

**SOUTHEAST HOSPITAL
MEDICAL STAFF
ORGANIZATIONAL MANUAL**

TABLE OF CONTENTS

Article I	CURRENT DEPARTMENTS.....	1
Article II	COMMITTEES.....	2
	Committee Membership, Term, Vacancies	2
	Composition and Appointment.....	2
	Term and Prior Removal	2
	Vacancies	2
	Manner of Action	2
	Physician Membership	2
	Multidiscipline Membership	2
	Committees.....	2
	Executive Committee of the Medical Staff.....	2
	Credentials Committee.....	2
	Physician Excellence Committee.....	3
	Nominating Committee.....	3
	Pharmacy and Therapeutics Committee.....	4
	Utilization Management Committee.....	4
	Infection Prevention & Control Committee.....	5
	Cancer Committee.....	5
	Radiation Safety Committee.....	6
	Critical Care Committee.....	7
	Surgical Services Utilization Committee.....	7
	Accreditation and Bylaws Committee.....	7
	Heart, Lung, and Vascular Leadership Forum.....	8
	Medical Ethics Committee.....	8
	Joint Conference Committee.....	9
	Physician Health Committee.....	9
	Continuing Medical Education (CME) Committee.....	9
	Mortality Committee.....	10
Article III	AMENDMENT AND ADOPTION	10

Meetings of the Medical Staff, its departments and committees shall be held and conducted in accordance with Article V of the Medical Staff Bylaws.

**Article I
CURRENT DEPARTMENTS**

- A. Anesthesiology
- B. Emergency Medicine
- C. Family Practice
- D. Medicine
- E. Obstetrics and Gynecology
- F. Pathology
- G. Pediatrics
- H. Radiology
- I. Surgery
- J. Adult Hospitalist

Article II COMMITTEES

2.01 Committee Membership, Term, Vacancies

- A. Composition and Appointment. Unless otherwise specifically provided, the Medical Staff members of committees shall be appointed by the President of the Medical Staff and the non-Medical Staff personnel shall be appointed by the President/CEO or CNO, as applicable. The President of the Medical Staff shall designate the chairman of each committee. The President of the Staff or his designee shall serve as an *ex officio* member. The President/CEO or his designee may attend any meeting.
- B. Term and Prior Removal. Unless otherwise specifically provided, a committee member shall continue as such for one year and until his successor is elected or appointed. A Medical Staff committee member, other than one serving *ex officio*, may be removed by a majority vote of the Medical Staff committee.
- C. Vacancies. Vacancies on any committee shall be filled in the same manner in which original appointment to such committee is made.

2.02 Manner of Action

- A. Physician Membership. The affirmative vote of a majority of the physician members present and voting on any matter called for a vote of a committee comprised only of physician members entitled to vote shall constitute an action of that committee.
- B. Multidiscipline Membership. Unless a voice vote is called for by any member, an action approved by consensus among the physician and non-physician members of an interdisciplinary committee shall be deemed an action of the committee. If a voice vote is called, the affirmative vote of a majority of the physician members present and voting, and the affirmative vote of a majority of the non-physician members present and voting shall constitute an action of that committee.

2.03 Committees

- A. Executive Committee of the Medical Staff. The Medical Executive Committee is established and governed pursuant to Article IV, Section 4.02 of the Medical Staff Bylaws.
- B. Credentials Committee. There shall be a credentials committee composed of at least five members of the Medical Staff, including the Secretary of the Medical Staff who shall serve as Chairman, and the President-Elect of the Medical Staff. The duties of the Committee shall be to:
 - (1) 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.
 - (2) review and evaluate the qualifications of each Limited Health Practitioner and Physician Paramedical Employee Level II applying to perform specified services, and in connection therewith to obtain and consider the recommendations of the appropriate department.

- (3) submit a report to the Medical Executive Committee on the qualifications of each applicant for staff appointment or particular clinical privileges and of each Limited Health Practitioner and Physician Paramedical Employee Level II for specified services. Such report shall include recommendations with respect to appointment, staff category, each department, clinical privileges or specified services, and special conditions attached thereto.
- (4) investigate, review, evaluate and report on matters, including the quality and utilization of healthcare services or the clinical or ethical conduct of any practitioner, assigned or referred to it by: (1) the President of the Medical Staff (2) the Medical Executive Committee, or (3) the Physician Excellence Committee.

The Committee shall meet at such times as designated by the Chairman of the Committee. Each appointed member is expected to regularly attend all routinely and specially scheduled meetings.

- C. Physician Excellence Committee. There shall be a physician excellence committee composed of at least five members of the Medical Staff, including the President-Elect of the Medical Staff who shall serve as Chairman, and the Secretary of the Medical Staff who shall serve as Co-Chairman. At a minimum, the specialties of surgery, medicine, emergency medicine, and obstetrics and gynecology shall be represented. The purpose of the Committee is to create a non-punitive approach to improving physician performance. Through the activities of the medical staff, the Committee assesses the performance of individuals who are granted clinical privileges and uses the results of these assessments to improve patient care. The Committee shall provide oversight for the establishment of a performance improvement process that addresses:

- Quality of healthcare services
- Appropriate utilization of healthcare services
- Professional judgment
- Professional competence and skill
- Compliance with Medical Staff and Hospital Policies
- Compliance with best practices
- Clinical and ethical conduct of any practitioner
- Any other matter referred to it by Medical Staff Leadership, Administration, or Quality Management.

The Committee shall report its findings to the Credentials Committee for disposition and as appropriate, to the practitioner whose practice was reviewed.

The Committee shall meet at such times as designated by the Chairman of the Committee. Each appointed member is expected to regularly attend all routinely and specially scheduled meetings. The Committee shall transmit written reports of its meetings to the Credentials Committee; the minutes shall reflect the results of all evaluations performed and actions taken. Committee activities will be forwarded to the Medical Executive Committee and Hospital Board of Directors at least quarterly.

- D. Nominating Committee. There shall be a nominating committee composed of the three Immediate Past Presidents of the Medical Staff, with the most Immediate Past President as Chairman. The duty of the Committee shall be to make its recommendations for officers of the Medical Staff. Such recommendations shall be reported to the Medical Executive Committee prior to the December Medical Staff meeting. The Committee shall meet at such times as designated by the Chairman of the Committee.

- E. Pharmacy and Therapeutics Committee. There shall be a multidisciplinary pharmacy and therapeutics committee composed of at least three members of the Medical Staff. Multidisciplinary resource personnel who attend the meeting shall include at least a representative of the Pharmacy, one representative of Nursing Services, and one representative of Administration.

The functions of the Committee shall include at least the following:

- (1) the development, approval, and review of compliance of policies and procedures relating to medication selection, procurement, and storage; prescribing or ordering; preparation and dispensing; and administration of drugs and diagnostic testing material;
- (2) the development and maintenance of a drug formulary or drug list; the definition and review of significant untoward drug reactions/effects on the patient; and when no other such mechanism exists, the approval of protocols concerned with the use of investigational or experimental drugs.

The Committee shall meet at least quarterly and shall transmit written reports of its meetings to the Medical Executive Committee and the President/CEO. The minutes shall reflect the results of all evaluations performed and actions taken.

- F. Utilization Management Committee. There shall be a multidisciplinary utilization management committee composed of at least three members of the Medical Staff. Multidisciplinary resource personnel which may attend the meetings shall include representatives of Medical Records, Administration, Nursing Administration, Case Management, and Quality Management.

The functions of the Committee shall include at least the following:

- (1) the monitoring of medical services rendered to ascertain that they are of the generally professional and locally recognized level of quality;
- (2) the monitoring of the medical necessity of admission, appropriateness of services, level of care, and continued hospitalization;
- (3) the review of specific cases that may be presented from time to time for appeal, reconsideration, or quality concerns pursuant to the utilization guidelines established by governmental agencies and other insurers of medical services, and development of recommended actions as may be deemed appropriate;
- (4) the review of reports on rules and regulations affecting patient treatment and reimbursement;
- (5) a mechanism for education of Medical Staff on utilization and quality of care issues;
- (6) the oversight of the quarterly medical record review process.
 - (a) The Committee shall receive reports that reflect the overall number of delinquent medical record statistics and shall be responsible for reviewing medical records for accuracy and timely completion.
 - (b) The Committee shall provide direction to the Medical Records Department and shall authorize the filing of incomplete medical records in the event the responsible practitioner has expired, is no longer on the Medical Staff, or has for some other reason become unable to complete said records.

- (7) the review and approval of forms to be included in the medical record.
- (8) ongoing audit of medical records for the following indicators: presence, timeliness, legibility, accuracy, authentication, and completeness
- (9) participate in ongoing performance improvement as indicated by regulatory guidelines

The Committee shall meet at least quarterly and shall transmit written reports of its meetings to the Medical Executive Committee and the President/CEO; the minutes shall reflect the results of all evaluations performed and actions taken.

- G. Infection Prevention and Control Committee. There shall be an Infection Prevention and Control Committee. The committee shall be multidisciplinary with representatives from the Medical Staff, Nursing, Employee Health, Administration, and Infection Prevention. Additional representatives may include, but are not limited to Environmental Services, Central Sterile, Facilities Management, and clinical services.

The Infection Prevention and Control Committee approves at least the following:

- (1) the type and scope of surveillance activities;
- (2) policies and procedures which are reviewed at least every three years and plans which are reviewed annually
- (3) actions to prevent, reduce the risk of, and control infections among patients and healthcare personnel;
- (4) conclusions, recommendations, and actions that are documented in the minutes which are forwarded to the Medical Executive Committee, the President/CEO, Vice President/Chief Nursing Officer, and Quality Management.

The Committee will meet monthly, a minimum of ten (10) times per year and will maintain minutes of all meetings. Approved minutes will be signed and forwarded to the Medical Executive Committee for review. The minutes will be distributed to all members with the next meeting agenda prior to the next scheduled meeting.

The Committee will report to the Quality Committee and the Medical Executive Committee.

- H. Cancer Committee. There shall be a cancer committee composed of at least one physician from the Departments of Medicine (including Pulmonology), Obstetrics and Gynecology, and Pathology. In addition, two physicians from the Department of Radiology, one representing diagnostic radiology and one representing therapeutic radiology shall serve; and the Department of Surgery shall be represented by two physicians, one representing the Section of General Surgery, and one representing the Section of Urology. Multidisciplinary resource personnel which may attend the meetings shall include representatives from Nursing Services, Food & Nutrition, Hospice, Imaging (Breast Care and Diagnostic Center), Social Services, Rehabilitation, Cancer Registry, Pastoral Care, Enterostomal Therapy, Radiation Therapy, Administration, and Quality Management.

The functions of the committee shall include at least the following:

- (1) evaluate, maintain, and monitor the quality and utilization of healthcare services as they relate to the Cancer Program.

- (2) plan, initiate, stimulate, and assess the results of cancer activities in the Hospital.
- (3) attempt to determine that patients have access to consultative services in all disciplines;
- (4) assure that educational programs, conferences, and other clinical activities cover the entire spectrum of cancer;
- (5) monitor patient care;
- (6) actively supervise the cancer data base for quality control of abstracting, staging, and reporting.

The Committee shall meet at least quarterly and shall transmit written reports of its meetings to the Medical Executive Committee and the President/CEO. The minutes shall reflect the attendance at the meeting and the activities of the Committee.

- I. Radiation Safety Committee. There shall be a multidisciplinary Radiation Safety Committee (RSC) responsible for oversight of the radiation safety program composed of the Hospital's Radiation Safety Officer, one member from Nursing, one member from Administration, and one physician user of each of the following types of use of radiation: diagnostic nuclear medicine, therapeutic nuclear medicine, radiation oncology, interventional radiology, and use of fluoroscopy by cardiologists or surgeons.

The functions of the Committee shall include at least the following:

- (1) Oversight of the hospital radiation safety program, including personnel radiation safety and patient radiation safety.
- (2) Review and approval of authorized users and Nuclear Regulatory Commission (NRC) license amendments
- (3) Review of radiation safety consultants' reports and findings
- (4) Quarterly and annual review of the ALARA program (occupational exposure "as low as reasonably achievable"); quarterly review of occupational radiation exposure audits, and annual review of the radiation safety program
- (5) ongoing audit of personnel radiation monitoring, including departmental compliance with monitoring requirements, and participation in the investigation of occupational exposures exceeding ALARA thresholds
- (6) Ongoing audit of fluoroscopic and CT patient radiation dose monitoring, including departmental compliance with monitoring requirements, and participation in the investigation of patient dose that exceed established radiation dose threshold levels
- (7) Quarterly and annual review of Quality Management data pertaining to administration of radionuclides
- (8) Provide for oversight of policies and procedures delineating those responsible for approving changes to diagnostic imaging protocols and for monitoring new developments in diagnostic imaging.

In accordance with NRC regulations, the Radiation Safety Officer and 50% of members must be present.

The Committee shall meet at least quarterly and shall maintain written minutes of each meeting. A copy of the minutes shall be transmitted to the Medical Executive Committee and the President/CEO.

- J. Critical Care Committee. There shall be a multidisciplinary critical care committee composed of at least five members of the Medical Staff and the nurse managers having responsibility for the Intensive Care areas, representatives from Respiratory Therapy, Pharmacy, Infection Control, Surgery, Dietary, and the Emergency Department.

The functions of the Committee shall include at least the following:

- (1) evaluate, maintain, and monitor the quality and utilization of healthcare services as they relate to the special care areas.
- (2) assist and advise on the operation of these units toward the goal of maintaining a level of care consistent with that generally professionally locally recognized.
- (3) establishment and monitoring of policies and procedures concerning written criteria for patient admission to and discharge from the areas,
- (4) establishment and monitoring of policies and procedures concerning alternate means of providing specialized care to patients who, for a predetermined reason, are not eligible for admission according to unit policy.

The Committee shall meet at least quarterly and shall transmit written reports of its meetings to the Medical Executive Committee and the President/CEO.

- K. Surgical Services Utilization Committee. There shall be a multidisciplinary surgical services utilization steering committee of the Medical Staff to include surgeons, procedural physicians, and anesthesiologists. Multidisciplinary resource personnel which may attend the meetings shall include representatives of Administration and Surgical Services. Applicable members of the Departments of Surgery, Anesthesiology, Medicine (sections of Gastroenterology, Interventional Cardiology and other procedural subspecialties as applicable), Radiology (section of Interventional Radiology) and Obstetrics & Gynecology will be invited to attend.

The functions of the Committee shall include at least the following:

- (1) the monitoring of patient flow from case scheduling through patient discharge and utilization of surgical block time.
- (2) the review of specific cases that may be presented as they pertain to patient flow and surgical suite utilization, and development of recommended actions as may be deemed appropriate;
- (3) a mechanism for education of surgeons, anesthesiologists, and Surgery Services staff on utilization and quality of care issues.

All actions of this committee will be reported to the affected Departments.

The Committee shall meet at least twice per year and shall transmit written reports of its meetings to the Medical Executive Committee and the President/CEO; the minutes shall reflect the results of all evaluations performed and actions taken.

- L. Accreditation and Bylaws Committee. There shall be an accreditation and bylaws committee composed of at least three members of the Medical Staff and at least one representative from Administration. Multidisciplinary resource personnel which may attend the meetings shall include the Medical Staff Services Manager, Chief Medical Officer, Chief Executive Officer, a representative from Quality Management, and a representative from General Counsel.

The functions of this Committee shall include at least the following:

- (1) a periodic review of the Bylaws, recommending revisions as necessary in order to prevent their becoming obsolete and disregarded.
- (2) act upon such matters of accreditation as recommended by the Joint Commission and CMS.
- (3) survey current regulations, recommend changes as required, and maintain a close liaison with the Hospital President/CEO in implementing Hospital accreditation requirements.

The Committee shall meet as needed, but not less than every two years, and shall transmit written reports of its meetings to the Medical Executive Committee and the President/CEO. The minutes shall reflect the results of all evaluations performed and actions taken.

- M. Heart, Lung, and Vascular (HLV) Leadership Forum. There shall be a multidisciplinary heart, lung, and vascular services forum composed of the cardiologists, cardiothoracic surgeons, pulmonologists, and the Medical Director of the HLV Service Line. Multidisciplinary resource personnel include, but is not limited to, a representative from the Cardiac Cath Laboratory, Executive Director of HLV Service Line, STEMI Coordinator, Clinical Data Abstractor, Marketing and Business Development, Quality Management, and Administration. The HLV Leadership Forum will be held in conjunction with the HLV Quality and Safety Case Conference.

The functions of the Leadership Forum shall include at least the following:

- (1) evaluate, maintain, and monitor the quality and utilization of healthcare services as they relate to the HLV service line.
- (2) review all aspects of patient care, policies, protocols, and criteria as necessary for the ongoing development of heart, lung, and vascular services.

The Committee shall meet at least quarterly and shall transmit written reports of its meetings to the Medical Executive Committee and the President/CEO. The minutes shall reflect the results of all evaluations performed and actions taken.

- N. Medical Ethics Committee. There shall be a medical ethics committee composed of at least three members of the Medical Staff. Multidisciplinary resource personnel which may attend the meetings include a representative from Administration, Nursing, Pastoral Care, Social Services/Case Management, and an ethicist.

The functions of the Committee shall include at least the following:

- (1) inform and educate Committee members of current bioethical issues and problems and provide an opportunity for multidisciplinary discussion on bioethical issues
- (2) respond to requests for biomedical ethical consultation and provide a mechanism

for consultation on difficult ethical dilemmas for those physicians who wish to use such advisory counsel.

- (2) serve in an advisory capacity in biomedical decision making and shall be available for consultation to Hospital staff in formulating medical and ethical Hospital policies and procedures.
- (4) encourage educational programs on ethical issues

The Committee shall meet as needed, and shall transmit written reports of its meetings to the Medical Executive Committee and the President/CEO. The minutes shall reflect action taken and recommendations made in regard to bioethical issues.

- O. Joint Conference Committee. This Committee shall consist of the current Officers of the Medical Staff, the Immediate Past President, and Officers of the Hospital Board of Directors, The President/CEO and Vice President/CMO shall serve as *ex officio* members without a vote. There shall be an equal number of Medical Staff members and Board of Directors members which shall constitute the entire Committee. The minutes of this meeting shall be reduced to writing by the President/CEO or his/her designate and approved by the President of the Medical Staff and Chairman of the Board or their designate. This Committee shall meet from time to time as needed at the request of either the Board of Directors or the Medical Staff, or the Medical Executive Committee, and shall serve as a liaison between the Medical Staff and the Board of Directors.
- P. Physician Health Committee. There shall be a Physician Health Committee that shall serve as the intervening team in dealing with impaired practitioners. An impaired practitioner is recognized as one whose behavior has been affected by alcohol, chemical, psychiatric or emotional illness, or physical illness that interferes with the practitioner's ability to function competently. The Committee shall consist of at least three members of the Medical Staff and may include as determined necessary the President of the Medical Staff, the Chairman of the Credentials Committee, the Chairman of the appropriate Medical Staff department(s), the Vice President/Chief Medical Officer, a representative from the Missouri Physicians' Health Program or the Missouri Association of Osteopathic Physicians and Surgeons Physician Health Program (as appropriate), and any other individuals considered by the Committee to be essential to the successful treatment of the impaired practitioner. This committee shall meet from time to time as needed at the request of any of its members.

The purpose of the Committee is to promote the well-being of practitioners and ensure safe patient care through detection of behavioral, physical, or substance abuse health problems, intervention into patient care situations where quality of care is concerned, and rehabilitation of impaired practitioners. The Committee's activities are totally separate and apart from the Medical Staff's disciplinary process. Documentation of Committee activities shall be kept in a locked place, secure and separate from the practitioner's personnel, credentials, quality or peer review files. Committee reports will be provided to the Medical Executive Committee in a blinded fashion, absent the identity of the practitioner. Committee activities shall be further defined and outlined in the Impaired Physician/Physician Health Policy and Procedure as endorsed by the Medical Executive Committee.

- Q. Continuing Medical Education (CME) Committee. There shall be a continuing medical education committee composed of at least three members of the Medical Staff, the Vice President/Chief Medical Officer, the CME Coordinator/Director of Educational Services, the Medical Staff Services Manager, and a Quality Management representative. There shall be three named physician members of the Committee, any of whom may chair the meeting. Physicians representing the specialty related to the CME program under consideration will

be utilized in a consultative role and will be considered members at large.

The functions of the Committee shall include at least the following:

- (1) Active participation in program content planning and prioritization of educational offerings for the medical staff taking into account
 - a. Relationship to the type and nature of care, treatment, and services offered by the hospital and in our services area
 - b. Findings of performance improvement activities
 - c. Results of medical staff educational needs survey
 - d. National trends and data
 - e. Patient safety, sentinel events, near misses, incident reports, performance outcome findings, regulatory agency review recommendations/findings
 - f. Requests from physicians, administration, ancillary departments within the hospital, and external customers (i.e. EMS, law enforcement, academic educators, mental health practitioners, etc.)
- (2) Accept applications for issuance of CME for programs offered by Southeast Missouri Hospital as well as external sources
- (3) Review of each program for which CME is applied to assure compliance with MSMA and ACCME requirements, approving or denying each
- (4) Effect CME program improvements through review of post-program evaluations, evidence of professional practice enhancement, etc. at least two times per year
- (5) Active participation in annual CME program evaluation
- (6) Approval of policies and forms used to administer the CME program

The Committee shall meet on an ad hoc basis to review applications for CME programs with an anticipated duration of less than 2 hours, action taken by a minimum of two committee members. At least one of the named physician members must participate in the ad hoc meeting; the second and subsequent members may be other named physician members or at large members of the medical staff whose specialty relates to the topic(s) of the program(s) to be acted upon.

Ad hoc meetings will be scheduled to conduct business related to CME application submissions for programs of two hours or greater in length and those requiring clarification of acceptability of the topic(s) to be presented. Ad hoc meeting actions will be reported in a summary manner and minutes of the monthly meetings shall reflect the results of all evaluations performed and actions taken.

- R. Mortality Review Committee. There shall be a multidisciplinary Mortality Review Committee composed, at minimum, of the Vice President/Chief Medical Officer, representatives from Quality Management, Pharmacy, Case Management, Transition of Care, Home Care Services, Palliative Care, and Nursing. Members of the Medical staff represented on the committee are to include the specialties of cardiology, cardiovascular surgery, general surgery, pulmonology, neurology, emergency medicine, oncology, and the adult hospitalist department. The purpose of the Committee is to identify potential care improvements by analyzing mortality trends, assessing opportunities to improve the transition of end of life care as well as addressing process improvements during hospitalization and outpatient follow-up, with the goal to reduce both mortality and hospital re-admission. Reviews are non-punitive and focus on the goal of improved patient outcomes and reduction of preventable mortality in patient care.

The Committee shall meet at such times as designated by the Chairman of the Committee. Each appointed member is expected to regularly attend scheduled meetings. The minutes shall reflect the results of all evaluations performed and actions taken. Committee activities will be forwarded to the Medical Executive Committee, Quality Committee of the Board, and Hospital Board of Directors at least quarterly.

Article III
AMENDMENT AND ADOPTION

- 3.01** As needed, the Medical Executive Committee shall review the Committee and Department structure of the Medical Staff with reference to appropriate legal guidelines and accrediting agency standards. This Medical Staff Organizational Manual may be amended or repealed by vote of the Executive Committee of the Medical Staff at any regular or special meeting, provided that copies of the proposed amendments, additions, or repeals are communicated, either in person or by mail (paper or electronic), to each Medical Staff appointee and made available to all members of the Medical Executive Committee at least fourteen (14) days before being voted upon, and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the Medical Executive Committee before the change is voted upon. When notice of proposed amendments, additions, or repeals are mailed, they shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to Medical Staff members at their addresses as they appear on the records of the Hospital. Such posting and mailing shall be deemed to constitute actual notice to the persons concerned. Adoption of and changes to this Medical Staff Organizational Manual shall become effective when approved by the Hospital Board of Directors.

ADOPTION OF MEDICAL STAFF
ORGANIZATIONAL MANUAL

APPROVED by the Medical Staff this 22nd day of November 2022.



President, Medical Staff



Secretary, Medical Staff

APPROVED by the Board of Trustees this 8th day of December 2022.



Chairman, Hospital Board of Directors



Secretary, Hospital Board of Directors