

**ATRIUM MEDICAL CENTER  
MEDICAL STAFF  
ORGANIZATIONAL MANUAL**

**1.1 SPECIALTY SECTIONS**

The Medical Executive Committee (MEC) shall determine what, if any, specialty sections will exist as distinct organizational components within each department. Sections will function at the direction of their Department Chair and will make recommendations to the Department, upon which the Department will take action. Sections do not have minimum meeting schedules, meet as necessary, and the majority of one Section may request a Department meeting.

Each department shall include the following specialty sections:

- (a) Department of Medicine:
  - (1) Cardiology
  - (2) Emergency Medicine
  - (3) Family Practice
  - (4) Hospitalist Service
  - (5) Internal Medicine
  - (6) Pediatrics
  - (7) Psychiatry

- (b) Department of Surgery:

- (1) Anesthesia
- (2) OB/GYN
- (3) Pathology
- (4) Radiology
- (5) Surgery Specialty

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**1.2 MEDICAL STAFF FUNCTIONS**

Provision shall be made in the Medical Staff Bylaws or by resolution of the MEC, either through assignment to the departments, to Medical Staff committees, to Medical Staff officers or officials or to interdisciplinary Hospital committees, for the effective performance of the Medical Staff functions specified in this Organizational Manual, of all other Medical Staff functions required by the Medical Staff Bylaws, and of such other Medical Staff functions as the Medical Executive Committee or the Board shall reasonably require:

- (a) Conduct, coordinate and review quality assessment and improvement activities consistent with Joint Commission and regulatory

recommendations, including surgical and other invasive procedure review, blood usage and drug usage reviews and analysis of autopsy reports;

- (b) Coordinate and review, or oversee the conduct of, utilization review activities;
- (c) Monitor and evaluate care provided in and participate in development of clinical policy for: special care areas, such as intensive or coronary care units; patient care support services, such as respiratory care, physical medicine and anesthesia; and emergency, outpatient and other ambulatory care services;
- (d) Provide continuing education opportunities responsive to quality activity findings, new state-of-the-art developments and other perceived needs in coordination with the Hospital's Education Services department;
- (e) Review the completeness, timeliness and clinical pertinence of patient medical and related records;
- (f) Develop and maintain surveillance over drug utilization policies and practices;
- (g) Prevent, investigate and control hospital-acquired infections and monitor the Hospital's infection control program;
- (h) Plan for response to fire and other disasters, for Hospital growth and development, and for the provision of services required to meet the needs of the community;
- (i) Direct Medical Staff organizational activities, including Medical Staff Bylaws review and revision, Medical Staff officer and committee nominations, liaison with the Board and Hospital administration, and review and maintenance of Hospital accreditation.
- (j) Coordinate the care provided by Practitioners with the care provided by the nursing service and with the activities of other Hospital patient care and administrative services;
- (k) Participate in the education of patients and families.

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Provisions will be made to use relevant results from all reviews to study and improve the processes involved, as appropriate. Similarly, when an individual has performance problems that he is unwilling or unable to improve, modifications will be made in Clinical Privileges or job assignments as indicated or some other appropriate action taken.

### 1.3 DESCRIPTION OF FUNCTIONS

#### 1.3.1 QUALITY ASSESSMENT AND IMPROVEMENT, RISK MANAGEMENT AND CERTAIN MONITORING FUNCTIONS

The duties involved in conducting, coordinating and reviewing quality assessment and improvement programs consistent with Joint Commission and regulatory recommendations are:

- (a) to adopt, subject to the approval of the MEC and the Board, specific programs and procedures for reviewing, evaluating and maintaining the quality, safety and efficiency of patient care within the Hospital, including at least mechanisms for: (1) establishing objective criteria; (2) measuring actual practice against the criteria; (3) analyzing practice variations from criteria by peers; (4) taking appropriate action to correct identified problems; (5) following up on action taken; (6) designing programs to reduce risk in the clinical aspects of patient care and safety; and (7) reporting the findings and results of the quality assessment and improvement activities consistent with Joint Commission and regulatory recommendations to the Medical Staff, the CEO and the Board.
- (b) to review and act upon on a regular basis factors affecting the quality, safety and efficiency of patient care provided in the Hospital, including surgical and other invasive procedure review; mortality, drug, antibiotic and blood usage studies and fulfillment of consultation requirements.
- (c) to coordinate the findings and results of: department, committee and Medical Staff quality assessment and improvement, and risk management activities consistent with Joint Commission and regulatory recommendations; Hospital utilization review activities; continuing education activities; reviews of medical record completeness, timeliness, and clinical pertinence; and other Medical Staff activities designed to monitor patient care practices.
- (d) to submit monthly reports to the MEC on the overall quality, safety and efficiency of health care provided in the Hospital and on the department, committee and Medical Staff quality assessment and improvement, risk management and utilization review activities consistent with Joint Commission and regulatory recommendations.

#### 1.3.2 UTILIZATION REVIEW FUNCTION

The duties involved in conducting or overseeing the utilization review function are:

- (a) to develop a utilization review plan that is appropriate to the Hospital and that meets the requirements of law. Such a plan must include provision for at least: (1) review of admissions and of continued hospital stay; (2)

discharge planning; (3) data collection and reporting; and (4) review of over utilization, under utilization, and inefficient use of resources.

- (b) to require that the utilization review plan is in effect, known to the Medical Staff Appointees and functioning at all times.
- (c) to conduct such studies, take such actions, submit such reports and make such recommendations as are indicated by the utilization review plan.

### 1.3.3 TOTAL CASE MANAGEMENT COMMITTEE

This Committee is a standing, multidisciplinary committee of the Medical Staff.

- (a) To the extent possible, the Committee shall consist of, but is not limited to, representatives of Practitioners, Nursing, Case Management /Social Service, Risk Management, Medical Records, Infection Control, Director of Surgical Services, Blood Bank Supervisor, and Director of Quality Management, all appointed by the President of the Medical Staff. There shall be a minimum of five (5) Practitioner members on this Committee and the number of non-Practitioner representatives shall not exceed the number of physicians.
- (b) The Committee is responsible for oversight of Mortality Review, Blood Utilization Review, Over/Under Utilization and Avoidable Days tracking, Surgical/Invasive Procedure Review, Clinical Pertinence Review, and Infection Control.
- (c) Activities of this Committee will be reported to the Medical Staff departments or sections as appropriate and the Quality Improvement Council (QIC). Specific Physician or Medical Staff issues or trends will be referred to the appropriate Medical Staff department or QIC for action, intervention, or education. Subgroups for policy review and approval of specific issues may be required as needed.
- (d) This Committee will meet at least quarterly, preferably monthly.

### 1.3.4 SURGICAL AND INVASIVE PROCEDURE REVIEW

- (a) Surgical and other invasive procedure review is performed on an on-going basis by those departments, sections, and services performing surgical and other invasive procedures or by a Medical Staff committee to continuously improve the selection (appropriateness) and performance (effectiveness) of surgical and other invasive procedures and such results are used to study and improve processes involved in the selection and performance of these procedures.

- (b) Surgical and other invasive procedure review is conducted for each case, whether or not a tissue or non-tissue specimen was removed. However, when such review consistently supports the justification and appropriateness of individual procedures or the procedures performed by individual Practitioners, the review of an adequate sample of cases is acceptable.
- (c) All cases in which a major discrepancy exists between preoperative and postoperative (including pathologic) diagnoses are evaluated. Additional screening mechanisms based on predetermined criteria may be developed to identify types of cases that may be excluded from review and to identify other cases for more intensive evaluation.
- (d) Written reports of conclusions, recommendations, actions taken, and the results of actions taken are maintained and reported at specific intervals through channels established by the Medical Staff.

#### 1.3.5 BLOOD USAGE REVIEW

- (a) The Medical Staff performs blood usage review at least quarterly to continuously improve the appropriateness and effectiveness with which blood and blood components are used and results from such review are used primarily to study and improve processes that affect the appropriate and effective use of blood and blood components.
- (b) Blood usage review includes the following:
  - (1) The evaluation of the appropriateness of all transfusions, including the use of whole blood and blood components; when blood usage review consistently supports the justification and appropriateness of blood use, the review of an adequate sample of cases is acceptable.
  - (2) The intensive evaluation of all confirmed transfusion reactions.
  - (3) The development or approval of policies and procedures relating to the distribution, handling, use and administration of blood and blood components.
  - (4) The review of the adequacy of transfusion services to meet the needs of patients.
  - (5) The review of ordering practices for blood and blood products.
  - (6) The review of all categories of blood and blood components in the Hospital.

- (c) Screening mechanisms may be used to identify problems in blood usage for more intensive evaluation.
- (d) Clinically valid criteria are used in the screening process and in the more intensive evaluation of any known or suspected problems in blood usage.
- (e) Written reports of conclusions, recommendations, actions taken, and the results of actions taken are maintained and reported at specific intervals through channels established by the Medical Staff.

#### 1.3.6 CREDENTIALS COMMITTEE FUNCTION

The duties involved in conducting, coordinating and reviewing credentials investigations and recommendations are:

- (a) to review and evaluate the qualifications of each Applicant for initial appointment, reappointment, or modification of appointment and for Clinical Privileges, and in connection therewith to obtain and consider the recommendations of the appropriate departments and sections.
- (b) to review and evaluate the qualifications of each Allied Health Professional applying to perform specified services, and in connection therewith to obtain and consider the evaluations of the appropriate departments and sections.
- (c) to submit reports, in accordance with the Medical Staff Bylaws and Related Manuals, on the qualifications of each Applicant for Medical Staff appointment or particular Clinical Privileges and of each Allied Health Professional for specified services. Such reports shall include evaluations with respect to appointment, Medical Staff category, department affiliation, Clinical Privileges or specified services, and special conditions attached thereto.
- (d) to investigate, review and report on matters, including the clinical or ethical conduct of any Practitioner, assigned or referred by: (1) the President of the Medical Staff; (2) the MEC; or (3) those responsible, respectively, for the clinical and professional conduct review functions described in the Medical Staff Bylaws.
- (e) to submit reports to the MEC on the status of pending applications, including the specific reasons for any inordinate delay in processing an application or request.

#### 1.3.7 CONTINUING EDUCATION FUNCTION

The duties involved in organizing continuing education programs are:

- (a) to develop and plan, or participate in, programs of continuing education that relate to the type and nature of care offered by the Hospital and are designed to keep the Medical Staff and AHPs informed of significant new developments and new skills in health care and that are responsive to quality assessment and improvement results consistent with Joint Commission and regulatory recommendations.
- (b) to evaluate, through the quality assessment and improvement program consistent with Joint Commission and regulatory recommendations, the effectiveness of the educational programs developed and implemented.
- (c) to analyze, on a continuing basis, the Hospital's and Medical Staff's needs for continuing education programs and library services.
- (d) to act upon continuing education suggestions from the MEC, the departments, and or other committees responsible for quality assessment and improvement activities consistent with Joint Commission and regulatory recommendations.
- (e) to maintain a record of education activities and submit periodic reports to the MEC concerning these activities, specifically including their relationship to the findings of the quality assessment and improvement activities consistent with Joint Commission and regulatory recommendations.

#### 1.3.8 MEDICAL RECORDS COMMITTEE FUNCTION

The duties involved in reviewing the completeness, timeliness and clinical pertinence of patient medical records are:

- (a) to review and evaluate at least quarterly medical records to determine that they: (1) properly describe the condition and progress of the patient including initial diagnosis, the condition of the patient at discharge, the therapy provided, the results thereof, results of diagnostic tests, and the identification of responsibility for all actions taken; and (2) are sufficiently complete at all times to as to facilitate continuity of care and communications between all those providing patient care services in the Hospital.
- (b) to review Medical Staff and Hospital policies, rules and regulations relating to medical records, including medical records completion, forms, formats, filing indexing, storage, destruction and availability and recommend methods of enforcement thereof and changes therein.
- (c) to act upon recommendations from the MEC, the departments, sections, and other committees responsible for quality review and improvement

activities consistent with Joint Commission and regulatory recommendations.

- (d) to provide liaison with Hospital administration and the medical records professionals in the employ of the Hospital on matters relating to medical records practices.
- (e) to involve the Medical Staff in coordination with the nursing department, the medical record department, management and administration, and representatives of other departments and services, as appropriate.
- (f) to maintain a record of all conclusions, suggestions, actions taken, and the results of actions taken and submit periodic reports and suggestions to the Total Case Management Committee concerning medical records practices in the Hospital.

#### 1.3.9 PHARMACY AND THERAPEUTICS FUNCTION/CLINICAL SERVICES COMMITTEE

Drug therapy practice and drug utilization shall be reviewed at least quarterly. The duties involved in developing and maintaining surveillance over drug utilization policies and practices are:

- (a) to assist in the formulation of broad professional policies regarding the evaluation, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs and diagnostic testing materials in the Hospital.
- (b) to advise the Medical Staff and the Hospital's pharmaceutical service on matters pertaining to the choice of available drugs.
- (c) to make suggestions concerning drugs to be stocked on the nursing unit floors and by other services.
- (d) to develop and review periodically a formulary or drug list for use in the Hospital.
- (e) to evaluate clinical data concerning new drugs or preparations requested for use in the Hospital.
- (f) to establish standards concerning the use and control of investigational or experimental drugs and of research in the use of recognized drugs.
- (g) to review the appropriateness of empiric and therapeutic use of drugs through the analysis of individual or aggregate patterns of drug practice primarily through the Drug Utilization Evaluation Process and Drug Formulary Process.

(h) to maintain a record of all activities relating to the pharmacy and therapeutics function and submit periodic reports and recommendations to the MEC concerning drug utilization policies and practices in the Hospital.

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(i) to define and review all significant untoward drug reactions.

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(j) establish a list of unapproved abbreviations, monitor use of those abbreviations and educate physicians regarding their inappropriate use.

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These duties will be carried out by the Medical Staff in cooperation with the pharmaceutical service, nursing department, management and administration, and other departments, sections, and individuals, as required.

### 1.3.10 INFECTION CONTROL FUNCTION

The duties involved in preventing, investigating and controlling hospital-acquired infections are:

- (a) to maintain surveillance over the Hospital infection control program.
- (b) to develop and maintain a system for reporting, identifying and analyzing the incidence and cause of all infections.
- (c) to develop and implement a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing and evaluating aseptic, isolation and sanitation techniques.
- (d) to develop, evaluate and revise preventive, surveillance and control policies and procedures relating to all phases of the Hospital's activities, including: operating rooms, delivery rooms, special care units; central service, housekeeping and laundry; sterilization and disinfection procedures by heat, chemicals, or otherwise; isolation procedures; prevention of cross-infection by anesthesia apparatus or inhalation therapy equipment; testing of hospital personnel for carrier status; disposal of infectious material; food sanitation and waste management; and other situations as requested.
- (e) to coordinate action on findings from the Medical Staff's review of the clinical use of antibiotics in conjunction with the Clinical Services Committee.
- (f) to act upon recommendations related to infection control received from the President of the Medical Staff, the MEC, the departments, sections, and other Medical Staff and Hospital committees.

- (g) to maintain a record of all activities relating to infections control and submit periodic reports thereon to the MEC and to the CEO.

#### 1.3.11 DISASTER PLANNING FUNCTION

The duties involved in planning to provide appropriate response to, and the protection and care of Hospital patients and others at the time of, internal and external disasters are:

- (a) to develop and annually review, in cooperation with Hospital administration, a written plan designed to safeguard patients at the time of an internal disaster and require that all key personnel rehearse fire and other types of disaster drills at least four times a year for each shift.
- (b) to develop and annually review, in cooperation with Hospital administration, a written plan for the care, reception and evacuation of mass casualties, and assure that such plan is coordinated with the inpatient and outpatient services of the Hospital, that it adequately relates to other available resources in the community and coordinates the Hospital's role with other agencies in the event of disasters in the Hospital and nearby communities, and that the plan is rehearsed by all personnel involved at least twice yearly.

#### 1.3.12 BYLAWS REVIEW AND REVISION FUNCTION

The duties involved in maintaining the appropriate Medical Staff Governing Documents (which include the Medical Staff Bylaws, Rules and Regulations, Policies, and Related Manuals) and other organizational documents pertaining to the Medical Staff are:

- (a) to conduct a triennial review of the Medical Staff Governing Documents;
- (b) to submit changes in these documents to the MEC and to the Board;
- (c) to receive and consider all matters specified in sub-paragraph (a) as may be referred by the Board, the Professional Affairs Committee of the Board, the Credentials Committee, the MEC, the departments, the CEO, the President of the Medical Staff and committees of the Medical Staff.

#### 1.3.13 NOMINATING FUNCTION

The duties involved in presenting to the Medical Staff qualified candidates for elective positions in the Medical Staff organization (when nominations are made other than by a Medical Staff-wide nominating ballot) are:

- (a) to consult with Appointees to the Medical Staff and administration concerning the qualifications and acceptability of prospective nominees.
- (b) to submit, at the appropriate times as provided in the Medical Staff Bylaws, one or more nominations for: (1) each elective office of the Medical Staff to be filled; (2) such other elective positions as may be required by the Medical Staff Bylaws.

The nominating function shall be carried out by a nominating committee which shall be a standing committee. The nominating committee shall consist of three (3) of the past Presidents of Atrium Medical Center's Medical Staff in current good standing.

#### 1.3.14 DRUG USAGE EVALUATION FUNCTION

Drug usage evaluation will be performed by the Medical Staff as a criteria-based, on-going, planned and systematic process for monitoring and evaluating the prophylactic, therapeutic and empiric use of drugs to help assure that they are provided appropriately, safely, and effectively. The duties involved in the drug usage evaluation function are:

- (a) The routine collection and assessment of information in order to identify opportunities to improve the use of drugs and to resolve problems in their use.
- (b) On-going monitoring and evaluation of selected drugs that are chosen for one or more of the following reasons:
  - (1) Based on clinical experience, it is known or suspected that the drug causes adverse reactions or interacts with another drug (or drugs) in a manner that presents a significant health risk;
  - (2) The drug is used in the treatment of patients who may be at high risk for adverse reactions because of age, disability, or unique metabolic characteristics;
  - (3) The drug has been designated, through the Hospital's infection control program or other quality assessment and improvement activities, for monitoring and evaluation;
  - (4) The drug is a critical component of the care provided for a specific diagnosis, condition, or procedure; and/or
  - (5) The drug is one of the most frequently prescribed drugs.
- (c) The process for monitoring and evaluating the drugs is:
  - (1) Performed by the Medical Staff in cooperation with, as required, the pharmaceutical service, the nursing service, management and

administrative Staff, and other departments, sections, services and individuals as indicated;

- (2) Is based on the use of Pharmacy & Therapeutics Committee approved objective criteria that reflect current knowledge, clinical experience, and relevant literature; and
  - (3) May include the use of screening mechanisms to identify, for more intensive evaluation, problems in or opportunities to improve the use of a specific drug or category of drugs.
- (d) Written reports of the findings, conclusions, recommendations, actions taken, and results of actions taken will be maintained and reported at least quarterly through channels established by the Medical Staff.
- (e) As appropriate, the results of drug usage evaluation are considered in the Medical Staff reappointment and Clinical Privilege delineation processes and are used primarily in the conduct of quality assurance activities primarily to study and improve processes that affect the appropriate and effective use of drugs.

#### 1.3.15 CANCER COMMITTEE

- (a) **Composition:** The Cancer Committee is a standing, multidisciplinary committee of the Medical Staff. The committee shall, to the extent possible, consist of, but is not limited to, board certified representatives from the following medical specialties involved in the care of cancer patients: Pathology, Family Medicine, Surgery, Radiation Oncology, Medical Oncology, Gynecology, Diagnostic Radiology, Urology and Otolaryngology. The committee will also include the Cancer Liaison Physician, the Certified Tumor Registrar, the Cancer Research Nurse and the Oncology Nurse. Administration, Social Services, Quality Management and Pharmacy will also be represented.
- (b) **Responsibilities:** The responsibility of the Cancer Committee shall be to provide overall leadership in the area of cancer program development and maintenance and to oversee the results of cancer care and treatment performed at the Hospital. This will include the following: goal setting, planning, initiating, implementing, evaluating and improving all cancer related activities in the organization. Additionally, the Cancer Committee will evaluate the quality of care of patients with cancer; reevaluate the effectiveness of the performance improvement initiatives; oversee the operations of the Cancer Registry; publish and distribute the annual report; and oversee the performance of other duties relative to the cancer care program as requested by the MEC. The Cancer Committee is also responsible for defining the roles and responsibilities of the following four

cancer program activity coordinators: Cancer Conference, Quality Control of Cancer Registry Data, Quality Improvement, and Community Outreach (Cancer Liaison Physician).

- (c) The Cancer Committee will meet at least quarterly, preferably bi-monthly, as a policy-advisory and administrative body with documentation of activities and attendance.

#### 1.3.16 QUALITY IMPROVEMENT COUNCIL (QIC)

- (a) This Council is a standing, multidisciplinary committee comprised of a Physician Chair, Practitioner representatives and leaders, the Executive Vice President/Chief Operating Officer, the Vice President of Patient Care Services (Nursing), the Director of Quality Management, the Risk Manager, the CEO, and the Chair of Professional Affairs (ad hoc), all appointed by the President of the Medical Staff. There shall be a minimum of five (5) Practitioner members on this Council and the number of non-Practitioner representatives shall not exceed the number of Practitioners.
- (b) This Council will be responsible for the direction, steering, support, and coordination of the organizational Performance Improvement, and it will assure progress and focus of all organizational quality/performance improvement activities. All quality/performance improvement activities and monitoring channels will pass through this Committee to the Medical Executive Committee and Executive Leadership.
- (c) The Quality Improvement Council will meet at least quarterly, preferably monthly, as a policy-advisory and administrative body with documentation of activities and attendance.

#### 1.4 JOINT CONFERENCE COMMITTEE

The Joint Conference Committee shall consist of four (4) Medical Staff Appointees appointed by the President of the Medical Staff and four (4) members of the Board of Directors appointed by the Chair of the Board.

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Organizational Manual adopted by Medical Staff on 9/30/99

Approved by the Board of Trustees on 10/28/99

Revisions to Sections 1.3.3 and 1.3.6 approved by MEC 9/3/02 and Board 9/26/02

Revisions to Sections 1.3.8, 1.3.9, 1.3.12, 1.3.15 adopted by MEC 7/5/05 and approved by MRH Board 8/25/05

Resolution to adopt facility name change approved 12/9/07

Revision to Section 1.1(a) adopted by MEC 2/2/10 and approved by AMC Board 2/17/10

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