## NEWPORT HOSPITAL Newport, Rhode Island 02840-2299

## MEDICAL STAFF ORGANIZATION MANUAL

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### **DEFINITIONS**

The following definitions, as stated in the Medical Staff Bylaws, apply to the provisions of this Medical Staff Organization Manual. The definitions are presented in alphabetical order.

- Allied Health Professional or AHP means an individual who is qualified by academic and/or clinical training and by prior and continuing experience and current competence to function in a medical support role to and under the direction and supervision of a practitioner and who is in a health care discipline which the Board has determined to allow to practice in the Hospital. Allied health professionals are not considered members of the Medical Staff.
- 2. Board of Trustees or Board means the governing body of the Hospital, the Board of Trustees of Newport Hospital. As appropriate to the context and consistent with the Bylaws of the Hospital and delegations of authority made by the Board, it may also mean any committee of the Board or any individual authorized by the Board to act on its behalf on certain matters.
- 3. Chief Executive Officer or CEO -- See definition 16.
- 4. Clinical Privileges or Privileges mean the permission granted by the Board to a practitioner to provide those diagnostic, therapeutic, medical, dental, or surgical services specifically delineated to him.
- 5. Dentist means an individual with a DDS degree, or its equivalent, who is fully licensed to practice dentistry.
- 6. Ex Officio means service as a member of a body by virtue of office or position held. When an individual is appointed ex officio to a committee or other group, the provision or resolution designating the membership must indicate whether it is with or without vote.
- 7. Hospital means Newport Hospital of Newport, Rhode Island.
- 8. Medical Staff or Staff is the organizational component of the Hospital that includes all practitioners as defined below who are appointed to membership on it and are privileged to attend patients or to provide other diagnostic, therapeutic, teaching or research services at the Hospital.
- 9. Medical Staff and Board authorities or authorities of the Medical Staff and Board mean committees, officers, Departments, Sections and any other clinical units of the Staff, and the Board and any committees or officers thereof, who have defined responsibilities in effecting the particular function or activity that is the subject of the particular provision in which the defined phrase is used.
- 10. Medical Staff member in good standing or member in good standing means a practitioner who has been appointed to the Medical Staff or to a particular category of the Staff, as the context requires, and who is not under either a full appointment suspension or a full or partial suspension of voting, office-holding or other prerogatives imposed by operation of any section of these Bylaws and the related manuals or any other policies of the Medical Staff or the Hospital.
- 11. Medical Staff Bylaws and related manuals or Bylaws means any one or more the following documents as appropriate to the context:
- Bylaws of the Medical Staff
- Medical Staff Credentialing Procedures Manual
- Medical Staff Fair Hearing Plan
- Medical Staff Organization Manual
- General Rules and Regulations of the Medical Staff
- 12. Medical Staff Year means the 12-month period commencing on January 1 of each year and ending on December 31 of the same year.

- 13. Physician means an individual with a M.D. or D.O. degree, who is fully licensed to practice medicine.
- 14. Practitioner means, unless otherwise expressly provided, any physician, dentist, or oral surgeon who either: (a) is applying for appointment to the Medical Staff and for clinical privileges; or (b) currently holds appointment to the Medical Staff and exercises specific delineated clinical privileges; or (c) is applying for or is exercising temporary privileges pursuant to Section 5.7 of these Bylaws.
- 15. Prerogative means a participatory right granted, by virtue of Staff category or otherwise, to a Staff member, Staff affiliate, or allied health professional, and exercisable subject to the ultimate authority of the Board of Trustees and to the conditions and limitations imposed in these Bylaws and related manuals and in other Hospital and Medical Staff policies.
- 16. President/Chief Executive Officer or CEO means the individual appointed by the Board of Trustees as the chief executive office of the Hospital to manage the affairs of the Hospital. The CEO may, consistent with his responsibilities under the Bylaws of the Hospital, designate a representative to perform his responsibilities under these Medical Staff Bylaws and related manuals.
- 17. Special Notice means written notification sent by certified mail, return receipt requested, or by personal delivery service with signed acknowledgment of receipt.
- 18. Staff Affiliate means an individual who is qualified by formal training, prior and continuing experience and current competence in a health care discipline which the Board has determined to allow to practice in the Hospital and who is licensed by the State and permitted by the Hospital to provide services independently in the Hospital, i.e., without the direction or immediate supervision of a physician. Staff affiliates are not considered members of the Medical Staff.

Amended 03/18/1993 08/09/1995 10/13/1999 05/09/2001

### LEGEND FOR COMMITTEE ACRONYMS

Bylaws = Bylaws Committee Cred Com = Credentials Committee

E&LC = Education and Library Committee ICC = Infection Control Committee MEC = Medical Executive Committee

MPEIC = Medical Performance Evaluation & Improvement Committee

MCPC = Medical Care Policy Committee

P&TC = Pharmacy and Therapeutics Committee

PHC = Physician Health Committee

### PART ONE: RESPONSIBILITIES AND AUTHORITY OF OFFICERS

### 1.1 Responsibilities and Authority of the President of the Staff

As the primary elected Medical Staff officer, the chief administrative officer of the Staff, and the Staff's representative in its relationships to others, the President of the Staff has these responsibilities and authority:

## Amended 04/10/2002

### 1.1-1 As a Representative of the Medical Staff:

- a) Transmit to the CEO and the Board of Trustees or an appropriate representative of the Board, the views and recommendations of the Medical Staff and the Medical Executive Committee (MEC) on matters of hospital policy, planning, operations, governance, and relationships with external agencies, and transmit the views and decisions of the Board and CEO to the MEC and the Medical Staff.
- Amended 04/10/2002 Amended 04/10/2002 03/11/2009
- b) Attend meetings of the Board of Trustees.
- c) In conjunction with the Hospital's legal counsel and applicable Medical Staff authorities, promote compliance with procedural safeguards and protect the rights of individual Staff members in all stages of the Hospital's credentialing processes.

### 1.1-2 As Chief Administrative Officer

## Amended 04/10/2002

- a) Direct the operation and organization of administrative policy-making, and assist the CEO in coordinating these policies with administration, nursing and other support staff. Enforce compliance with the provisions of the Bylaws and related manuals, rules, policies and procedures of the Staff and the Hospital related to these matters and with regulatory and accrediting agencies' requirements, and periodically evaluate the effectiveness of the organization of the Staff's activities.
- b) Preside at, and be responsible for the agenda of, all general and special meetings of the Medical Staff and of the MEC.
- Amended 04/10/2002
- c) Unless otherwise provided in the Medical Staff Bylaws or this Manual, appoint, subject to MEC approval, Medical Staff as Chairs or members of committees.

Amended 06/11/2007

- d) Serve as Chair of the MEC and as an ex officio member of all other standing Staff committees, except the Nominating Committee, with or without vote as provided in the statement of the committee's composition.
  - As the MEC Chair, prepare minutes documenting the meetings and provide communications to the Board and Medical Staff members.

Amended 03/11/2009 Amended 03/18/1993 03/11/2009

- e) Serve as Chair of the Professional Review Committee and oversee its activities.
- f) Review and enforce compliance with standards of ethical conduct and professional demeanor among the members of the Medical Staff in their relations with each other, the Board of Trustees, Hospital management, other professional and support staff, and the community the Hospital serves.

## Amended 04/10/2002

In the absence of another practitioner serving as the Vice President of Medical Affairs (VPMA), the President of the Staff also has the following responsibilities and authority to be carried out in conjunction with the MEC:

Amended							
03/18/1993							
04/10/2002							
10/09/1996							
04/10/2002							

### 1.1-3 Vice President of Medical Affairs

a) Oversee the development, organization and day-to-day implementation of the Performance Evaluation and Improvement (PE&I) programs that are controlled by the members of the Medical Staff.

#### Amended 03/18/1993 10/09/1996 04/10/2002

b) Consult with, and report in writing to, the Board of Trustees on the findings and results of PE&I activities, provide written recommendations for required actions and, together with the CEO, monitor the implementation of such actions within the Hospital and the Medical Staff Committees.

### 1.1-4 As Chief Clinical Officer

Supervise the clinical organization of the Staff, coordinate the delivery of services among the clinical services, and assist the CEO in coordinating activities of administration, nursing, support and other personnel and services with Medical Staff clinical units.

#### Amended 04/10/2002

b) Advise the Board, the CEO, and the MEC on matters impacting patient care and clinical services, including the need for new or modified programs and services, recruitment and training of professional and support staff personnel, and staffing patterns.

### 1.2 Responsibilities and Authority of the President-Elect of the Staff

As the second ranking elected Medical Staff officer, the President-Elect of the Staff has these responsibilities and authority:

- a) Assume all of the duties and responsibilities and exercise all of the authority of the President of the Staff when the latter is temporarily or permanently unable to accomplish the same.
- Amended 10/09/1996 06/11/2007 03/11/2009
- b) Serve as a member of the MEC, as Chair of the Credentials Committee, and as a member of the Professional Review Committee.
- c) Attend meetings of the Board of Trustees in the President's absence.
- d) Perform such additional duties and exercise such authority as may be assigned or granted by the Medical Staff President, by the MEC, by the Board of Trustees, or in the Medical Staff Bylaws and related manuals or in other Staff or Hospital policies.

### 1.3 Responsibilities and Authority of the Secretary-Treasurer

The Secretary-Treasurer has these responsibilities and authority:

- a) Serve as a member of the MEC.
- Amended 04/10/2002 06/11/2007 Amended
- b) Serve as Chairman of the Medical Performance Evaluation and Improvement Committee.
- 06/11/2007
- c) Advise the Board of Trustees, CEO, MEC, and other relevant Staff and Hospital individuals and groups on the functioning of the PE&I program.

Amended 06/11/2007

- d) Serve as a member of the Council for Improving Organizational Performance (CIOP) and Coordinating Team 1.
- e) Be responsible for reporting on meetings of the Medical Staff.
- Supervise the collection and accounting for any funds that may be collected in the form of dues, assessments, or otherwise.
- g) If funds are collected from dues, assessments or otherwise, prepare an annual financial report for transmittal to the Staff at its annual meeting and to the Board and CEO, and any other interim reports that may be requested by the President of the Staff or the MEC.
- h) Perform such additional duties and exercise such authority as may be assigned or granted by the President of the Staff, by the MEC, or in the Medical Staff Bylaws and related manuals or other Medical Staff or Hospital policies.

Amended 03/18/1993 Amended 04/10/2002

### 1.4 Responsibilities and Authority of Department Chairs

In assuring accomplishment of the functions of a Department as outlined in Section 9.3 of the Medical Staff Bylaws and in assuming responsibility for all clinical appropriate administrative activities within the Department, a Department Chair is responsible for the following:

- a) Overseeing all clinically related activities of the department;
- b) All administratively related activities of the department unless otherwise provided by the Hospital;
- c) The integration of the department into the primary functions of the Hospital;
- d) The coordination and integration of interdepartmental and intradepartmental services;
- The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
- Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- g) Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;
- h) Recommending to the Medical Staff or MEC the criteria for clinical privileges that are relevant to the care provided in the department;
- Recommending clinical privileges for each member of the department;
- The determination of the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- k) The continuous assessment and improvement of the quality of care, treatment, and services;
- The maintenance of quality control programs, as appropriate;
- m) The orientation and continuing education of all persons in the department;
- n) Recommendations for space and other resources needed by the department;

Amended 04/10/2002

Amended 04/10/2002 06/11/2007 Amended 04/10/2002

06/11/2007 Amended 04/10/2002 06/11/2007

Amended 04/10/2002 06/11/2007

04/10/2002 06/11/2007 Amended 06/11/2007

Amended

Amended 06/11/2007

Amended 06/11/2007

- Recommendations to the MEC or relevant hospital authority of off-site sources for needed patient care, treatment, and services not provided by the department or the Hospital;
- p) The preparation and transmission to the appropriate authorities, as required by the Medical Staff Bylaws, the Credentialing Procedures Manual, or other relevant protocols, recommendations concerning appointment, reappointment, delineation of clinical privileges, and corrective action with respect to practitioners, Staff Affiliates, or Allied Health Professionals who are appointed to or exercise privileges in the department;

Amended 04/10/2002

- q) The enforcement of Hospital and Medical Staff Bylaws and related manuals, rules, policies, and procedures within the department, including the initiation of corrective action and investigation of clinical performance;
- r) Unless otherwise provided in the Medical Staff Bylaws or this Manual, the assignment of individual department members and/or the appointment of department committees as necessary to perform the key functions of the department and the designation of a Chair and secretary of each committee appointed;
- s) The presiding over and preparation of the agenda for all department meetings;

Amended 04/10/2002

t) The performance of such other duties and the exercise of such authority commensurate with the office as set forth in the Medical Staff Bylaws or any of the related manuals, in other Hospital or Medical Staff rules and policies, and, if applicable, in a contract with the Hospital, and, as may from time to time be reasonably requested by the President of the Staff, the MEC, the CEO, or the Board of Trustees.

#### 1.5 Responsibilities and Authority of Section Chiefs

Amended 04/10/2002

In assuring the accomplishment of the functions of a Section as provided in Section 9.4 of the Medical Staff Bylaws and in assuming responsibility for all professional and administrative activities within the Section, a Section Chief has these specific responsibilities and authority:

Amended 03/18/1993

a) Implement and supervise, in cooperation with the Department Chair and other appropriate officials and committees of the Staff and Hospital, systems to carry out the quality assessment and improvement, risk management and utilization management functions assigned to the Section.

Amended 06/11/2007

- b) Participate on a continuous basis in managing the Section through cooperation and coordination with the Department Chair and the Medical Staff President and with the nursing and other patient care services and Hospital management on all matters affecting patient care, treatment, and services.
- c) Assist the Department Chair in planning with respect to the Section's personnel, equipment, facilities, services, and budget.

Amended 04/10/2002

d) Assist the Department Chair in the implementation of orders from the MEC, the Board of Trustees, and other relevant Staff and Hospital authorities.

Amended 06/11/2007

e) Maintain continuing review of the patient care and professional performance of practitioners, Staff Affiliates, and Allied Health Professionals with delineated clinical privileges in the Section and report to the Department Chair on patterns or situations affecting patient care, treatment, and services.

- f) Review data/information forwarded from the various Medical Staff committees charged with quality review, risk management or utilization management activities, respond to requests from and recommendations by said committees, and make recommendations or take action as appropriate.
- g) Conduct investigations and submit reports and recommendations to the appropriate authorities as required by the Medical Staff Bylaws, Credentialing Procedures Manual or other relevant protocols regarding appointment, reappointment, delineation of clinical privileges and corrective action with respect to practitioners, Staff Affiliates or Allied Health Professionals who are appointed to or are exercising privileges or services in or applying to the Section.
- h) Enforce the Hospital and Medical Staff Bylaws and related manuals, rules, policies, procedures, and regulations within the Section, including initiating corrective action and investigation of clinical performance
- i) Preside over and prepare the agenda and minutes for all Section meetings
- j) Perform such other duties and exercise such authority commensurate with the office as are set forth in the Medical Staff Bylaws or any of the related manuals, in other Hospital or Medical Staff rules and policies, and, if applicable, in a contract with the Hospital and as may from time to time be reasonably requested by the President of the Staff, the Department Chair, the MEC, or the Board of Trustees.

### PART TWO: FUNCTIONS OF THE STAFF

### 2.1 Generally

The required functions of the Medical Staff are as described in Section 2.2 below. The Staff official(s) and/or organizational component(s) responsible for each of the activities to be carried out in accomplishing a function are identified in parentheses following the description of the activity.

### 2.2 Description of Functions

### 2.2-1 Governance, Direction, Coordination and Action

- Amended 03/18/1993 a) Receive, coordinate and act upon as necessary the written reports and recommendations from Departments, committees, other groups and officers concerning the functions assigned to them and the discharge of their delegated administrative responsibilities.
  - b) Coordinate the activities of and policies adopted by the Staff, Departments, other clinical units and committees.
  - c) Account to the Board and to the Staff by written reports for the overall quality and efficiency of patient care in the Hospital. (Staff President and MEC jointly)
  - d) Take reasonable steps to promote professionally ethical conduct and competent clinical performance on the part of Staff members, including initiating investigations and initiating and pursuing corrective action, when warranted. (MEC; Staff President; Department Chairs; Section Chiefs; and Credentials Committee. For initiating a request for corrective action, the above plus any other standing Staff-wide committee or Chair thereof or any authorized special committee.)

Amended 06/11/2007

Amended 04/10/2002 03/11/2009

## Amended 03/18/1993 04/10/2002

- e) Make recommendations on medical, administrative, and Hospital management matters. (MEC; Staff President; Department Chairs; Section Chiefs; Bylaws; MCPC.)
- f) Inform the Medical Staff of the accreditation program and the accreditation status of the Hospital. (MEC)
- g) Act on all matters of Medical Staff business, subject to such limitation as may be imposed by the Staff. (MEC)
- h) Fulfill the reporting requirements in Section 10.3-3 of the Medical Staff Bylaws. (MEC)

# Amended 03/18/1993 03/18/1993 10/09/1996 04/02/2002

Amended

03/18/1993

10/09/1996

### 2.2-2 Quality Assessment and Improvement Program Activities

- a) Adopt modify and supervise a quality assessment and improvement program that monitors, evaluates, and improves key hospital-wide patient care functions. (MPEIC). The modifications will be subject to approval by the MEC and Board of Trustees.
- b) Implement the procedures required under Section 2.2-2 (a) by the identification of important aspects of care and services and the development of clinical indicators which measure important aspects of care; by the identification of data needs for the various activities; and by the improvement to key organization patient care functions. (MPEIC; Cancer Committee; and Medical Staff Departments and Sections.)
- c) Formulate and act upon specific recommendations to correct identified situations requiring improvement. (MEC; Credentials Committee; Medical Care Policy Committee; Pharmacy & Therapeutics Committee; Education & Library Committee; Staff President; Department Chairs; Section Chiefs)
- d) Follow-up on action taken. (For monitoring impact of change, entities identified under (b) above; for further action, those under (c).)

Amended 03/18/1993 10/09/1996

e) Coordinate the Staff's quality review activities with those of other health care disciplines. (MPEIC and the Staff President with the Hospital-wide Performance Evaluation & Improvement Council.)

Amended 03/18/1993 10/09/1996

f) Send monthly written reports to the next higher authority in the organizational structure on the results (including findings, action taken and follow-up) and progress of the quality assessment and improvement, risk management, and utilization management activities. (Departments and Sections and their Chairs and Chiefs to MPEIC and MEC or subcommittees thereof; P&TC to MPEIC; Credentials Committee, Bylaws, E&LC, MPECI to MEC; and MEC and Staff President to Board.)

Amended 03/18/1993 10/09/1996

g) Participate in annually evaluating the overall quality assessment and improvement program for its comprehensiveness, integration, effectiveness, and cost efficiency. (MPEIC)

# Amended 03/18/1993 03/18/1993 10/09/1996

### 2.2-3 Continuous Monitoring Activities

a) Adopt, modify, supervise, and coordinate the conduct and findings of the patient care monitoring activities. (MPEIC; MEC for coordination of Department/Section activities; Cancer Committee.)

Amended 10/09/1996

b) Conduct ongoing review of mortalities, including analysis of autopsy reports when available. (MPEIC)

Amended 03/18/1993 10/09/1996 04/10/2002

c) Conduct surgical case review, including tissue review, evaluation and comparison
of preoperative and postoperative diagnosis, indications for surgery, actual
diagnosis of tissue removed, and situations in which no tissue was removed.
(MPEIC)

Amended 03/18/1993 10/09/1996 04/10/2002

d) Conduct blood usage reviews including the evaluation of appropriateness of all transfusions (whole blood and blood components), review of all confirmed transfusion reactions, and review of ordering practices for blood and blood products (including the amount requested, the amount used and the amount wasted). (MPEIC)

Amended 03/18/1993 10/09/1996

e) Review and evaluate drug therapy practices and drug utilization at least quarterly, including review of the appropriateness of empiric and therapeutic use of drugs. (Medical Performance Evaluation & Improvement Committee (MPEIC))

Amended 10/09/1996

f) Review and evaluate on an on-going basis the appropriateness, safety and effectiveness of the prophylactic, empiric, and therapeutic use of antibiotics in the Hospital, reporting conclusions, recommendations, actions taken, and action results on at least a quarterly basis. (MPEIC)

Amended 10/09/1996

- g) Review on a continuous basis other general indicators of the quality of care and of clinical performance, including unexpected patient care management events. (MPEIC)
- h) Review on a continuous basis and enforce or coordinate compliance with consultation requirements and other established policies and protocols relating to clinical practice in the Hospital. (Staff President; Department Chairs; Section Chiefs; medical directors of other designated units/services)

Amended 03/18/1993 10/09/1996 04/10/2002

i) Those responsible for conducting any of these monitoring activities shall submit written reports of results and progress as required by the frequency of the activity to the MPEIC and for information purposes to any other Staff organizational entity or official with an official interest in the activity. The MPEIC reports similarly to the MEC and for information to any other Staff organizational entity or official with an official interest in the activity and to the Board. The MEC and the Staff President report on the overall activity to the Board.

Amended 05/12/1999

j. Conduct at least an annual review of the clinical policies and rules.

### 2.2-4 Utilization Management

Amended 10/09/1996

a) Develop a utilization review and management (Medical PE&I) plans for approval by the MEC, Hospital Administration, and the Board. The plan must apply to all patients regardless of payment source, outline the confidentiality and conflict of interest policy, and include provision for at least: (1) review of the appropriateness and medical necessity of admissions, continued hospital stays and the use of clinical support services; (2) discharge planning; (3) data collection and reporting requirements; and (4) use of written, objective, measurable criteria in conducting the reviews. (MPEIC)

Amended 10/09/1996

b) Review and monitor that the utilization review and management plan is in effect, known to the Staff members and functioning at all times. (MPEIC)

Amended 10/09/1996

c) Analyze utilization profiles on a periodic basis and prepare written evaluations of the utilization review and management activities on a continuous basis, including a determination of their effectiveness in allocating resources. (MPEIC)

Amended 10/09/1996

d) Conduct studies, take actions, submit reports, and make recommendations as required by the utilization review and management plan. (MPEIC; other staff individuals/components as defined in the utilization review and management plan)

Amended 03/18/1993 Amended 10/09/1996

### 2.2-5 Special Studies

- a) Conduct any special studies of the inputs, processes or outcomes of care that may be required to determine the appropriateness of clinical performance. (MPEIC; Cancer Committee)
- Amended 10/09/1996
- b) Those responsible under 2.2-5(a) send written reports as required or requested on the progress and results of such studies to the MPEIC. The MPEIC reports to the MEC. The MEC and Staff President report to the Board.

### 2.2-6 Special Hospital Services Review

Amended 03/18/1993 10/09/1996

- a) Develop and implement mechanisms to monitor and evaluate the care provided in or by the intensive care and other special care units, the operating and recovery rooms, and hospital patient care support (diagnostic and therapeutic) services. (SCUC; Cancer Committee)
- b) Develop and coordinate, or participate in developing and coordinating, and enforce clinical policies and procedures for those same areas and services. (MCPC; Cancer Committee; Department Chairs; Section Chiefs; medical directors of other identified clinical units/services)
- Amended 03/18/1993 10/09/1996
- c) Those responsible for activities under 2.2-6(a) submit written reports at least quarterly on results and progress to the MPEIC that reports in turn to the MEC. Responsible entities under (b) report to the MCPC for coordination and the MCPC reports to the MEC. The MEC and Staff President report to the Board. Other Staff or Hospital organizational entities or officials with an official interest in any of the activities covered by this Section receive reports for information purposes.

### 2.2-7 Credentials Review

Amended 10/09/1996

- a) Review, evaluate and transmit written reports as required by the Medical Staff Bylaws and Credentialing Procedures Manual on initial appointments, concluding or extending the provisional period, reappointments, modifications of appointment, clinical privileges, and the performance of specified services by allied health professionals. (MEC; Credentials Committee; MPEIC; Department Chairs and Section Chiefs)
- b) Initiate, investigate, review and report on corrective action matters and on any other matters involving the clinical, ethical or professional conduct of any practitioner assigned or referred by: (1) the Staff President; (2) the MEC; (3) those responsible for the functions described in Sections 2.2-2, 2.2-3, 2.2-4, 2.2-5, 2.2-6, 2.2-8, 2.2-9 and 2.2-10; or (4) the Board of Trustees.
- c) Maintain a credentials file for each member of the Staff, including records of participation in Staff activities and results of quality assessment, review, monitoring and utilization activities. (Credentials Committee)

### 2.2-8 Education and Library

Amended 03/18/1993 04/10/2002

- (a) Participate in developing, planning, implementing, and evaluating programs for continuing education requirements that are relevant to patient care services designed to keep the Medical Staff informed of significant new developments and new skills in medicine. Be responsive to quality review, risk management and utilization management findings. (E&LC)
- b) Coordinate, as necessary, the various education activities of the Departments, Sections, and other committees. (E&LC)
- c) Provide medical direction and advice to the Hospital's medical library services. (E&LC)
- d) Maintain a written record of education activities and participation in them. (In individual credentials files maintained by Medical Staff Office)
- e) Submit written reports at least quarterly to the MEC and to the Board. (E&LC to MEC; MEC to Board)

### 2.2-9 Medical Records

Amended 10/09/1996

a) Review and evaluate medical records to determine that they: (1) properly describe the condition and progress of the patient, the therapy and tests provided, the results thereof, and the identification of responsibility for all actions taken; and (2) are sufficiently complete at all times so as to facilitate continuity of care and communications between all those providing patient care services in the Hospital.

Amended 10/09/1996 06/14/2000 b) Develop, review, enforce and maintain surveillance over enforcement of Staff and Hospital policies and rules relating to medical records, including medical records completion, preparation, forms, formats, filing, indexing, storage, destruction and availability, and recommend methods of enforcement thereof and changes therein. (Medical Care Policy Committee for policy, forms, etc.; Medical Performance Evaluation & Improvement Committee)

Amended 10/09/1996

 Provide liaison with Hospital Administration, nursing service, and medical record professionals in the employ of the Hospital to matters relating to medical record practices. (MCPC; MEC)

### 2.2-10 Pharmacy and Therapeutics

- a) Assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs in the Hospital. (P&TC)
- b) Advise the Medical Staff and the Hospital's Pharmacy on matters pertaining to the choice of available drugs. (P&TC)
- c) Make recommendations concerning drugs to be stocked on the nursing unit floors and by other services. (P&TC)
- d) Develop and review periodically a drug list for use in the Hospital, prescribe the necessary operating rules for its use, and assure that said rules are available to and observed by all Staff members. (P&TC)

Amended 10/09/1996

- e) Review all unexpected drug reactions. (P&TC)
- f) Evaluate clinical data concerning new drugs or preparations requested for use in the Hospital. (P&TC)

g) Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs. (P&TC)

Amended 10/09/1996

h) Submit written reports at least quarterly concerning drug utilization policies and practices in the Hospital. (P&TC to MPEIC; MPEIC to MEC)

### 2.2-11 Infection Control

- a) Maintain surveillance over the Hospital infection control program. (ICC)
- Amended
  10/09/1996

  b) Develop and implement a system for reporting, identifying and analyzing the incidence and cause and reviewing the proper management and epidemic potential of infections among patients. (MPEIC)
  - c) Develop and implement a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing and evaluating aseptic, isolation and sanitation techniques. (ICC)
  - d) Develop, evaluate and review 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. (ICC)

Amended 10/09/1996

e) Coordinate action on findings from the Medical Staff's review of the clinical use of antibiotics. (ICC)

Amended 10/09/1996

f) Conduct on a periodic basis statistical/prevalence studies of antibiotic usage and susceptibility/resistance trend studies. (ICC)

Amended 10/09/1996

g) Submit written reports at least quarterly to the MPEIC, MEC, the Hospital-wide PE&I Council, on the progress and results of the activity. (MPEIC to MEC to Board; ICC to Hospital-wide PE&I Committee)

## Amended 03/18/1993

### 2.2-12 <u>Emergency Preparedness</u>

- a) Assist in developing and periodically reviewing, in cooperation with the Hospital's Safety and Environmental Risk Management Committee, a written plan that is designed to safeguard patients at the time of an emergency and requires all key personnel to rehearse fire and other types of emergency drills at least four (4) times a year for each shift. (Medical Staff representation on Emergency Preparedness Committee)
- b) Assist in developing and periodically reviewing, in cooperation with the Emergency Preparedness Committee, a written plan for the care, reception and evacuation of mass casualties that is coordinated with the inpatient and outpatient services of the Hospital, that adequately relates to other available resources in the community and coordinates the Hospital's roles with other agencies in the event of disasters in the Hospital or nearby communities, and that is rehearsed by all personnel involved at least twice yearly. (Medical Staff representation on Hospital Emergency Preparedness Committee)

#### 2.2-13 Planning

## Amended 03/18/1993

- a) Participate in evaluating on an annual basis existing programs, services, and facilities of the Hospital and Medical Staff and recommend continuation, expansion, abridgment or termination of each. (MEC; Staff President; Departments/Sections/other clinical units and their physician heads)
- b) Participate in evaluating the financial, personnel and other resource needs for beginning a new program or service, for constructing new facilities, or for acquiring new or replacement capital equipment, and assess the relative priorities of services and needs and allocation of present and future resources. (As for (a) above)
- c) Submit written reports as necessary or required to relevant Staff organizational components and to the Board of Trustees or appropriate committees thereof through the CEO with findings and recommendations for action.

### 2.2-14 Bylaws Review and Revision

## Amended 03/18/1993 6/12/1996

- a) Conduct review of the Bylaws and the related manuals and forms promulgated in connection with them at least every two years. (Bylaws)
- b) Submit written recommendations to the MEC and to the Board for changes in these documents. (For Bylaws, Bylaws to MEC to Medical Staff to Board; for related manuals, policies and rules, Bylaws to MEC to Board)

### 2.2-15 Nominating

- a) Identify nominees for election to general Staff offices, and to other elected positions in the Staff organizational structure. (Nominating Committee)
- b) In accomplishing (a), consult with members of the Staff or of the appropriate constituent group and CEO concerning the qualifications and acceptability of prospective nominees.

## Amended 5/20/1993

### 2.2-16 Communication

Foster effective communication among the members of the Board of Trustees, Medical Staff, and Hospital Administration (Joint Conference and Medical Staff Communications Committee; attendance of Medical Staff President at Board of Trustees meetings; attendance of CEO, or designee, at MEC meetings; medical staff representation and participation in any Hospital deliberations affecting the discharge of Medical Staff responsibilities; Medical Staff Newsletter, which includes a summary of Board of Trustee Activities).

### PART THREE: MEDICAL STAFF COMMITTEES, CLINICAL DEPARTMENTS AND SECTIONS

## Amended 03/18/1993 10/09/1996

### 3.1 Designation

There will be a Medical Executive Committee (MEC and the following standing committees responsible to the MEC: Credentials, Medical Care Policy, Education and Library, Nominating, Medical PE&I Committee, and Pharmacy and Therapeutics. The principles governing committees are provided in Section 10.2 of the Medical Staff Bylaws. The manner of and authority for the appointment of members and Chairs of committees are set forth in Section 10.2-6 of the Medical Staff Bylaws.

### 3.2 <u>Medical Executive Committee</u>

The composition and duties of the Medical Executive Committee are as set forth in Section 10.3 of the Medical Staff Bylaws. Its governance, direction, coordination, action, and reporting functions are as described in Section 2.2 of this Manual. In addition, the MEC supervises overall Medical Staff compliance with accreditation and other regulatory requirements applicable to the Medical Staff or any of its clinical units.

## Amended 06/14/2000

### 3.3 Credentials Committee

### 3.3-1 Purpose and Meetings

The Credentials Committee:

- a) Coordinates the Staff credentials function by:
- Amended 06/14/2000

- (1) Receiving and analyzing applications and recommendations for appointment, and reappointment, provisional period conclusion or extension, clinical privileges and changes therein, and recommending action thereon;
- (2) Developing or coordinating, periodically reviewing, and making recommendations on the procedures and forms used in connection with each component of the credentialing process and recommending standards for the content and organization and overseeing maintenance of the individual credentials files.
- b) Designs and oversees implementation of the credentialing procedures for Staff Affiliates and for Allied Health Professionals (AHP) who are not Hospital employees.
- c) Evaluates criteria for privileges for the performance of new procedures or devices.

The Credentials Committee meets monthly and reports to the Medical Executive Committee and to the Board.

### 3.3-2 Composition

Amended 10/09/1996 06/14/2000 Amended 06/14/2000 The Credentials Committee includes:

- a) The Chair who is the Secretary/Treasurer of the Medical Staff;
- b) Five (5) or Six (6) Active Staff members;
- c) Medical Staff President, without vote:
- d) Credentials Coordinator as staff and without vote;
- e) Vice President of Medical Affairs, without vote.

## Amended 06/14/2000

### 3.4 Medical Care Policy Committee

### 3.4-1 Purpose and Meetings

Amended 10/09/1996 10/13/1999 06/11/2007 The Medical Care Policy Committee provides medical staff input and clinical review of pertinent hospital policies in the following contexts:

- a) Reviews patient care policies that do not have an inherent mechanism for medical staff input or review. The flow of policy review shall be delineated within hospital policies.
- b) Reviews patient care policies on the appeal of those involved in the initial policy review in which there is
- i. Disagreement between the originator of the policy and the reviewing individual/group, or
- ii. Perceived conflict of interest due to a personal stake in the process under review.

Reviews will be limited to clinical issues pertinent for medical staff input. Other issues involved in basic policy review will be referred to the appropriate area ,e.g., nursing,

Administration, or other appropriately responsible entity.

Meetings will be conducted at a frequency that permits prompt review of presented policies so that operational delays are avoided.

### 3.4-2 Composition

a) A Chair;

## Amended 06/11/2007

- b) Six additional Active Staff members selected to be representative of major clinical areas, ideally including a Navy representative and hospitalist member;
- c) Representatives from the Nursing Policy and Procedure Committee;

## Amended 06/11/2007

- d) Ad hoc attendance by the primary owners and other interested parties involved with policies being considered during the meeting;
- e) An advisory representative from Health Information Services;
- f) Medical Staff President, without vote;

#### Amended 06/11/2007 Amended 06/14/2000 Amended

06/11/2007

- g) CEO designee, the Vice President of Medical Affairs, without vote;
- h) Medical Staff Services personnel, as staff and without vote;
- i) Representatives of other clinical services and professional, technical, administrative support staff participate as consultants in relevant areas of expertise as requested by the Committee, without vote.

### 3.5 Pharmacy and Therapeutics Committee

## Amended 2/20/1992

3.5-1 Purpose and Meetings

10/09/1996

The Pharmacy and Therapeutics Committee fulfills Staff functions relating to pharmacy and therapeutics policies and practices. In addition, it advises the Medical Staff, Department of Food and Nutrition, and Pharmacy on matters of nutrition, including guidelines/protocols on the use of the special diets and total parenteral nutrition. It serves as a forum for the discussion and resolution of problems arising in these areas that require multidisciplinary input and decision-making. The Pharmacy and Therapeutics Committee meets at least quarterly or more frequently as needed and reports to the MPEIC.

### 3.5-2 Composition

The Pharmacy and Therapeutics committee includes:

- a) A Chair;
- b) At least five (5) additional Active Staff members, including at least one representative each from the Departments of Medicine and Surgery;
- c) Hospital Pharmacist;
- d) Medical Staff President, without vote;
- e) CEO, or designee, without vote; and

### 3.6 Education and Library Committee

### 3.6-1 Purpose and Meetings

The Education and Library Committee directs or coordinates the development of and evaluates the effectiveness of continuing medical education programs for the Staff responsive to needs identified in quality review findings and by Staff members and to developments pertinent to practice at the Hospital, and reviews and coordinates programs for cancer conferences. The Education and Library Committee also analyzes the status and needs of, and makes recommendations regarding, materials for the Hospital's medical library services. It meets at least quarterly or more frequently as needed and reports on its activities to the MEC.

## Amended 06/14/2000

### 3.6-2 Composition

The Education and Library Committee includes:

a) A Chair;

## Amended 10/09/2002

Amended 06/14/2000 Amended

06/14/2000 Amended

06/14/2000

- b) A member representing each clinical department;
- c) CEO, or designee, without vote; and
- d) Librarian, as staff and without vote.
- e) Education Secretary as staff and without vote;
- f) Medical Staff Coordinator as staff and without vote;
- g) Education Coordinator as staff and without vote.

### 3.7 Bylaws Committee

### 3.7 Bytaws Committee

## Amended 03/18/1993 03/18/1993

### 3.7-1 Purpose and Meetings

## Amended 05/09/2001 10/03/2001

The Bylaws Committee (Bylaws) fulfills Staff responsibilities relating to review and revision of Medical Staff Bylaws and related manuals. The Bylaws Committee meets on the first Tuesday of the month at 0730 hours during the months of January, March, April, June, September and October and reports to the Medical Executive Committee. Additional committee meetings will be scheduled as required.

## Amended 03/18/1993

### 3.7-2 Composition

The Bylaws Committee includes:

- a) A Chair;
- Amended 10/09/1996 06/14/2000 05/09/2001 Amended 05/09/2001 Amended 06/14/2000 05/09/2001
- b) At least four (4) additional Active Staff members;
- c) Vice President of Medical Affairs, without vote.
- d) Medical Staff Coordinator as staff and without vote.

### 3.8 Nominating Committee

## Amended 03/11/2009

### 3.8-1 Purpose and Meetings

The Nominating Committee shall nominate, when required under the provisions of these Bylaws, one or more qualified candidates for the offices of President-Elect and Secretary-Treasurer and for each of the three at-large positions on the Medical Executive Committee. It shall meet as required under Sections 8.4-2 b), 8.5-2, and 10.3-1 f) of these Bylaws and otherwise as necessary to accomplish its function.

## Amended 03/11/2009

### 3.8-2 Composition

The Nominating Committee shall be composed of Active Staff members consisting of the current President of the Medical Staff, the Immediate Past President of the Medical Staff, The Department of Surgery Chair, the Department of Medicine Chair, and the Medical Director of the Hospitalist program. The current President of the Medical Staff shall serve as the committee chair.

## Amended 08/09/1995

### 3.9 Medical Performance Evaluation & Improvement Committee

### 3.9-1 Purpose and Meetings

The Medical Performance Evaluation & Improvement Committee (MPEIC) will oversee the functioning of the medical staff portion of the Hospital-Wide Performance Evaluation and Improvement Program. In addition, the committee will annually recommend medical staff-wide priorities and approval of departmental priorities for review and monitoring; review departmental minutes and other relevant reports to monitor performance evaluation and improvement (PEI) activities and identify trends and issues requiring focused attention; approve criteria for departmental and program monitoring; recommend CME topics and programs to address opportunities for improvement; establish criteria and procedures for annual performance evaluation of Chairs and oversee the annual review process; annually review the effectiveness of medical staff committees and the credentialing process; annually evaluate the effectiveness of the medical staff PEI program and recommend appropriate process changes.

The MPEIC meets monthly and reports to the MEC and to other Hospital authorities and Medical Staff Department Chairs and Section Chiefs as appropriate concerning specific quality of care issues identified.

## Amended 08/09/1995

### 3.9-2 Composition

The MPEIC includes:

- a) The President-Elect as Chair;
- b) Four (4) medical staff members at-large with expertise and interest in quality improvement, utilization management and risk management;
- c) Chair of the Credentials Committee;
- d) Chair of the Special Care Unit Committee;
- e) Chair of the Infection Control Committee;
- f) Chair of the Pharmacy & Therapeutics Committee;
- g) Manager of the PE&I Program Office.

All committee members shall have vote.

#### Amended 06/14/2000 Amended 2/20/1992 3/13/1996 Amended

06/14/2006

### 3.10 Cancer Committee

### 3.10-1 Purpose and Meetings

The Cancer Committee provides policy direction and clinical leadership in all aspects of the Hospital cancer program. Its responsibilities cover the entire spectrum of care for cancer patients: diagnosis, treatment, rehabilitation, follow-up, and end-results reporting. Additional specific responsibilities include supervising the cancer registry and planning and implementing patient care evaluation studies. The Cancer Committee meets at least four (4) times per year and reports to the MEC.

## **Amended** 3/13/1996 06/14/2006

### 3.10-2 Composition

The Cancer Committee includes but is not absolutely limited to:

- a) A Chair;
- Amended 10/13/1999 06/14/2000 06/14/2006
- b) Representatives from the Departments of: Medicine (including, Radiation and Medical Oncologists); Diagnostic Imaging, Obstetrics and Gynecology; Surgery; Pathology, Urology, and the Cancer Liaison.
- c) One representative of Oncology Nursing, without vote;

## Amended 06/14/2000 06/14/2006

- d) Representatives from Pharmacy, Social Service, Rehabilitation, and Health Information Services all without vote;
- e) CEO, or designee, without vote;
- f) Representative from the Performance Evaluation and Improvement Program Office, as staff and without vote;
- g) The Cancer Registrar as staff and without vote.

## Amended 05/09/2001

### 3.11 Physician Health Committee

### 3.11-1 Purpose & Meetings

## Amended 04/10/2002

The Physician Health Committee (PHC) is for the purpose of providing assistance and rehabilitation to Medical Staff members, Affiliate Staff and Allied Health Professionals in matters of individual health and behavior. The major function of the PHC are: (1) to receive and evaluate complaints regarding Medical Staff; (2) to serve as a resource for referral including self-referral or referral from other Medical Staff members; (3) to provide education to the Medical Staff and hospital community regarding the PHC and other resources available; and (4) to monitor, if necessary, individuals participating in recommended treatment programs. The PHC should meet once per year to review the current educational program and policies and procedures and to prepare a summary report for the Medical Executive Committee. Additionally, the Committee shall meet as necessary in response to individual requests or referrals.

### 3.11-2 Composition

The Committee shall consist of [at least] four members who shall not be members of the MEC or Credentials Committee or serve as Department Chairman. The Chairman of the PHC should be a member of the Rhode Island Medical Society (RIMS) and sit on the RI Medical Society's Physician Health Committee.

#### Amended 03/11/2009 Amended 03/11/2009 Amended 03/11/2009

### 3.12 Professional Review Committee

### 3.12-1 Purpose & Meetings

The Committee's primary purpose is to address issues related to the Medical Staff Code of Conduct. The Committee could also be requested to address other significant medical staff issues such as administrative or clinical quality concerns.

## Amended 03/11/2009

Meeting frequency will be such to permit the committee to expeditiously address any issues raised.

### Amended 03/11/2009 Amended 03/11/2009

### 3.12-2 Composition

The Committee shall consist of the Medical Staff President, who will serve as Chair, the President-elect, the Immediate Past President, and the Vice President of Medical Affairs.

Ad hoc members may include the Department Chair of specific practitioner(s) being reviewed and other individuals determined to be pertinent to the committee's deliberations.

# Amended 10/09/1996 05/09/2001 03/11/2009

### 3.13 Clinical Departments and Sections

The current Clinical Departments are:

### Amended 10/13/1999 10/03/2001 05/12/2004 03/11/2009

- a) Anesthesiology
- b) Diagnostic Imaging
- c) Emergency Services
- d) Family Medicine
- e) Medicine
- f) Obstetrics & Gynecology
- g) Orthopedics
- h) Pathology
- i) Pediatrics
- j) Psychiatry
- k) Surgery

### PART FOUR: MEETING PROCEDURES

Amended 03/18/1993 Amended

10/03/2001

### 4.1 Notice of Meetings

Written and/or email notice of any regular general Staff meeting, or of any regular committee, Department or Section meeting not held pursuant to resolution, must be delivered personally or by United States mail to each person entitled to be present thereat not less than five (5) days nor more than fifteen (15) days before the date of such meeting and must be posted. A duplicate email notice will be sent to those physicians who request email notification. Notice of any special meeting of the Staff, a Department, Section, or a committee must be given orally or in writing at least seventy-two (72) hours prior to the meeting and must be posted. Personal attendance at a meeting constitutes a waiver of notice of such meeting, except when a person attends a meeting for the express purpose of objecting, at the beginning of the meeting, to the transaction of any business because the meeting was not duly called or convened. No business shall be transacted at any special meeting except that stated in the meeting notice.

### 4.2 Quorum

### 4.2-1 General Staff Meetings

The presence of one-third of the qualified voting members of the Active Medical Staff in good standing at any regular or special meeting constitutes a quorum for the transaction of any business coming before the Staff.

### 4.2-2 Departments, Sections and Committee Meetings

Amended 03/11/2009

Those present of the qualified voting members in good standing of a Department, Section, or Committee, but not less than two members, constitutes a quorum at any meeting of such Department, Section, or Committee.

## Amended 10/09/1996

### 4.3 Order of Business at Regular Staff Meetings

The President of the Staff determines the order of business at a regular Staff meeting. The agenda includes at least:

- a) Acceptance of the minutes of the last regular and all special meetings held since the last regular meeting.
- b) Administrative reports from the Medical Staff President, the Chairs of Departments as requested, and the CEO.
- c) The election of officers and of representatives to Staff and Hospital committees, when required by the Medical Staff Bylaws.
- d) Reports by responsible officers, Departments, committees, and discussion on the overall results of the Staff's quality review program activities and on fulfillment of the other required Staff functions.
- e) New business.

### 4.4 Manner of Action

Except as otherwise specified, the actions of a majority of the members present and voting at a meeting at which a quorum is present is the action of the group. Action may be taken without a meeting by the Staff, a Department, Section or committee by presentation of the question to each member eligible to vote, in person or by mail, and their vote returned to the Chair of the group or to the Staff President in the case of a Staff vote. Such vote shall be binding so long as the question is voted on by at least the number of voting members of the group that would constitute a quorum.

### 4.5 Minutes

Minutes of all meetings shall be prepared and include a record of attendance and the vote taken on each matter. Copies of said minutes must be signed by the presiding officer, approved by the attendees, and forwarded to the MEC or the parent committee in the case of a subcommittee. Minutes shall be made available, upon request to and at the discretion of the President of the Staff, to any Active Staff member who functions in an official capacity within the Hospital to have a legitimate interest in them. A permanent file of the minutes of each meeting shall be maintained.

### 4.6 Procedural Rules

Amended 03/11/2009

The actual conduct of meetings of the Staff, Departments, Sections, and Committees will be determined by the presiding officer.

The latest edition of Robert's Rules of Order Revised may be used for reference at all meetings and elections, but shall not be required nor binding. Specific provisions of these Bylaws and related manuals, and Medical Staff or committee custom, shall prevail at all meetings, and the presiding officer shall have the authority to rule definitively on all matters of procedure.

### **PART FIVE: AMENDMENT**

### 5.1 Amendment

This Medical Staff Organization Manual may be amended or repealed, in whole or in part, by a resolution of the Medical Executive Committee recommended to and adopted by the Board.

### 5.2 Responsibilities and Authority

The procedure outlined in Article Fourteen of the Medical Staff Bylaws shall be followed in the adoption and amendment of this Medical Staff Organization Manual, provided that the Medical Executive Committee may act for the Staff in making the necessary recommendations.

### PART SIX: ADOPTION

### 6.1 Medical Staff

This Medical Staff Organization Manual was adopted and recommended to the Board of Trustees by the Medical Executive Committee on October 12, 1987.

/s/ Peter D. T. Clarisse
President of the Medical Staff, Newport Hospital

### 6.2 Board of Trustees

This	Med	lical	Staff	Organi	zation	Manual	was	approved	and	adopt	ed by	resolution	of	the	Board	of
Trust	ees	on	Nov	ember	19,	1987,	after	considerii	ng	the 1	Medica	l Executi	ve	Co	mmitte	e's
recommendations.																

/s/ Marc S. Jagolinzer
Secretary, Board of Trustees, Newport Hospital

/s/ Robert J. Healey
President & C.E.O., Newport Hospital