a. Gastroenterology Laboratory
 - b. Dialysis Unit
 - c. Electroencephalography Laboratory
 - d. Electromyography Service
 - e. Occupational Therapy
 - f. Neuropsychology
 - g. Physical Therapy
 - h. Rehabilitation
 - i. Pulmonary Function
 - j. Respiratory Therapy Services
 - k. Intensive Care Unit
 - l. Metabolic Unit

- m. Oncology Unit
- VII. Department of OB/GYN
 - a. Division of Newborn Pediatrics
 - 1. Pediatric Cardiology
 - 2. Pediatric Ophthalmology
 - b. Division of Obstetrics and Gynecology
 - c. Special Care Unit
- VIII. Department of Orthopedics
 - a. Division of Podiatry
- IX. Department of Psychiatry
 - a. Division of Adult Psychiatry
 - b. Division of Child and Adolescent Psychiatry
 - c. Division of Psychology
- X. Department of Radiology
 - a. Division of Diagnostic Radiology
 - b. Division of Nuclear Medicine (Diagnostic and Therapeutic)
 - c. Division of Radiation Therapy
- XI. Department of Surgery
 - a. Division of General Surgery
 - b. Division of Genitourinary Surgery
 - c. Intensive Care Unit
 - d. Division of Neurosurgery
 - e. Non-Invasive Laboratory
 - f. Division of Oral Surgery
 - g. Division of Plastic Surgery
 - h. Division of Colon and Rectal Surgery
 - i. Division of Peripheral Vascular Surgery

The current Clinical Departments, Divisions and Special Care Units at Mount Carmel East are:

- I. Department of Anesthesiology
 - a. Recovery Care Unit (Surgical)
 - b. Recovery Care Unit (Obstetrical)
- II. Department of EENT
 - a. Division of Otorhinolaryngology
 - b. Division of Ophthalmology
- III. Department of Family Medicine
- IV. Department of Medicine
 - a. Cardiac Care Unit
 - b. Division of Cardiology

- c. Division of Gastroenterology
 - d. Respiratory Services
 - e. Intensive Care Unit
 - f. Division of Physical Medicine
 - g. Division of Psychology
 - h. Division of Neurology
- V. Department of OB/GYN
- a. Division of Newborn Pediatrics
 - 1. Pediatric Ophthalmology
 - 2. Pediatric Cardiology
 - b. Division of Obstetrics and Gynecology
 - c. Special Care Unit
- VI. Department of Orthopedics
- a. Division of Podiatry
- VII. Department of Radiology
- VIII. Department of Surgery
- a. Division of General Surgery
 - b. Intensive Care Unit
 - c. Division of Neurosurgery
 - d. Division of Oral and Maxillofacial Surgery
 - e. Division of Plastic Surgery
 - f. Division of Genitourinary Surgery
 - g. Division of Peripheral Vascular Surgery
 - h. Division of Colon and Rectal Surgery

The current central clinical Departments, Divisions and Special Care Units at Mount Carmel West and Mount Carmel East are:

I. Department of Emergency Medicine

The Department of Emergency Medicine members will choose a primary hospital for purposes of committee membership. The Chairman of the Department of Emergency Medicine will be a voting member on the Clinical Department Councils at Mount Carmel West and Mount Carmel East.

II. Department of Pathology and Laboratory Medicine

- a. Division of Anatomical Pathology
- b. Division of Clinical Pathology

The Department of Pathology and Laboratory Medicine members will choose a primary hospital for the purpose of committee membership. The Chairman of the Department of Pathology and Laboratory Medicine will be a voting member of the Clinical Department Council at Mount Carmel West. The Department of Pathology and Laboratory Medicine

will continue to have a non-voting member on the Clinical Department Council at Mount Carmel East.

SELECTION OF DEPARTMENT OFFICERS

Chairman

Six months prior to the end of the term of a Department Chair, or in the event of a vacancy, and without regard to the term in office of the incumbent Chair, the President of the Medical Staff shall appoint an ad hoc Nominating Committee of three (3) members of the Active Staff, two (2) of whom must be members of the Department concerned. The President shall also name the Chair of this Nominating Committee. The incumbent Department Chair shall not be a member of the Nominating Committee unless he/she disqualifies himself as a candidate. The President of the Medical Staff should avoid, if possible, naming persons to this Committee who might logically be considered nominees as Department Chairman; however, the Nominating Committee is not obligated to avoid nominations from among its members.

The Nominating Committee shall freely consult the incumbent Department Chair for advice and counsel in its deliberation and shall not name as nominee any physician who has not been consulted and further agreed to be listed as a nominee. The Committee shall finally prepare a slate of two or more nominees but shall avoid any indication of preference.

At the September meeting of the Department involved in the year concerned with such election procedure, the Nominating Committee shall present its report to the voting members of said Department, who for such election must be members in good standing of the Active and Associate staffs. A written preferential ballot shall be mailed to the voting members after this meeting. Each voting member shall make a list of the nominees, including his preferential order and return the ballot to the Medical Staff Office. The ballots shall be tallied, and the final preferential slate of nominees shall be prepared in accordance with the voting tally. In the event of a tie, the slate shall be returned to the Department for resolution, by mail ballot, before forwarding the slate to the MEC.

The preferential slate of nominees shall be presented to the MEC which may confirm or reject the preferred nominee. The MEC shall notify the Department of its vote and provide reasons if the preferred nominee is rejected. Should the Department fail to resolve a tie in the balloting, the tie shall be resolved by a vote of the MEC.

The nominees thus selected shall be appointed as the Department Chairman, subject to the approval of the Board.

Vice Chairman

The Vice-Chairman of each Department shall be a member of the Active staff and shall be willing and capable of temporarily assuming the duties of the Department Chairman. The Vice Chairman shall be elected annually in the month of December by the members of the Department eligible to vote on departmental matters from a list of candidates prepared as required by the Department Rules and Regulations. A Vice Chairman, unless he/she shall sooner resign or be removed from office, shall be eligible to succeed himself.

Secretary

The Secretary of each Department may be a member of any category of the Staff, but shall be willing to perform the duties as assigned. The Secretary shall be elected annually in the month of December by the members of the Department eligible to vote on department matters from a list of candidates prepared as required by the Department Rules and Regulations and shall hold office until his/her successor is elected, unless he/she shall sooner resign or be removed from office.

CENTRAL CREDENTIALS COMMITTEE

The Central Credentials Committee shall include 8 Active staff members from the following specialties:

- Two (2) primary care physicians
- Two (2) medical specialists
- Two (2) surgical specialists
- Two (2) Past Presidents of the Medical Staff (excluding the immediate Past President)

Each specialty designated above will include one member from Mount Carmel East and one member from Mount Carmel West. The President of the Medical Staff will appoint the Chair.

Committee members shall be appointed according to the Medical Staff Bylaws requirements for centralized committees (Article IX, Section 9.3-5(a)).

The Credentials Committee members will be compensated on a 50/50 basis by Mount Carmel Health and the Medical Staff. The amount is to be determined by the Medical Executive Committee.

The Credentials Committee members will be required to attend periodic mandatory off-site or in-house seminars to be paid for by Mount Carmel and the Medical Staff.

The Credentials Committee members will serve 3 year staggered terms. They may be re-appointed and serve an unlimited number of terms.

The Central Credentials Committee shall:

- Review and evaluate the qualifications of each applicant for initial appointment, reappointment, or modification of appointment and for clinical privileges and in connection therein, to obtain and consider the recommendations of the Departments.
- Submit reports, in accordance with Article VI and VII of the Medical Staff Bylaws on the qualifications of each applicant for staff membership or particular clinical privileges. Such reports shall include recommendations with respect to appointment, staff category, Department and primary hospital affiliation, clinical privileges, and special conditions attached thereto.
- Investigate, review and report on matters, including the clinical or ethical conduct of any practitioner, assigned or referred by (a) the President of the Medical Staff; (b) the MEC; (c) a CDC; or (d) the Chair of the Medical Staff Quality Committee or any of its subcommittees.

- Develop and annually review, in cooperation with the Chief Executive Officer, written guidelines for the performance of specified services by paramedical health professionals and limited independent professionals in the hospital consistent with the requirements of Article V (Paramedical Health Professionals) of the Medical Staff Bylaws.
- Participate as required under Article V of the Medical Staff Bylaws in reviewing and evaluating the qualifications of each paramedical health professional and limited independent professional applying to perform specified services.
- Submit reports at least quarterly to the MEC on the status of pending applications, including the specific reasons for any inordinate delay in processing an application or request.
- Develop and recommend credentialing policies.

The Central Credentials Committee will meet monthly or as appropriate to conduct the necessary business and/or responsibilities of the Committee.

MEDICAL STAFF QUALITY COMMITTEE AND PEER REVIEW SUBCOMMITTEE

Membership

The Committee shall consist of eight (8) medical staff members who are members of the Active Staff at the time of election:

- Two (2) Emergency Medicine or Medical Specialists
- Two (2) Surgical Specialists
- Two (2) Primary Care
- Two (2) members appointed by the Medical Executive Committee
- System Chief Operating Officer, with vote.
- Two (2) VPMAs (one from each hospital), with vote.

Two (2) committee members shall be elected by the committee to serve as Co-Chairs of the committee. All medical staff committee members are eligible to serve as Chair.

The Co-Chairpersons shall be two of the voting members and be selected by the committee. One Co-Chair shall be responsible for Utilization Management and reporting to and from the Hospital Quality Committee and to the Quality Subcommittee of the Board. The second Co-Chair shall be responsible for Peer Review and reports strictly to the Medical Executive Committee. In the event of a tie vote, the presidential appointee will be permitted to cast the deciding vote.

Election

Committee members shall serve a two- and three-year staggered term. Membership on the committee shall be carried out according to the Medical Staff Bylaws Article IX, Section 9.3-5. The appointed member(s) will take office on the first day of January following the election with other elected officers of the Medical Staff unless the appointment is the result of a vacancy on the committee. This term shall commence on the date of the acceptance of the appointment.

Duties and Responsibilities

The Committee will provide ongoing monitoring, evaluation and feedback regarding the quality of physician performance at the individual, Department and overall Medical Staff levels. It will provide oversight for the peer review process by reviewing matters affecting the clinical competency and/or professional conduct of Medical practitioners and the quality of patient care rendered. The Committee, in partnership with the Department Chair, will develop, coordinate and provide oversight for individual physician quality issues and departmental quality initiatives. The Committee may request quality assessment activity from other members of the Medical Staff, when appropriate. In the event that the findings of the Committee or the Department Chair are determined to be outside the "normal range", the Committee Chair will provide recommendations to the Department Chair that may include one or more of the following:

- Referral to the Department as an educational opportunity and discussion
- Referral to the Continuing Medical Education Committee for appropriate medical education to Departments, sections, or to the entire Medical Staff
- Informational letter to the practitioner
- Individual proctoring
- Required course of study or hands on experience
- Continued monitoring by the Chair, a designee, and/or Quality Committee
- Referral to the CDC and/or MEC for further consideration

The Co-Chairs will be furnished with the names of those practitioners applying for reappointment, and will provide pertinent information from the peer review process to the Credentials Committee.

The Committee, including its reports to Medical Executive Committee, shall be afforded the protections and immunities provided by the ORC 2305.24, 2305.25, 2305.251. The files of the Committee shall be retained in the Medical Staff Office and shall be kept confidential and protected from discovery.

Peer Review

Peer review is the evaluation of the quality of care provided by individual practitioners including identification of opportunities to improve care, by individuals with the appropriate subject matter expertise to make this evaluation. Circumstances requiring peer review include patterns of performance outside the "acceptable" range and evaluation of explanations for patterns significantly different from the norm.

The Medical Staff Peer Review Subcommittee shall review and evaluate the quality of care provided by individual practitioners at any level and data generated by specialty peer review committees. When the committee determines the need for an investigation, it is their responsibility to coordinate an investigative plan in conjunction with the Department Chair in order to establish an appropriate timeframe and report such to the Medical Executive Committee on a monthly basis.

The subcommittee shall consist of the same medical staff members serving on the Medical Staff Quality Committee. Compensation is covered by the stipend paid for Medical Staff Quality Committee participation.

The Medical Staff Peer Review Subcommittee shall report directly to the Medical Executive Committee and the Mount Carmel Health Board, as necessary.

External peer review shall be considered by the committee based on the following circumstances:

- lack of internal expertise
- new technology
- ambiguity
- miscellaneous issues

All information reviewed and generated by peer review or performance activities are considered confidential and privileged information according to the Ohio Revised Code.

Meetings

The Committee shall meet as often as necessary to discharge its responsibilities, and maintain a record of its procedures and actions. Recommendations shall be made, as appropriate, to the Board and/or the Medical Executive Committee. All committee members shall attend a mandatory quality education seminar every two (2) years as allowable by budgetary restrictions.

Compensation shall be paid 50% by the medical staff and 50% by the hospital. Payments will be made on a monthly basis. Compensation shall be determined by the Medical Executive Committee. Routine monthly attendance by committee members is required for compensation.

Reporting Accountability

Reports directly to the Medical Executive Committee, as a standing report, preceded by informational reports to the Clinical Department Council at each hospital.

SELECTION OF MEDICAL STAFF OFFICERS

Clinical Department Council Chairman

The Chairman of each Clinical Department Council shall be a member of the Active staff at the time of nomination and election and must remain a member in good standing during their term of office. Said Chairman must be willing to serve, and interested and knowledgeable in the affairs of the Hospital concerned.

The Chairman of the CDC shall be elected from a slate of one or more candidates developed by a Nominating Committee consisting of the CDC Chairman and two (2) members of the CDC at the Hospital appointed by the CDC Chairman. The election shall be concurrent with the election of the general officers but will be restricted to the members of the Active staff of the Hospital concerned.

A CDC Chairman shall serve a two-year term. A CDC Chairman shall not be eligible to serve consecutive terms. A vacancy in the Office of the Chairman of the CDC will be filled by appointment by the CDC for the remainder of the term.

Division Directors and Special Care Unit/Lab Directors

Each Division Director and each Special Care Unit/Lab Director shall be a member of the Active Staff and a member of the Division/Unit/Lab which he/she is to direct, shall be qualified by training, experience, interest and demonstrated current ability in the clinical specialty area covered by the Division/Unit/Lab, and shall be willing and able to discharge the medico-administrative responsibilities of his office.

Each Division Director and each Special Care Unit/Lab Director shall be selected by the Chair of the Department within which the Division/Unit/Lab functions as a subunit, subject to the approval of the MEC and the Board.

Each Director shall serve a three-year term, commencing on his/her appointment. He/she shall serve until his successor is chosen, unless he/she shall sooner resign or be removed from office. A Director shall be eligible to succeed himself.

Clinical Department Council – Members at Large

Each member-at-large shall be a member of the Active staff, shall have demonstrated ability in at least one of the clinical areas covered by the department, shall be recognized for excellence in personal and professional competence, professional leadership, ethical standing and capacity for responsibility and shall be willing and able to faithfully discharge the function of this office.

The preferential slate of nominees shall be presented to the MEC, which may confirm or reject the preferred nominee. The MEC shall notify the CDC of its vote and provide reasons if the preferred nominee is rejected.

Other Officials

Representative to the Academy of Medicine of Columbus and Franklin County and American Medical Association Hospital Medical Staff Section: A representative of the Active Staff shall be elected to serve as medical staff representative to the American Medical Association Organized Medical Staff Section. The election shall take place at the time of the election for general officers. The tenure of office shall be for three years. There shall be no restriction on times a member may hold this office. Nominations for this representative will be prepared by the Nominating Committee for general officers of the Staff.

Other officials of the Staff may include a Medical Director, A Director of Medical Education, and such other officials as may be selected pursuant to the established procedures or as may be deemed necessary to fulfill or supervise any Staff function required by the Bylaws. To the extent that any such official performs any clinical functions, he/she must be a member of the Staff. In all events, he/she is subject to the Bylaws, Medical Rules and Regulations and all other lawful policies of the Hospital.

Procedure for Formulating Contracts

All requests for a written contractual agreement between the Hospital and practitioner(s) shall be reviewed by the MEC and its recommendations transmitted to the CEO before contract formulation. The CEO will then forward a report/recommendation to the Board for action. If the request is approved, the CEO shall develop a contract with the prospective practitioner(s) and then forward the proposed contract to the MEC or its designee for final review and recommendations to the Board.

Code of Conduct

Members of the Mount Carmel Health Medical Staff are expected to behave in a professional and cooperative manner. The high quality of medical care delivered at Mount Carmel Health Hospital demands that all individuals working in the Hospital treat others with respect, courtesy and dignity. Conduct or behavior that does not meet this standard that directly or indirectly negatively impacts patient care, or has the potential to negatively impact patient care will not be tolerated. This policy and the Mount Carmel Health Medical Staff Bylaws detail how such behavior(s) will be dealt with. The protection of patients, employees, physicians and others in the Hospital and the orderly operation of the Hospital are paramount concerns.

Disruptive behavior is defined as "aberrant behavior manifested through personal interaction with physicians, hospital personnel, health care professionals, patients, family members, or others, which interferes with patient care or could reasonably be expected to interfere with the process of delivering quality care." Disruptive behavior may be a symptom of other problems or illness such as stress, addiction, dementia, etc., and when appropriate the Medical Staff Peer Support Committee should be consulted when dealing with physicians exhibiting such patterns of behavior. Ignoring disruptive behavior may result in losing an important opportunity to offer assistance to a medical staff colleague.

Behavior that tends to cause distress among other staff and/or affect the overall morale within the work environment, undermining productivity and possibly leading to high staff turnover or even resulting in ineffective or substandard care, may also fall within the definition of disruptive behavior. However *frank and constructive criticism of an institution, its procedures and performance by other health care providers should not be categorized as 'disruptive' providing it is delivered in a professional manner and through appropriate channels. Silence on such matters could affect the quality of care and morale within the work environment.*

CONDUCT AND BEHAVIORS THAT ARE ENCOURAGED:

- Work cooperatively with others showing respect for staff and patients
- Support policies promoting cooperation and teamwork
- Comply with Medical Staff bylaws, department rules and regulations, and other Medical Staff responsibilities, i.e. Medical records, E.D. coverage, etc.
- Respond consistently in a timely manner to requests concerning patient care and other medical staff obligations
- Willingness to explain one's words, actions and behaviors and recognize that these impact on others in the work place.

"INAPPROPRIATE CONDUCT" OR "DISRUPTIVE BEHAVIOR"

Includes but is not limited to:

- Rude, demeaning or intimidating behavior including verbal gestures, threats of retribution, litigation or physical contact
- Outbursts of anger or rage including frustration or irritation, throwing of instruments, charts or other objects
- Failure to respond in a timely and appropriate manner in fulfilling required medical staff functions and responsibilities
- Inappropriate language, jokes or witticisms including sexual comments, and ethnic, gender or disability references
- Idiosyncratic requirements or practice patterns that do not contribute to quality patient care
- Public criticism of other health care professionals, hospital staff or leadership in a derogatory manner, verbal or written; including official hospital documents
- Resistance to recommended corrective action
- Poor hygiene, slovenliness