

SUMMIT HEALTHCARE

MEDICAL STAFF ORGANIZATION MANUAL

*Version 1.0
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ARTICLE 1

GENERAL

1.A. DEFINITIONS

Unless otherwise indicated, the capitalized terms used in all of the Medical Staff documents are defined in the Medical Staff Glossary.

1.B. DELEGATION OF FUNCTIONS

- (1) When a function under this Manual is to be carried out by a member of the Administrative Leadership, by a Medical Staff Member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a Practitioner or Summit Healthcare employee (or a committee of such individuals). Any such designee must treat and maintain all credentialing, privileging, and Peer Review Information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws and related policies. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.
- (2) When a Medical Staff Member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

ARTICLE 2

CLINICAL DEPARTMENTS AND DIVISIONS

2.A. LIST OF CLINICAL DEPARTMENTS AND DIVISIONS

The following clinical departments and divisions are established:

Primary Care Department

Specialty Members:

- Family Medicine
- Pediatrics
- OB/GYN
- Internal Medicine
- Emergency Medicine
- Hospitalists
- Neonatal Nurse Practitioners
- Occupational Health Nurse Practitioners

Division – Perinatal

Specialty Members

- Family Medicine
- OB/GYN
- Neonatology
- Perinatology
- Pediatrics

Surgery Department

Specialty Members:

- Anesthesia
- Dermatology
- ENT/Otolaryngology Surgery
- General Surgery
- Ophthalmology
- Orthopedic Surgery
- Pain Management
- Pathology
- Plastic Surgery
- Podiatry
- Urology
- Vascular Surgery
- Wound Care
- OB/GYN (by invitation)
- Cardiology (by invitation)

Specialist Department

Specialty Members:

- Cardiology
- Critical Care Medicine
- Gastroenterology
- Hospice and Palliative Medicine
- Neonatology
- Nephrology
- Neurology
- Oncology (Medical and Radiation)
- Pediatric Subspecialties (i.e., Card)
- Perinatology
- Psychology
- Psychiatry
- Pulmonology
- Radiology
- Behavioral Health Consultants

2.B. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS AND DIVISIONS

The functions and responsibilities of departments and Department Chairs and division and Division Chiefs are set forth in the Medical Staff Bylaws.

2.C. CREATION AND DISSOLUTION OF CLINICAL DEPARTMENTS AND DIVISIONS

- (1) Clinical departments and divisions shall be created and may be consolidated or dissolved by the MEC upon approval by the Board as set forth below.
- (2) The following factors shall be considered in determining whether a clinical department/division should be created:
 - (a) there exists a number of Medical Staff Members who are available for appointment to, and are reasonably expected to actively participate in, the proposed new department/division (this number must be sufficiently large to enable the department/division to accomplish its functions as set forth in the Bylaws);
 - (b) the level of clinical activity that will be affected by the new department/division is substantial enough to warrant imposing the responsibility to accomplish departmental/divisional functions on a routine basis;
 - (c) a majority of the voting members of the proposed department/division vote in favor of the creation of a new department/division;

- (d) it has been determined by the Medical Staff leadership and the CEO that there is a clinical and administrative need for a new department/division; and
 - (e) the voting Medical Staff Members of the proposed department/division have offered a reasonable proposal for how the new department/division will fulfill all of the designated responsibilities and functions, including, where applicable, meeting requirements.
- (3) The following factors shall be considered in determining whether the dissolution of a clinical department/division is warranted:
- (a) there is no longer an adequate number of Medical Staff Members in the clinical department/division to enable it to accomplish the functions set forth in the Bylaws and related policies;
 - (b) there is an insubstantial number of patients or an insignificant amount of clinical activity to warrant the imposition of the designated duties on the members in the department/division;
 - (c) the department/division fails to fulfill all designated responsibilities and functions, including, where applicable, its meeting requirements;
 - (d) no qualified individual is willing to serve as Department Chair or Division Chief; or
 - (e) a majority of the voting members of the department/division vote for its dissolution.

ARTICLE 3

MEDICAL STAFF COMMITTEES

3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

- (1) This Article outlines the Medical Staff committees of Summit Healthcare that carry out peer review and other performance improvement functions that are delegated to the Medical Staff by the Board.
- (2) Procedures for the appointment of committee chairs and members of the committees are set forth in Article 5 of the Medical Staff Bylaws.
- (3) This Article details the standing members of each Medical Staff committee. However, other Medical Staff Members, members of the Adjunct Professional Staff, and Summit Healthcare personnel may be invited to attend a particular Medical Staff committee meeting in order to assist such committee in its discussions and deliberations regarding the issues on its agenda. All such individuals are an integral part of the credentialing, quality assurance, and Peer Review processes and are bound by the same confidentiality requirements as the standing members of such committees.

3.B. EXPECTATIONS AND REQUIREMENTS FOR COMMITTEE MEMBERSHIP

To be eligible to serve on a Medical Staff committee, members must acknowledge and agree to the following:

- (1) have the willingness and ability to devote the necessary time and energy to committee service, recognizing that the success of a committee is highly dependent on the full participation of its members;
- (2) come prepared to each meeting – review the agenda and any related information provided in advance so that the committee’s functions may be performed in an informed, efficient, and effective manner;
- (3) attend meetings on a regular basis to promote consistency and good group dynamics;
- (4) participate in discussions in a meaningful and measured manner that facilitates deliberate thought and decision-making, and avoid off-topic or sidebar conversations;
- (5) voice disagreement in a respectful manner that encourages consensus-building;

- (6) be willing to complete assigned or delegated committee tasks in a timely manner between meetings of the committee;
- (7) bring any conflicts of interest to the attention of the committee chair, in advance of the committee meeting, when possible;
- (8) if the individual has any questions about his or her role or any concerns regarding the committee functioning, seek guidance directly from the committee chair outside of committee meetings; and
- (9) maintain the confidentiality of all matters reviewed and/or discussed by the committee.

3.C. MEETINGS, REPORTS, AND RECOMMENDATIONS

Unless otherwise indicated, each committee described in this Manual shall meet as necessary to accomplish its functions, and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely written report after each meeting to the MEC and to other committees and individuals as may be indicated in this Manual.

3.D. CREDENTIALS COMMITTEE

3.D.1. Composition:

- (a) The Credentials Committee shall consist of:
 - (1) the Vice Chief of Staff, who shall serve *ex officio* with vote;
 - (2) one representative from each Medical Staff department elected by the members of each department; and
 - (3) members-at-large as nominated and approved by the MEC.

Preference will be given to individuals who have served in Medical Staff leadership positions and/or who have a particular interest in the credentialing functions.

- (b) In addition, two Advanced Practice Providers and two Allied Health Professionals will be appointed to the committee.
- (c) To the fullest extent possible, Credentials Committee members shall serve staggered, two-year terms, so that the committee always includes experienced members. Members may be reappointed for additional, consecutive terms.
- (d) The CMO and representatives from Medical Staff Services shall serve as *ex officio* members, without vote, to facilitate the Credentials Committee's activities.

- (e) The Credentials Committee Chair will be appointed by the MEC to serve a two-year renewable term.

3.D.2. Duties:

The Credentials Committee shall:

- (a) review the credentials of all applicants for Appointment, Reappointment, and Clinical Privileges, conduct a thorough review of the applications, interview such applicants as may be necessary, and make written reports of its findings and recommendations;
- (b) review, as may be requested, all information available regarding the current clinical competence of individuals currently appointed to the Medical Staff or Adjunct Professional Staff and, as a result of such review, make a written report of its findings and recommendations; and
- (c) carry out all other functions of the committee as described in the Practitioner Procedural Policy.

3.E. JOINT CONFERENCE COMMITTEE

3.E.1. Composition:

The Joint Conference Committee will consist of the Medical Staff Officers and an equal number of representatives of the Board, as chosen by the Board Chair. The CEO will serve as a non-voting member.

3.E.2. Duties:

The Joint Conference Committee shall perform the following functions:

- (a) conduct itself as a forum for the discussion of matters concerning Summit Healthcare policy and practice, especially those pertaining to effective and efficient patient care; and
- (b) provide a liaison role between the Medical Staff and the Board offering conflict resolution concerning any matter in which the Board determines a resolution is contrary to the MEC's recommendations.

3.F. LEADERSHIP COUNCIL

3.F.1. Composition:

- (a) The Leadership Council shall be comprised of the following voting members:

- (1) Chief of Staff;
 - (2) Vice Chief of Staff;
 - (3) Medical Staff Treasurer; and
 - (4) Chair, GEC.
- (b) The CEO, the CMO, and a representative(s) from Medical Staff Services shall serve as non-voting members to facilitate the Leadership Council's activities.

3.F.2. Duties:

The Leadership Council shall perform the following functions:

- (a) review and address concerns about a Practitioner's professional conduct;
- (b) review and address possible health issues that may affect a Practitioner's ability to practice safely;
- (c) meet, as necessary, to consider and address any situation involving a Practitioner that may require immediate action;
- (d) serve as a forum to discuss and help coordinate any quality or patient safety initiative that impacts any or all services at Summit Healthcare; and
- (e) cultivate a physician leadership identification, development, education, and succession process to promote effective and successful Medical Staff Leaders at present and in the future.

3.G. MEDICAL EXECUTIVE COMMITTEE

The composition and duties of the MEC are set forth in Section 5.C of the Medical Staff Bylaws.

3.H. PEER REVIEW COMMITTEE ("PRC")

The Peer Review Committee membership and duties are outlined in the Peer Review Article of the Practitioner Procedural Policy.

ARTICLE 4
AMENDMENTS

This Manual may be amended pursuant to Article 8 of the Medical Staff Bylaws.

ARTICLE 5

ADOPTION

This Manual is adopted and made effective upon approval of the Board, superseding and replacing any and all other Bylaws, polices, rules and regulations of the Medical Staff or Summit Healthcare policies pertaining to the subject matter thereof.

Adopted by the Medical Staff: 08/18/2020

Approved by the Board: 09/24/2020