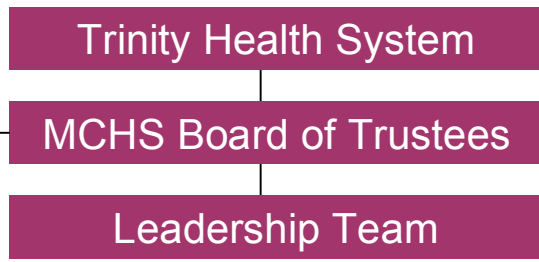


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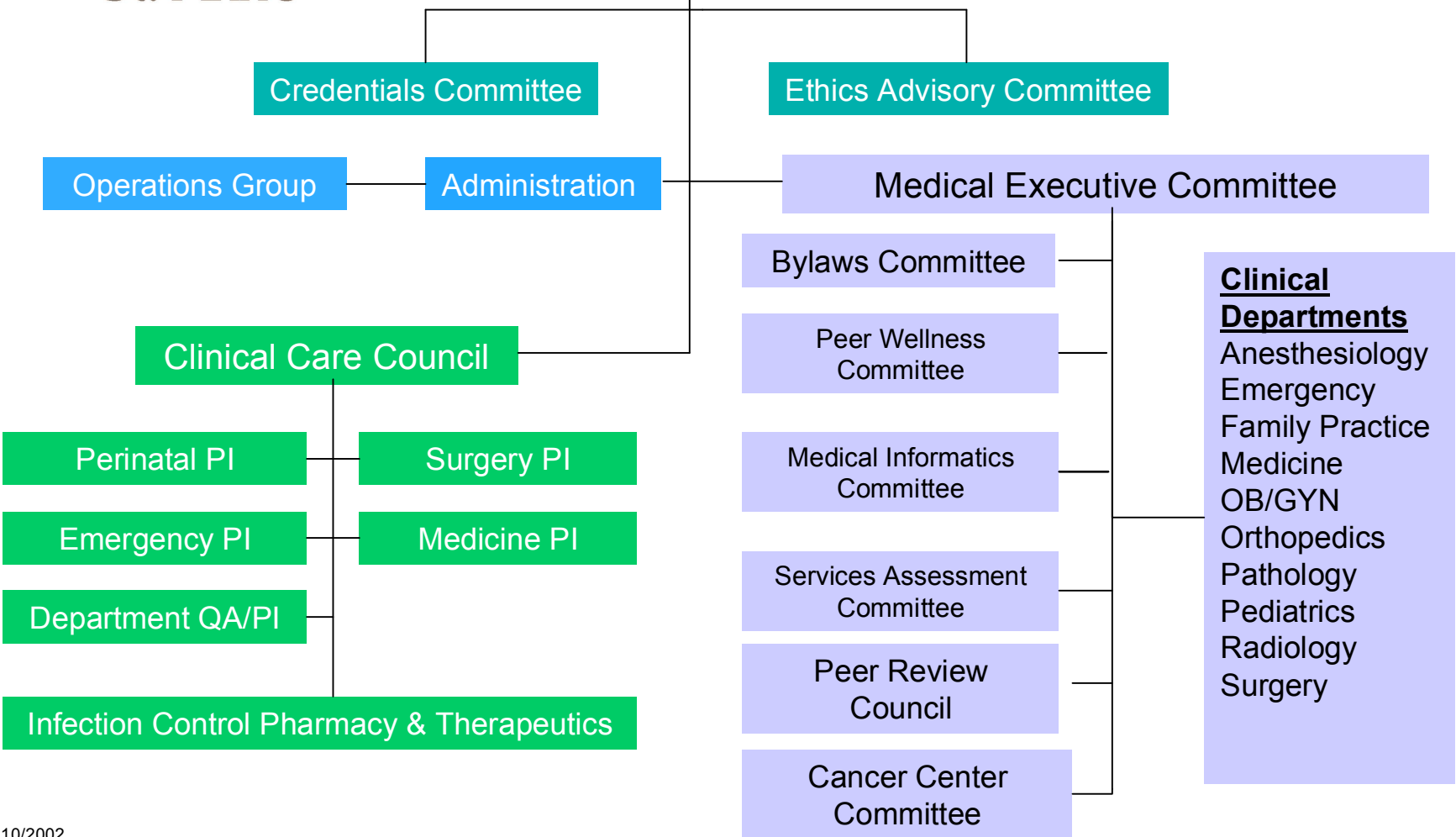
St. Ann's

ST. ANN'S MEDICAL STAFF

ORGANIZATION MANUAL



St. Ann's Board of Trustees



10/2002

Purpose

The St. Ann's Hospital Medical Staff Organization Manual is a Medical Staff document used for the purpose of defining the organizational structure, purpose and methods of integration with St. Ann's hospital.

Revision

This document may be revised with an affirmative vote of the Medical Executive Committee. Such revisions will be forwarded to the Board of Trustees of St. Ann's hospital for approval before any revisions may be considered final. The Board of Trustees may modify the manual after consultation with the Medical Executive Committee.

Application

The contents of this manual apply to all practitioners at St. Ann's hospital. This includes all members of Medical Staff, all practitioners with clinical privileges, and all Allied Health Practitioners.

Background

St. Ann's Medical Staff has organized itself in a way to optimize the function and performance of the Hospital and the practitioners it governs. The Medical Staff has demonstrated a willingness to view itself as an essential component of the Hospital and participate readily in ongoing planning, operations, performance improvement and quality assurance. The overall structure has been chosen to integrate those functions in which optimal results are achieved by blending a multidisciplinary format with structures that are comprised of Medical Staff members alone. Having experienced the traditional model, which often created tension between administrative and Medical Staff initiatives, the Medical Staff has created a model to work with Administration to accomplish mutual goals.

Medical Executive Committee

Purpose

The Medical Executive Committee is the primary governance structure of the Medical Staff. It makes recommendations to the Board of Trustees on matters of practitioner credentialing, governance documentation, including Bylaws, Rules and Regulations and operating policies. The Medical Executive Committee provides recommendations to the Board of Trustees on strategies developed with Administration to achieve the strategic initiatives defined by Mount Carmel Health System. The Medical Executive Committee will also make recommendations to the Mount Carmel Health System Board of Trustees on representatives of the St. Ann's Medical Staff to that Board.

Structure

The Medical Executive Committee is the Organizational entity overseeing the administration of the Bylaws, Rules and Regulations, and Policies of the Medical Staff once approved by the St. Ann's Hospital Board of Trustees. The composition of Medical Executive Committee is defined by the Bylaws of the Medical Staff of St. Ann's hospital. Modification of the composition of the committee can be accomplished by mechanisms defined in the Bylaws. The Medical Executive Committee has four standing subcommittees, the Bylaws Committee, the Ethics Committee and Peer Review Council, the Cancer Center Advisory Committee. The Clinical Care Council is a standing committee with a joint reporting relationship with Administration and the Medical Executive Committee. The Credentials Committee is a multidisciplinary body that is composed of members of Board of Trustees, Administration and Medical Staff with reporting relationships to the Board and a Medical Executive Committee. Each will be described separately.

Clinical Departments

Purpose

Clinical departments will be defined by the Bylaws of the St. Ann's Hospital Medical Staff. Departments and Sections may be added by methods defined in the Medical Staff Bylaws (section 11.01). Each organizational unit is designed to afford opportunity for practitioners with similar training, education and experience to fulfill their responsibilities as defined in the Medical Staff Bylaws. Elected leaders of those organizations have the responsibility of continued surveillance of the professional performance of all individuals in the department who have delineated clinical privileges. They also have the responsibility to recommend to the Medical Staff criteria for clinical privileges that are relevant to the care provided in that department. They share the responsibility for assessing and recommending to relevant hospital administration necessary off-site resources for needed patient care services not provided by the department or the organization. They share the responsibility for coordination and integration of interdepartmental and intra-departmental services. Departments and sections will also aid in the development and implementation of policies and procedures that guide in the support and provision of services. The organizations will make recommendations for sufficient number of qualified and competent persons to provide care of service and are responsible for the determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care services. Departments and sections will be responsible for continuous assessment and improvement of the quality of care and services provided and maintenance of quality control programs as appropriate. The department Chair, on behalf of the department, will be responsible for orientation and continuing education of all persons in the department or section and to make recommendations to Administration for space and other resources needed by the department or service.

Structure

Currently there are departments of Anesthesiology, Emergency Medicine, Family Practice, Medicine, Obstetrics and Gynecology, Orthopedic Surgery, Pathology, Pediatrics, Radiology, Surgery. Within the department of Orthopedics there is a section of Podiatry, within the department of Surgery there is a section of Urology, and within the department of Medicine there is a section of Psychology. The elected Chairs of the clinical departments are the core voting members of the Medical Executive Committee. Section chiefs are directly responsible to the chair of their respective department. Section chiefs are not members of the Medical Executive Committee. Department chairs have the capability of assigning ad hoc committees that will function and terminate as all other ad hoc committees are defined. The department chair may elect to have a standing quality assurance committee of the department. The department chair may however use the appropriate Performance Improvement Team to provide that resource.

Credentials Committee

Purpose

The Credentials Committee shall meet monthly, but not less than quarterly, and shall consist of the following voting members: the Chair, appointed by the President of the Medical Staff and the President-Elect of the Medical Staff, and at least five Active Staff Members, administrative representation. The Chair of the Credentials Committee shall recommend Medical Staff Members for membership on this committee, who must then be appointed by the Medical Staff President in consultation with the President-Elect. Administrative representation shall be agreed upon by the Medical Executive Committee and appointed by the CEO.

- 1) The term of office shall be five (5) years with staggered expiration dates;
- 2) This committee will develop all policy recommendations to the Board of Trustees on all matters regarding credentialing and privileging by establishing policies and procedures for all new applicants for the Medical Staff and for reappointments, changes in staff status, new privileges, etc. All such policies will be developed in concert with the Medical Executive Committee.

Bylaws Committee

Purpose

The Bylaws Committee is composed of Medical Staff leaders and representatives of key committees. The committee shall act upon referral from the Medical Executive Committee of such proposals that may alter existing Medical Staff Bylaws, Rules and Regulations, Policies or Manuals. Members of Medical Staff are encouraged to submit proposals for the Medical Executive Committee as a forum for developing changes in Medical Staff Bylaws, Rules and Regulations, Policies and manuals. The Bylaws Committee, with the help the Director of the Medical Staff Office will be the resource for the Medical Staff in the interpretation and application of Medical Staff Bylaws.

Meetings will be called at the request of the Chair, no less than annually. The committee will be responsible for annual review of Medical Staff Bylaws, Rules and Regulations and Policies. The committee will be responsible for making recommendations on an annual basis to the Medical Executive Committee. With the approval of Medical Executive Committee those recommendations will be forwarded to the Board of Trustees for approval before and implementation.

Ad Hoc Committees

Purpose

In the course of governing the Medical Staff, it has been recognized that on occasion a small group of Medical Staff members, working separate from the Medical Executive Committee, may research, gain consensus, and generate workable solutions for problems encountered in the day-to-day operation of the Medical Staff. Ad hoc committees may be formed at the recommendation of Medical Executive Committee. The President of the Medical Staff will appoint members. Specific goals and timeframes for the committee will be defined as it is chartered. Ad hoc committees will be chaired by a designee appointed by the President of Medical Staff and will be charged with submitting a written report to the Medical Executive Committee on the committees findings and recommendations. With the submission of a final report, the ad hoc committee will be dissolved.

Ethics Advisory Committee

Purpose

St. Ann's Hospital has formed an institutional ethics committee in response to the increasingly complex nature of medical decision making.

Growing out of St. Ann's commitment to Judeo-Christian values, lived out in the Catholic tradition, the Ethics Committee serves the hospital community as an educational and advisory body.

The committee provides a forum for the discussion of ethical and moral questions. It assists in the development and implementation of educational programs for all members of the hospital community regarding ethics and ethical decision making. It serves as an advisory body for the hospital's administration and professional staff on the review of current formulation of future policies which have ethical ramifications. It serves as a resource for all members of the hospital community, including patients and their families on ethical questions related to hospitalization and treatment.

Structure

The Ethics Committee shall include a Chair and vice-Chair appointed by the Chair of the Board, additional Medical Staff members will be selected by the Chair. The Vice President, Patient Care Services, who acts as the co-chair of the Clinical Care Council will select additional multidisciplinary team members which may include, but are not limited to Nursing, Chaplaincy, Social Work, Outcomes Management, Hospice, Home Care, Pharmacy, and appropriate community members. Representatives from Mount Carmel Health System will include the Senior Vice President, Mission Services and Vice President, Mission Services and system ethicist. Representatives from Mount Carmel health system must by definition be persons who have either academic degrees or clinical experience that will enable them to assist in the formulation of policies to contribute to ethics education of associates within the organization and participating case consultation. Membership shall be for three-year term with one reappointment. Considering the expertise that may evolve during the term of the chair, his or her reappointment may extend past two terms and be limited by decision of the Medical Executive Committee and Board of Trustees. Meetings will be held as often as deemed necessary to carry on the business of the committee. They will meet no less than quarterly.

Because of the multidisciplinary nature of this committee the chair will also sit as a member of the Clinical Care Council. Although the reporting relationship will be directly to the Board of Trustees, communication with the Medical Executive Committee and the Clinical Care Council is essential.

The Ethics Committee will have one standing subcommittee, the Ethics Consultation Service Committee, which is a 24-hour, seven-day week advisory service to the caregivers providing support and resource when difficult ethical issues arise. Ad hoc committees may be established as necessary for purposes decided upon by the committee. Formation of ad hoc committees will follow the same process articulated above.

Peer Review Council

Purpose

Medical Staff has the primary responsibility for establishing a mechanism designed to ensure that the same level of quality of patient care is provided by all individuals with delineated privileges, within Medical Staff departments, across departments, and between members and non-members of the Medical Staff who have delineated clinical privileges. The Peer Review Council will be a standing committee of the Medical Staff to provide that mechanism. The Peer Review Council will serve as a resource to the Medical Executive Committee and make recommendations to the Medical Executive Committee on policies, procedures and processes necessary to accomplish its responsibility. The President of the Medical Staff will appoint the chair.

The Peer Review Council will coordinate all peer review activities. Peer review activities will include but are not limited to the following

1. Provisional review
2. Medical assessment and treatment of patients
3. Use of medications
4. Use of blood and blood components
5. Use of operative and invasive and noninvasive procedures
6. Efficiency of clinical practice patterns
7. Review of significant departures from established patterns of clinical practice

Structure the Peer Review Council will be composed of the Chairs of the four Performance Improvement Teams defined herein. The Chairs are the individual departmental Quality Assurance Committees will also be members. Because of small size and low level of activity some departments may not have Quality Assurance Committees. The Performance Improvement Teams, defined elsewhere in this document, in that circumstance, will provide that resource for the department chair. If the Performance Improvement Teams provide the resource of peer review only the physician members of that Performance Improvement Team will participate. The work of the Peer Review Council will be subject to the rules of confidentiality as defined in the Medical Staff Bylaws, and will afford participants the protections as defined in both state and federal statutes. The flow of information regarding physician performance is outlined in the following flow chart:

Services Assessment Committee

This committee has been formed in 1999 in response to changing needs of the medical staff with regard to call rosters for the emergency department, changes in requirements for those physicians participating in call rosters, and to assist the medical executive committee in assessing needed services at St. Ann's hospital. The committee will be chaired by the past president of the medical staff, and will have as its membership appointed and elected members of the medical staff leadership. The medical director of the emergency department, the Vice President of Care Management (Medical Affairs), the President-elect of the medical staff, the Chief Operating Officer, the VP Patient Care Services, and three active staff members will comprise the committee. This committee will be a standing committee of the medical staff and will serve to advise the medical executive committee which will in turn advise the hospital Board of Trustees. The Committee will meet in the first quarter of each calendar year and as often as necessary to appropriately advise the Medical Executive Committee about the issues with which it is charged. The Committee will formulate and review and recommend to the MEC any policies necessary to comply with EMTALA legislation and resultant policies and regulations.

Cancer Center Advisory Committee

The Cancer Center Advisory Committee will be a standing committee of the medical staff. This committee will serve to advise medical executive committee as to the operational needs and progress in development and continuing operations of the cancer center. The Cancer Center Advisory Committee will make a recommendation to the Medical Executive Committee regarding qualifications and selection of the medical director. The chair of the Cancer Center Advisory committee will be appointed by the president of the medical staff. Term of the Chairmanship will be not longer than the term of the medical staff president having made the appointment. The cancer center advisory committee will oversee the implementation of the necessary regulatory bodies and committees required for appropriate operation of the cancer center.

Peer Support Committee

The changing environment of healthcare delivery creates a framework for constant stress.

The increasing demands for care and shrinking resources in a 24 hour health care delivery system creates a recipe for significant strain on the wellness of the members of the medical staff.

As a standing committee of the medical staff, ***the peer support*** committee will be a resource for understanding the forces negatively impacting the health and well-being of the medical staff members and creating solutions through education, counseling, and system changes.

The Peer Support Committee may be charged with assisting a department chair with intervention, should an issue of health or wellness of an individual practitioner be of concern. The aging physician workforce will present another opportunity for the wisdom and expertise of the members of the committee.

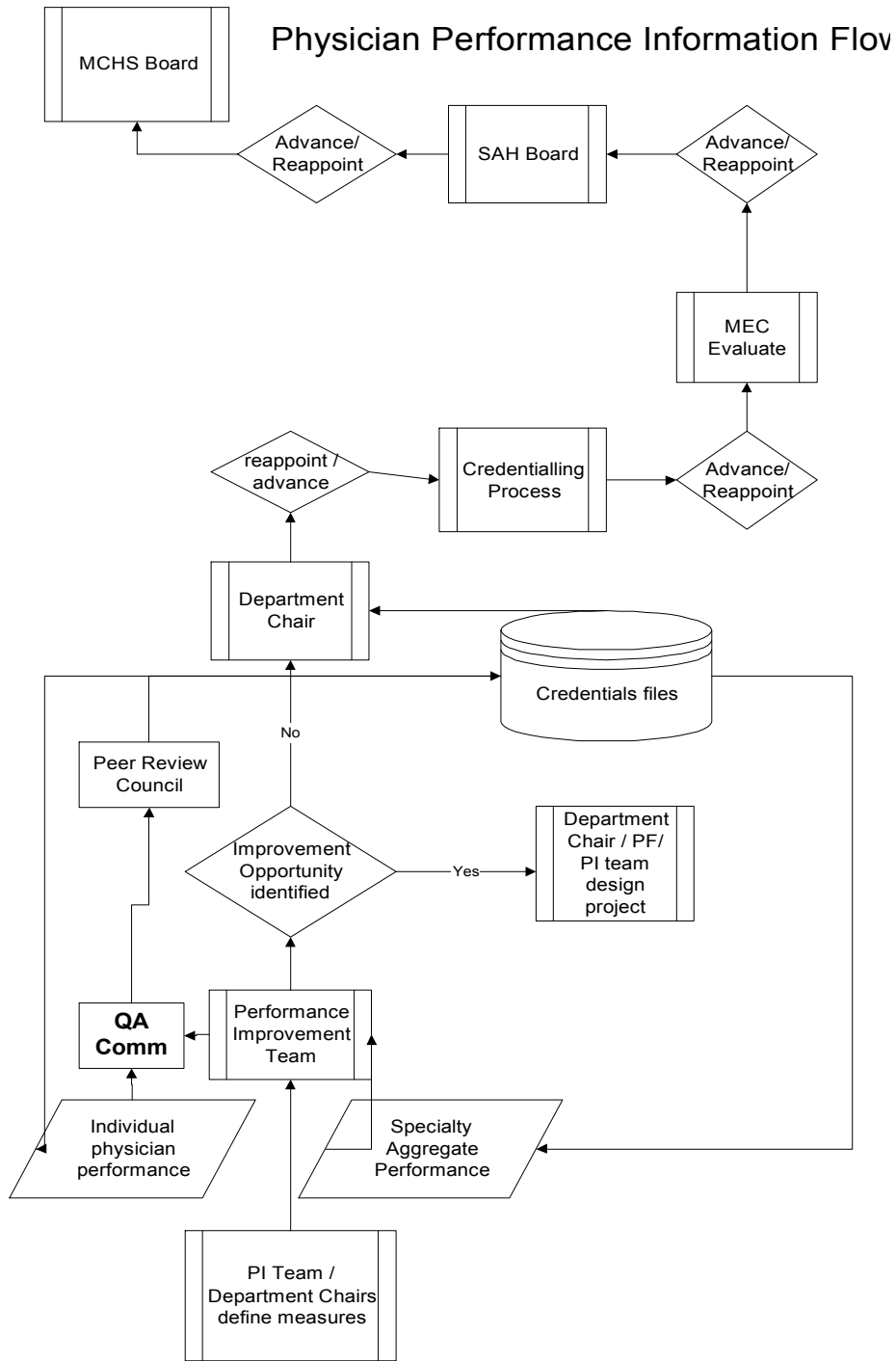
With the acknowledgment that changes in cognitive capabilities resulting in decline in clinical performance may be insidious and difficult to recognize, the peer support committee will develop the expertise internally and requests appropriate consultation of external experts to assess the performance of aging physicians.

Beginning January 1, 2007 physicians who have attained the age of 65 years old will begin the process of annual evaluation, cognitive assessment and evaluation of clinical performance. This will require an assessment physical examination, cognitive testing which will be performed for the first time at reappointment at age 65. The committee will also evaluate clinical monitors that had been approved by the individual departments. Absent any identified impairment during annual monitoring, cognitive testing will not be required again until age 70.

The peer support committee will, after evaluating all of the above-mentioned measurements make a recommendation to the credentials committee at the time of reappointment annually after age 65.

The medical staff bylaws anticipate that medical staff members will move to the retired or emeritus category automatically at age 70. If the medical staff member requests a waiver, based on clinical performance, stable health and fitness, as well as demonstrated cognitive capabilities consistent with the privileges that will be requested, the peer support committee will make the necessary assessments and make a recommendation to the medical executive committee regarding the requests to grant a waiver.

Membership in the committee will be appointed by the President of the medical staff. The core group members will be the last 3 past presidents of the medical staff. The committee will be chaired by the immediate past President. There will be as many members as necessary to support the needs of the medical staff. The committee will request consultation when it sees fit. Consultants might be external to the medical staff or internal. Committee members will serve a minimum 2 year term.



Clinical Care Council

Background

The Medical Executive Committee, as noted above, has defined standing operational entities to assist its work in quality assurance. The Medical Staff recognizes that the Board of Trustees of St. Ann's Hospital bears ultimate responsibility for a continuous performance improvement plan. The Medical Staff understands that it bears significant responsibility in assisting the Board of Trustees in accomplishing its goals. To this end, the Medical Executive Committee has worked with Administration to create a multidisciplinary entity focused on performance improvement and hospital operations. The Clinical Care Council is at the core of the integration of St. Ann's Medical Staff with the Hospital.

Purpose The Clinical Care Council is responsible for guidance of organization-wide performance improvement efforts. The Clinical Care Council determines strategic direction and vision for overall performance improvement consistent with the mission and strategic vision of Mount Carmel Health System. The committee has the following responsibilities:

1. Assess the need for organizational performance improvement efforts
2. Set priorities and measurement standards for organization-wide performance activities
3. Recommend adequate resources for assessment and improvement
4. Ensure that staff members have the appropriate training available for performance improvement
5. Design and participate in communication systems that foster open sharing of performance improvement information and the coordination of internal performance improvement activity
6. Performance improvement will reflect strategic plan objectives

The Clinical Care Council provides the guidance for overall hospital-wide performance improvement activities. Activities fall into five categories, those that

- a. improve the appropriateness and effectiveness of patient care;
- b. improve support processes;
- c. improve patient satisfaction.
- d. support functional integration with physicians
- e. support of clinical excellence initiatives

Structure

The council will be Co-chaired by the President of Medical Staff and Vice President of Patient Care Services. The co-chairs will appoint the Council members. The Council membership includes but not limited to

- Co-Chairs President of the Medical Staff , Vice President of Patient Care Services;
- President Elect of the Medical Staff
- Chief Operating Officer, SAH
- Chairs of the Performance Improvement Teams,
- Vice President of Care Management / Medical Affairs
- Chair, Ethics Committee

- Director of Risk Management SAH
 - Unit Directors,
 - Director, Health Information Management,
 - Director, Home Health ,
 - Administrative supervisor representative,
 - Infection Control Nurse
 - Director Case Management
 - Pharmacy
 - Outpatient Care Services
- Members may be added by agreement of the co-chairs

The council will meet no less than quarterly.

Standing Performance Improvement Teams

The individual Performance Improvement Teams have been designed to correspond with the four major service lines at St. Ann's hospital. Additional teams may be put in place as services expand. The teams in place are

1. Surgical
2. Medical
3. Perinatal
4. Emergency Care
5. Cancer Center PI

The teams will consist of the following:

1. physicians
2. nurses
3. representatives of Outcomes Management
4. Other support personnel (pharmacy, dietary, case managers, home health, respiratory, laboratory etc.) as needed.

The President of Medical Staff will appoint the Chairs of the standing Performance Improvement Teams and the physician membership of the Performance Improvement Team; the Vice President of Patient Care Services will appoint hospital associates from patient care, patient care support and other ancillary services to Performance Improvement Teams.

The President of the Medical Staff will also appoint the chair to the infection control / pharmacy and therapeutics committee, the surgical care advisory committee, cardiovascular imaging committee. Chairs of those committees will be members of the active Medical Staff.

The teams will meet no less than quarterly

The teams will focus on process and outcome. This will be accomplished through

1. Development of specific quality indicators
2. Review of pathway data collected
3. Development and implementation of action plans in response to indicators and key performance indicators
4. CQI team reports
5. Improvement reports from clinical support groups
6. Improvement reports from network groups
7. Reports from risk management, quality improvement, and ad hoc improvement groups
8. Review and development of action plan to areas of concern noted by the Medical Executive Committee.

The Chairs of the respective Medical Staff departments recognize significant responsibility in hospital operations, planning, and strategy. Those responsibilities are defined in the Medical Staff Bylaws. The Performance Improvement Teams serve as a resource to the department chairs in those matters. The specific responsibility of the department chairs in the development and implementation of policies and procedures that guide and support the provision of services in their respective areas requires a multidisciplinary approach. The Performance Improvement Teams can assist in the development of such policies and procedures. The department chair also bears some responsibility in determining the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care services. The Performance Improvement Teams will also act as a resource in carrying out this role. The department chair also bears specific responsibility for recommendations for space and other resources needed by the department or service. The Performance Improvement Team will assist the chair in that assessment and formulating those recommendations.

The Chairs of the Performance Improvement Teams are designated as Physician Facilitators.

Physician Facilitators

These physicians are members of the active Medical Staff who have demonstrated specific interest and competence in performance improvement. They have demonstrated specific competence in hospital operational activities and have good working relationships with elected Medical Staff leaders and department chairs. They may have specific training in Continuous Quality Improvement and/or statistical process control techniques, team facilitation, process analysis, medical informatics and organizational development. These physicians will serve as a resource to the elected Medical Staff leadership, assisting them in carrying out their operational responsibilities.

QA

Each of the Performance Improvement Teams have as part of their responsibility a quality assurance function. All quality assurance activities of the Performance Improvement Teams relative to individual physician performance will be undertaken by the physician members of the team alone. The entire Performance Improvement Team may evaluate aggregate performance of a service or specialty but will not at any time participate in the evaluation of an individual physician or practitioner who is a member of the Medical Staff or a nonmember with clinical privileges. There will be no assessment of individual associate performance unless that assessment is in keeping with human resources policies of the hospital and the health system.

Standing Committees

1. Infection Control/ Pharmacy and Therapeutics
2. Safety
3. Clinical Support (Radiology, Laboratory, Pathology)
4. Clinics - Family Practice, OB/GYN
5. Outpatient Care, Women's Health
6. Surgical Care Center Advisory Committee
7. Medical Informatics Committee

Infection Control / Pharmacy and Therapeutics

Purpose

Infection Control/Pharmacy and Therapeutics Committee is a multidisciplinary committee involving Medical Staff members and hospital associates. Their focus is the appropriate utilization of pharmico-therapeutic agents. The committee is also responsible for monitoring infectious processes. As the committee makes recommendations regarding the appropriate utilization of antibiotic therapy, the committee is charged with making the assessment of the formulary for availability of appropriate antibiotics. The committee will review all requests for additions or deletions to the formulary. Recommendations will be taken to the Clinical Care Council, which will in turn make recommendations to the Medical Executive Committee.

Surgical Care Center Advisory Committee

The Surgical Care Center Advisory committee is an advisory body to the clinical care council on matters concerning the surgical care center. It is by definition a multidisciplinary group involving Medical Staff and hospital associates. It is responsible for assessing the operational needs of the Surgical Care Center. It is responsible for contributing to the assessment of capital equipment needs and purchases, staffing, and appropriate utilization of resources. Recommendations on all the matters considered will be taken to the Clinical Care Council and into the Medical Executive Committee

Medical Informatics Committee

The Medical Informatics Committee is a standing committee of the Medical Staff. The chair will be appointed by the President of the Medical Staff for an appointment that would be the duration of that President's term unless agreed otherwise. Membership will be agreed upon by the Chair and the President of the Medical Staff. The Senior Vice President of Information Resources will provide recommendations for membership from the System staff to be members of the committee. The Committee will:

- Keep abreast of the Trinity and Mount Carmel Systems strategies regarding Informatics.
- Provide input for strategic planning regarding informatics development at MCSA.
- Constantly review evolving technologies as they pertain to information management and make recommendations as to capital requests for informatics.
- Monitor the evolution of informatics policies in the Health System that impact MCSA Medical Staff and advise the Medical Executive committee at least quarterly of the status.

