

Medical Staff Organization Policy

McCullough-Hyde Memorial Hospital

A Medical Staff Document

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ARTICLE I - DUTIES OF MEDICAL STAFF OFFICERS

1.1 CHIEF OF STAFF

1.1-1 The Chief of Staff shall:

- (a) Act as the chief officer of the Medical Staff in coordination and cooperation with the System CEO and/or Hospital President in matters of mutual concern involving the Hospital.
- (b) Call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the Medical Executive Committee and report, as required, at such meetings.
- (c) Appoint committee chairs and members to all Medical Staff committees except to the Medical Executive Committee and except as may be otherwise provided in the Medical Staff governing documents.
- (d) Serve as chair of the Medical Executive Committee, with vote, and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided for in the Medical Staff governing documents.
- (e) Represent the views, policies, needs, and concerns of the Medical Staff and report on the medical activities of the Medical Staff to the Board and to the System CEO and/or Hospital President.
- (f) Serve as a day-to-day liaison on medical matters with the System CEO, the Hospital President, and/or the Board.
- (g) Receive and interpret the policies of the Board to the Medical Staff.
- (h) Report to the Board with respect to the delegated responsibility of the Medical Staff to oversee the delivery of quality medical care.
- (i) Be the spokesperson for the Medical Staff in its external professional and public relations.
- (j) Ensure, in cooperation with the Hospital, that an audit of the Medical Staff fund is conducted by a qualified accountant at the close of each Medical Staff Year, as applicable.

1.2 CHIEF OF STAFF ELECT

1.2-1 The Chief of Staff Elect shall:

- (a) Assume the duties and have the authority of the Chief of Staff in the event of his/her temporary unavailability for any reason.

- (b) Serve as a voting member of the Medical Executive Committee and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided for in the Medical Staff governing documents.
- (c) Automatically succeed the Chief of Staff when he/she fails to serve for any reason.
- (d) Fulfill such Medical Staff secretary/treasurer duties as needed.
- (e) Perform such other duties as are assigned by the Chief of Staff.

1.3 IMMEDIATE PAST CHIEF OF STAFF

1.3-1 The Immediate Past Chief of Staff shall:

- (a) Serve as a voting member of the Medical Executive Committee and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided for in the Medical Staff governing documents.
- (b) Perform such other duties as are assigned by the Chief of Staff.

1.3-2 If the Immediate Past Chief of Staff is unable to serve in this capacity, the preceding Past Chief of Staff -may continue to do so. If the preceding Past Chief of Staff is unable or unwilling to do so, the current Chief of Staff shall appoint an eligible member of the active Medical Staff to fulfill the Immediate Past Chief of Staff's duties.

ARTICLE II - MEDICAL STAFF DEPARTMENTS

2.1 DESIGNATION OF DEPARTMENTS

2.1-1 Medical Staff Departments

- (a) Department of Emergency Medicine
- (b) Department of Medicine
- (c) Department of Obstetrics/Pediatrics
- (d) Department of Surgery

2.2 ADDITIONAL INFORMATION

- 2.2-1 Additional information with respect to Medical Staff Departments is set forth in the Medical Staff Bylaws.

ARTICLE III - BOARD JOINT CONFERENCE COMMITTEE

3.1 JOINT CONFERENCE COMMITTEE

3.1-1 DOCUMENT CONFLICTS

- (a) In the event that the Hospital’s Code of Regulations is amended to provide for a standing Joint Conference Committee, then the information regarding the Joint Conference Committee set forth in the Hospital’s Code of Regulations shall govern and this Article will be deemed to be likewise automatically amended.

3.1-2 COMPOSITION

- (a) In the event that the Hospital’s Code of Regulations is amended to provide for a standing Joint Conference Committee, the composition of such committee shall be as set forth in the Code of Regulations.
- (b) In the event that the Hospital’s Code of Regulations does not provide for a standing Joint Conference Committee, then there shall be an *ad hoc* Joint Conference Committee, as established by the Board, composed of an equal number of Board members selected by the Board (or Board chair) and Medical Staff representatives selected by the MEC (or MEC chair).
- (c) Unless otherwise provided in the Hospital’s Code of Regulations, a Board member selected by the Board (or Board chair) shall chair the *ad hoc* Joint Conference Committee.

3.1-3 DUTIES

- (a) The Joint Conference Committee shall:
 - (1) Be consulted in those instances set forth in the Medical Staff governing documents.
 - (2) Be a forum for interaction between the Board and Medical Staff on such other matters as may be referred by the Medical Executive Committee, the Hospital President, the Board, or the System CEO.
 - (3) Be a forum for the discussion of matters of Hospital policy and practice, especially those pertaining to patient care.
 - (4) Provide medico-management liaison with the Board.
- (b) The Joint Conference Committee shall serve in an advisory capacity.

MEETINGS

- (c) The Joint Conference Committee shall meet, as needed, to fulfill its duties and role.

ARTICLE IV - MEDICAL STAFF COMMITTEES

4.1 MEDICAL STAFF COMMITTEES

4.1-1 STANDING

- (a) The standing Medical Staff committees are as follows:
 - (1) Medical Executive Committee
 - (2) Medical Staff Peer Review Committee (MSPRC)
- (b) Creation of new standing Medical Staff committees, dissolution of standing Medical Staff committees, or changes to the composition, duties, or meeting requirements of standing Medical Staff committees require(s) amendment of the Medical Staff Bylaws (with respect to the MEC) or this Medical Staff Organization Policy (with respect to the standing Medical Staff committees addressed herein or as may hereinafter be otherwise created), as applicable.
- (c) Any Medical Staff function required to be performed by the Medical Staff governing documents not otherwise assigned to a Medical Staff committee shall be performed by the Medical Executive Committee.

4.1-2 OTHER

- (a) The Medical Executive Committee may, by resolution, without amendment of this Medical Staff Organization Policy, establish *ad hoc* Medical Staff committees for specific purposes. In the same manner, the MEC may, by resolution, dissolve an *ad hoc* Medical Staff committee or modify such committee's composition, duties, or meeting requirements, as needed to better perform the Medical Staff functions.
- (b) The composition, duties, and meeting requirements of *ad hoc* Medical Staff committees may be set forth in the resolution creating each committee.

4.1-3 ABILITY TO MEET JOINTLY

- (a) Hospital and Affiliate Hospital Medical Staff committees may meet jointly as necessary to promote broad collaboration between the Hospital and Affiliate Hospital medical staffs and further effective peer review and quality of care for patients.

4.2 MEDICAL STAFF COMMITTEE MEMBERS

- 4.2-1 Practitioners appointed to the active (with or without Privileges), courtesy, reciprocal, affiliate, emeritus, or retired Medical Staff category may serve as a voting member of a Medical Staff committee unless otherwise provided in the Medical Staff governing documents.
- 4.2-2 APPs are not Members of the Medical Staff but may serve on a Medical Staff committee, with or without the right to vote, as specified in the composition of the applicable Medical

Staff committee set forth in this Policy. APPs shall not serve on the Medical Executive Committee.

4.2-3 Unless otherwise provided in the Medical Staff governing documents, members of each Medical Staff committee shall be appointed yearly by the Chief of Staff with no limitation on the number of terms they may serve.

4.2-4 Unless otherwise provided in the Medical Staff governing documents, all appointed members of a Medical Staff committee may be removed and vacancies filled by the Chief of Staff at his or her discretion.

4.2-5 Unless otherwise provided in the Medical Staff governing documents, the System CEO, System Chief Medical Officer, Associate Chief Medical Officers, Hospital President, and the Chief of Staff shall be *Ex Officio* members of all Medical Staff committees, without vote.

4.3 **MEDICAL STAFF COMMITTEE CHAIRS**

4.3-1 Unless otherwise provided in the Medical Staff governing documents, the Chief of Staff shall annually appoint all Medical Staff committee chairs who shall be selected from among Practitioners appointed to the active, reciprocal, emeritus, or retired Medical Staff.

4.3-2 Unless otherwise provided in the Medical Staff governing documents, Medical Staff committee chairs may be reappointed by the Chief of Staff for additional one-year terms with no limitation in the number of terms they may serve.

4.4 **MEDICAL EXECUTIVE COMMITTEE**

4.4-1 The composition, duties, and meeting requirements of the Hospital's Medical Executive Committee are set forth in the Medical Staff Bylaws.

(a) The MEC (or designated members of the MEC) shall fulfill the function and duties of a Credentials Committee.

(b) The MEC (or designated members of the MEC) shall act in the capacity of a Nominating Committee when needed.

(c) The MEC (or designated members of the MEC) shall act in the capacity of a Bylaws Committee when needed.

4.5 **MEDICAL STAFF PEER REVIEW COMMITTEE**

4.5-1 **COMPOSITION**

(a) Voting members:

(1) Not less than three (3) Practitioners appointed to the active Medical Staff category, with Privileges representative of a cross-section of the Medical Staff, one of whom shall serve as the committee chair.

- (b) *Ex Officio* (non-voting) members:
 - (1) The positions set forth in Section 4.2-5.
 - (2) Clinical Quality Abstractor/Quality Improvement Department staff
- (c) Residents may not attend MSPRC meetings other than as invited guests, for the purpose of answering questions related to a particular case, after which such guest will be excused.
- (d) The Manager of Community & Physician Relations will provide administrative support to the MSPRC.
- (e) APPs may serve on the MSPRC, with vote (limited to APP matters) or without vote, at the discretion of the Chief of Staff.

4.5-2 **DUTIES**

- (a) The MSPRC shall fulfill the duties set forth in the:
 - (1) Medical Staff Practitioner/APP Peer Review/Professional Practice Evaluation Policy, as such policy may be amended from time to time.
 - (2) Medical Staff Practitioner/APP Conduct Policy.
 - (3) Medical Staff Practitioner/APP Impairment Policy.

4.5-3 **MEETINGS**

- (a) The MSPRC shall meet monthly, at the call of the committee chair, as needed to fulfill the duties set forth in the Medical Staff Peer Review/Professional Practice Evaluation Policy.
- (b) The MSPRC shall report to the Medical Executive Committee.
- (c) Minutes will be maintained of each meeting, copies of which will be provided to the Medical Executive Committee.

4.6 **PEER REVIEW PRIVILEGE**

- 4.6-1 Each Medical Staff committee provided for in the Medical Staff governing documents is hereby designated as a peer review committee as that term is defined in Ohio Revised Code §2305.25 *et seq.* The Medical Staff, through its committees, shall be responsible for evaluating, maintaining, and monitoring the quality and utilization of the Hospital's health care services.
- 4.6-2 In carrying out his/her duties under the Medical Staff governing documents, whether as a committee member, Department Chair, Medical Staff officer, or otherwise, each Practitioner (and APP, to the extent applicable) shall be acting in his/her capacity as a designated agent of a peer review committee.

4.6-3 Such peer review committees and their designated agents may, from time to time and/or as specifically provided in the Medical Staff governing documents, appoint Hospital administrative personnel as their agents in carrying out such peer review duties.

ARTICLE V - MEDICAL STAFF MEETINGS

5.1 MEETINGS OF THE MEDICAL STAFF

5.1-1 REGULAR MEETINGS

- (a) The Medical Staff shall meet at least once each calendar year for the purpose of reviewing and evaluating Medical Staff Department and Medical Staff committee reports and recommendations and acting on any other matters placed on the agenda by the Chief of Staff.
- (b) The Medical Staff shall be notified of regular Medical Staff meetings in the manner set forth in Section 7.1-1.

5.1-2 SPECIAL MEETINGS

- (a) Special meetings of the Medical Staff may be called at any time by the Chief of Staff, a majority of the Medical Executive Committee, or a petition signed by not less than one-fourth of the voting Members of the Medical Staff. The business to be transacted at any special meeting shall be limited to those items of business set forth in the notice of the meeting.
- (b) The Medical Staff shall be notified of special Medical Staff meetings in the manner set forth in Section 7.1-1.

5.2 AGENDA

5.2-1 The agenda for all regular meetings of the Medical Staff shall be as follows:

- (a) Call to order
- (b) Acceptance of the minutes of the last regular meeting and of any intervening special meetings
- (c) Unfinished business
- (d) Clinical review activities
- (e) New business
- (f) Adjournment

5.2-2 The agenda shall be prepared in advance and approved by the Chief of Staff.

5.2-3 The agenda and minutes of the previous meeting shall be provided to voting Medical Staff Members in advance of the meeting.

5.2-4 Reports should be prepared in advance and submitted in writing to preserve as much time as possible for matters/issues requiring discussion or action.

5.3 **QUORUM**

- 5.3-1 The presence of at least five (5) Medical Staff Members eligible to vote shall constitute a quorum for any regular or special meeting of the Medical Staff.
- 5.3-2 The required quorum must be present in order for any action (*i.e.*, a vote) to be taken at a Medical Staff meeting.
- 5.3-3 All actions taken at a Medical Staff meeting at which a quorum is present at the time of the vote shall be binding even though less than a quorum exists at a later time in the meeting.

5.4 **MINUTES**

- 5.4-1 Minutes of each meeting of the Medical Staff shall be prepared and include a record of the attendance of Members, recommendations made, and the vote taken on each matter. The minutes shall be reviewed and approved by the voting Members of the Medical Staff.
- 5.4-2 Copies of Medical Staff meeting minutes shall be provided to the Board.
- 5.4-3 Medical Staff meeting minutes shall be retained in accordance with the System record retention policy as such policy may be amended from time to time.

5.5 **ATTENDANCE**

- 5.5-1 Attendance at all meetings of the Medical Staff shall be recorded. Attendance and involvement in such meetings shall be a consideration in the Practitioner's overall involvement in Medical Staff activities for purposes of reappointment and/or regrant of Privileges.
- 5.5-2 Practitioners appointed to the active Medical Staff category are expected to attend Medical Staff meetings. Practitioners appointed to other Medical Staff categories are encouraged to attend Medical Staff meetings.

ARTICLE VI - DEPARTMENT AND MEDICAL STAFF COMMITTEE MEETINGS

6.1 DEPARTMENT MEETINGS

- 6.1-1 Members of Medical Staff Departments shall meet as a Department as often as necessary at the discretion of the Department Chair, but at least quarterly, at a time set by the Department Chair to review and evaluate the clinical work of the Department and to discuss any other matters concerning the Department. Department members shall be notified of regular Department meetings in the manner set forth in Section 7.1-1.
- 6.1-2 The agenda for a Department meeting shall be set by the Department or Section Chair.

6.2 MEDICAL STAFF COMMITTEE MEETINGS

- 6.2-1 Unless otherwise specified in the Medical Staff governing documents, all Medical Staff committees shall meet at least quarterly at a time set by the committee chair. Medical Staff committee members shall be notified of regular Medical Staff committee meetings in the manner set forth in Section 7.1-1
- 6.2-2 The agenda for a Medical Staff committee meeting shall be set by the committee chair.

6.3 SPECIAL MEETINGS OF MEDICAL STAFF DEPARTMENTS AND COMMITTEES

- 6.3-1 A special meeting of any Medical Staff Department or Medical Staff committee may be called by or at the request of its chair, by the Chief of Staff, or by a petition signed by not less than one-fourth of the voting members of the respective Department or Medical Staff committee.
- 6.3-2 Notice of special meetings of Medical Staff Departments and Medical Staff committees shall be provided pursuant to Section 7.1-1.

6.4 QUORUM

- 6.4-1 Medical Staff Departments: Unless otherwise set forth in the Medical Staff governing documents, the presence of at least two (2) of the Medical Staff Department members eligible to vote at any regular or special Department meeting shall constitute a quorum for all actions.
- 6.4-2 Medical Executive Committee: The presence of at least three (3) voting members of the Medical Executive Committee shall constitute a quorum at meetings of the MEC.
- 6.4-3 Other Medical Staff Committees: Unless otherwise set forth in the Medical Staff governing documents, the presence of at least two (2) of the Medical Staff committee members eligible to vote at any regular or special committee meeting shall constitute a quorum for all actions.
- 6.4-4 The required quorum must be present in order for any action (*i.e.*, a vote) to be taken at a Medical Staff Department or Medical Staff committee meeting.

- (a) *Ex Officio* committee members may not vote and are not counted for purposes of determining quorum unless otherwise specified in the Medical Staff governing documents.
- (b) *Ex Officio* committee members are entitled to stay for the entire meeting.
- (c) Guests may attend a meeting in order to make a requested presentation or provide requested information after which such guests will be excused.

6.4-5 All actions taken at a Medical Staff Department or Medical Staff committee meeting at which a quorum is present at the time of the vote shall be binding even though less than a quorum exists at a later time in the meeting.

6.5 MINUTES

6.5-1 Minutes of each meeting of a Medical Staff Department and Medical Staff committee shall be prepared and include a record of the attendance of members, recommendations made, and the vote taken on each matter. The minutes shall be reviewed and approved by the voting members of the Medical Staff Department or Medical Staff committee.

- (a) Copies of Department minutes shall be provided to the MEC.
- (b) Copies of MEC minutes shall be provided to the Board.
- (c) Copies of minutes of the Medical Staff Peer Review Committee shall be provided to the MEC.

6.5-2 Medical Staff Department and Medical Staff committee meeting minutes shall be retained in accordance with the System record retention policy as such policy may be amended from time to time.

6.6 ATTENDANCE

6.6-1 Attendance at all meetings of Medical Staff Departments and Medical Staff committees shall be recorded. Attendance and involvement in such meetings shall be a consideration in the Practitioner's overall involvement in Medical Staff activities for purposes of reappointment and/or regrant of Privileges.

6.6-2 Practitioners appointed to the active Medical Staff category are expected to attend meetings of the Medical Staff Department and the Medical Staff committee(s) of which the Practitioner is a member. Practitioners appointed to other Medical Staff categories are encouraged to attend meetings of the Medical Staff Department and the Medical Staff committee(s) of which the Practitioner is a member.

**ARTICLE VII - PROVISIONS COMMON TO ALL MEETINGS OF THE MEDICAL STAFF OR
A MEDICAL STAFF DEPARTMENT OR MEDICAL STAFF COMMITTEE**

7.1 POSTING NOTICE OF MEETINGS

- 7.1-1 Notice of all regular and special meetings of the Medical Staff and of Medical Staff Departments and Medical Staff committees shall be communicated at least five (5) business days in advance of such meetings in such manner as determined by (as applicable) the Chief of Staff, Department Chair, or the chair of the Medical Staff committee. Such communication shall be deemed to constitute actual notice to the persons concerned.
- 7.1-2 The attendance of any individual at any meeting shall constitute a waiver of that individual's notice of said meeting.

7.2 MEETING CONDUCT

- 7.2-1 Common sense, as determined by the Chief of Staff or the chair of the Department or Medical Staff committee, as applicable, shall be applied in the conduct of meetings.
- 7.2-2 To the extent there is a disagreement as to procedure, the latest edition of Robert's Rules of Order may be consulted for guidance.

7.3 MANNER OF ACTION AT A MEETING

- 7.3-1 Unless otherwise specified in the Medical Staff governing documents, individuals may participate in and act at any meeting by conference call, video conferencing, or other forms of telecommunication through which all persons participating in the meeting can communicate with each other in real-time. Participation by such means shall constitute attendance and presence in person at the meeting.
- 7.3-2 Unless otherwise provided in the Medical Staff governing documents:
 - (a) The action of a majority of those Members eligible to vote who are present and voting at a Medical Staff meeting at which a quorum is present is the action of the Medical Staff.
 - (b) The action of a majority of those members eligible to vote who are present and voting at a Department or Medical Staff committee meeting at which a quorum is present is the action of that Department or Medical Staff committee.

7.4 MANNER OF ACTION WITHOUT A MEETING

- 7.4-1 Unless otherwise provided in the Medical Staff governing documents:
 - (a) The Medical Staff and any Department or committee of the Medical Staff may act on a matter by ballot without a meeting.
 - (b) In such event, ballots shall be distributed, as applicable, to each Medical Staff Member, Medical Staff Department member, or Medical Staff committee member eligible to vote. Completed ballots shall be returned within the time period specified and according to the instructions that accompany the ballot. Ballots

received after the stipulated date shall not be counted. A majority vote of the total votes returned by the stipulated date shall be the action of the Medical Staff, a Medical Staff Department or Medical Staff committee, as applicable.

- (c) Notwithstanding the above, a recommendation by the MEC with respect to a summary suspension or formal corrective action investigation cannot be made by the MEC without a meeting.

7.5 VOTING

7.5-1 Unless otherwise specified in the Medical Staff governing documents, voting may occur in any of the following ways as determined by the chair of the Department or the applicable Medical Staff committee; or, for voting by the Medical Staff, as determined by the Chief of Staff.

- (a) By hand or voice ballot at a meeting at which a quorum is present.
- (b) By written ballot at a meeting at which a quorum is present.
- (c) Without a meeting by written ballot or electronic ballot provided such votes are received prior to the deadline date set forth in the notice advising of the purpose for which the vote is to be taken.

7.5-2 Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote provided that such individual is eligible to vote.

ARTICLE VIII - MISCELLANEOUS

8.1 DEFINITIONS

8.1-1 The definitions set forth in the Medical Staff Bylaws shall apply to this Medical Staff Organization Policy unless otherwise specifically provided herein.

8.2 ADOPTION & AMENDMENT

8.2-1 This Medical Staff Organization Policy may be adopted and amended in accordance with the procedure set forth in the Medical Staff Bylaws for adoption and amendment of Medical Staff Policies.

CERTIFICATION OF ADOPTION & APPROVAL

Adopted by the Medical Executive Committee on:

Approved by the Board on: