

Medical Staff Organization Policy

SUMMA HEALTH SYSTEM

A Medical Staff Document

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ARTICLE I

DEFINITIONS & APPLICABILITY

1.1 DEFINITIONS & DESIGNEES

- 1.1-1 Definitions. The definitions set forth in the Medical Staff Bylaws shall apply to this Medical Staff Organization Policy unless otherwise provided herein.
- 1.1-2 Designees. Whenever an individual is authorized in the Medical Staff governing documents to perform a duty by virtue of his/her position, then reference to the individual shall also include the individual's authorized designee.

ARTICLE II

MEDICAL STAFF DEPARTMENT FUNCTIONS; MEDICAL STAFF DEPARTMENT CHAIRS, MEDICAL STAFF DIVISIONS & DIVISION CHIEFS

2.1 MEDICAL STAFF DEPARTMENTS & DEPARTMENT CHAIRS

- 2.1-1 The Medical Staff Departments are set forth in the Medical Staff Bylaws.
- 2.1-2 The Department Chair shall be selected and shall meet the qualifications as outlined for a Department Chair in the Medical Staff Bylaws.
- 2.1-3 Duties of the Department Chair are outlined in the Medical Staff Bylaws.
- 2.1-4 Removal of the Department Chair is outlined in the Medical Staff Bylaws.

2.2 FUNCTIONS OF MEDICAL STAFF DEPARTMENTS

- 2.2-1 The general functions of the Medical Staff Departments are as follows:
 - (a) As part of the Medical Staff peer review process: conducting patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients; routinely collecting information about important aspects of patient care provided in the Department; identifying indicators to be used to monitor the quality of care and to evaluate the care provided; and, periodically reviewing care to draw conclusions, formulate recommendations, and initiate action to improve patient care.
 - (b) Recommending to the Medical Executive Committee guidelines for the granting of Clinical Privileges within the Department.
 - (c) Evaluating and making appropriate recommendations regarding the qualifications of applicants seeking grant/regrant of Clinical Privileges or a modification of existing Clinical Privileges within the Department.
 - (d) Conducting, and making recommendations regarding, continuing education programs pertinent to Department clinical practice.
 - (e) Reviewing and evaluating Department adherence to:
 - (1) Medical Staff Bylaws and Policies.
 - (2) Hospital policies and procedures.
 - (3) Sound principles of clinical practice.
 - (f) Coordinating patient care provided by the Department's members with nursing, ancillary patient care services, and administration.
 - (g) Submitting reports to the Medical Executive Committee concerning:

- (1) The Department's review and evaluation activities, actions taken thereon, and the results of such action as part of the Medical Staff peer review process.
 - (2) Recommendations for maintaining and improving the quality of care provided in the Department and the Hospital.
 - (3) Such other matters as may be requested from time to time by the Medical Executive Committee.
- (h) In accordance with accreditation standards, meeting (as part of the Medical Staff peer review process) for the purpose of considering patient care review findings and the results of the Department's other review and evaluation activities, as well as reports on other Department and Medical Staff functions.
 - (i) Establishing and appointing Department members to such Department committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to it including protocols for professional practice evaluation.
 - (j) As part of the Medical Staff peer review process, taking appropriate action when deficiencies and/or problems in patient care and/or clinical performance or opportunities to improve care are identified.
 - (k) Accounting to the Medical Executive Committee for all professional and Medical Staff administrative activities within the Department.
 - (l) Formulating recommendations for Department procedures reasonably necessary for the proper discharge of its responsibilities subject to approval by the Medical Executive Committee and the Board.

2.3 DEPARTMENT VICE CHAIR

- 2.3-1 The Department Vice Chair shall be a member of the active Medical Staff with Privileges in the applicable Department.
- 2.3-2 The Department Vice Chair shall be appointed by the Department Chair and approved through the Medical Executive Committee.
- 2.3-3 Duties of the Department Vice Chair shall be to:
 - (a) Act as a presiding officer, or Department representative, at any meeting as designated by the Department Chair.
 - (b) Assist the Department Chair in the development, implementation, evaluation, and monitoring of quality as part of the Medical Staff peer review process.
 - (c) As appropriate, review credentials applications, conduct clinical interviews, and make recommendations to the Department Chair regarding the Clinical Privileges to be exercised within the Department.

- (d) Evaluate, as part of the Medical Staff peer review process, the clinical work performed in the Department as assigned.
 - (e) Perform such other duties commensurate with the office as may be requested by the Department Chair.
- 2.3-4 The Department Vice Chair shall serve the same term as the Department Chair, and until his/her successor is chosen, unless he/she resigns or is removed from the position.
- 2.3-5 Removal of a Department Vice Chair
- (a) Removal of a Department Vice Chair shall be at the discretion of the Department Chair and reported to the Medical Executive Committee.
 - (b) Removal of a Department Vice Chair does not constitute an Adverse action and shall not entitle the Vice Chair removed to any hearing or appeal rights regarding the issue of removal.

2.4 MEDICAL STAFF DIVISIONS & DIVISION CHIEFS

- 2.4-1 The Medical Staff Divisions for each Medical Staff Department are set forth in Addendum A.
- 2.4-2 To the extent applicable to a Division:
- (a) Division Chiefs shall be members of the active Medical Staff with Privileges in the applicable Division.
 - (b) Division Chiefs shall be qualified by training, board certification in the appropriate specialty or subspecialty, experience, and demonstrated current ability in the clinical areas included within their Division.
- 2.4-3 The Department Chair shall appoint a Division Chief that is acceptable to the Division members. The Department Chair shall notify the Medical Executive Committee, for informational purposes, upon appointment of a Division Chief.
- 2.4-4 Each Division Chief shall serve a minimum term of two (2) years unless he/she resigns prior to the end of the term or is removed from the position.
- 2.4-5 Duties of the Division Chief shall be to:
- (a) Act as presiding officer at any Division meeting and keep accurate records of the proceedings.
 - (b) Assist in the development and implementation, in cooperation with the Department Chair, of a program to carry out the quality review, evaluation, and monitoring function assigned to the Division as part of the Medical Staff peer review process.
 - (c) Review credentials applications, conduct clinical interviews, and make recommendations to the Department Chair regarding the Clinical Privileges to be exercised within his/her Division.

- (d) Evaluate, as part of the Medical Staff peer review process, the clinical work performed in the Division.
- (e) Perform such other duties commensurate with the office as may, from time to time, be requested by the Department Chair.
- (f) Serve, as applicable, as education coordinator for the Division for education of residents and students and coordinate the continuing medical education of attending and ancillary staff.

2.4-6 Removal of a Division Chief:

- (a) Shall be at the discretion of the Department Chair.
- (b) Does not constitute an Adverse action and shall not entitle the Division Chief removed to any hearing or appeal rights regarding the issue of removal.

2.5 RESIDENCY OR FELLOWSHIP PROGRAM DIRECTOR

2.5-1 To the extent applicable to a Medical Staff Department or Division, a Department Chair may appoint residency and fellowship program directors, or form a Department search committee.

- (a) A residency/fellowship program director must have and maintain a Medical Staff appointment and appropriate Privileges at the Hospital.
- (b) The ACGME requires that residency and fellowship program directors be approved by the Graduate Medical Education Committee (GMEC).
- (c) The GMEC approved candidate is then forwarded to the Medical Executive Committee for information.
- (d) The Designated Institutional Official (DIO) for Graduate Medical Education is required to submit GMEC-approved residency and fellowship program director appointments into the ACGME WebADS data system. The appointment is then reviewed by the respective Review Committee which has final approval authority over the appointment.

2.5-2 Duties of the Residency or Fellowship Program Director

- (a) Management and supervision of all aspects of the residency or fellowship training program.
- (b) Recruitment and selection of residents or fellows.
- (c) Assist in recruiting, maintaining, and supervising a highly competent faculty teaching staff for resident or fellowship education.
- (d) Ensure that all aspects of the residency or fellowship program are in full compliance with applicable accreditation standards.

- (e) Work with the applicable Department Chair(s) to implement mutually supportive activities between the residency or fellowship program and the Medical Staff Department members.

2.5-3 Removal of a Residency or Fellowship Program Director

- (a) Removal of a residency or fellowship program director shall be at the discretion of the Department Chair.
- (b) The Designated Institutional Official (DIO) or the Graduate Medical Education Committee may recommend removal.
- (c) Removal of a residency or fellowship program director must be reported to the Medical Executive Committee.
- (d) Removal of a residency or fellowship program director does not constitute adverse Action and shall not entitle the program director removed to any hearing or appeal rights regarding the issue of removal.

2.6 PROFESSIONAL PRACTICE EVALUATIONS

- 2.6-1 Focused and Ongoing Professional Practice Evaluations (FPPE/OPPE) will be conducted in accordance with the applicable provision set forth in the Medical Staff Credentials Policy and the Medical Staff Peer Review Policy (#1.29) as such Medical Staff Policies may be amended from time to time.

ARTICLE III MEDICAL STAFF MEETINGS, MEDICAL STAFF DEPARTMENT/DIVISION MEETINGS & MEDICAL STAFF COMMITTEE MEETINGS

3.1 GENERAL & SPECIAL MEDICAL STAFF MEETINGS

3.1-1 GENERAL MEDICAL STAFF MEETINGS

- (a) General Medical Staff meetings shall be held at least one time per year for the purpose of transacting such business as may come within the purview of the Medical Staff. The December meeting shall be the annual Medical Staff meeting.
- (b) The MEC shall designate the date, time, and place for all general Medical Staff meetings. Adequate advance notice of each such general Medical Staff meeting shall be given to Medical Staff Appointees eligible to vote in a manner deemed appropriate by the MEC.

3.1-2 SPECIAL MEDICAL STAFF MEETINGS

- (a) In addition to the general Medical Staff meetings, special meetings of the Medical Staff may be convened as needed upon request of:
 - (1) The Medical Staff President, or
 - (2) The chair of the Board or Hospital President, or
 - (3) A majority of the voting members of the Medical Executive Committee, or
 - (4) A petition signed by at least five percent (5%) or more of the active Medical Staff.
- (b) The MEC shall designate the date, time, and place of any special Medical Staff meetings. Notice of each such special Medical Staff meeting shall be provided to Medical Staff Appointees eligible to vote no later than twenty-four (24) hours prior to the meeting in a manner deemed appropriate by the MEC. Such notice shall include the stated purpose of the special meeting. No business shall be transacted at any special Medical Staff meeting except that stated in the notice calling the meeting.

3.2 NOTICE OF REGULAR MEETINGS OF A MEDICAL STAFF DEPARTMENT/DIVISION OR MEDICAL STAFF COMMITTEE

3.2-1 MEDICAL STAFF DEPARTMENTS & DIVISIONS

- (a) Each Medical Staff Department/Division will meet on a regular basis at such date, time, and place as designated by the Department Chair or Division Chief with appropriate consideration of membership needs.
- (b) The date, time, and place for holding regular Medical Staff Department/Division meetings shall be communicated in advance of the meetings in such manner as determined appropriate by the applicable Department Chair or Division Chief.

- (c) Medical Staff Department/Division meetings may be canceled at the discretion of the Department Chair or Division Chief.

3.2-2 MEDICAL STAFF COMMITTEES

- (a) Each Medical Staff committee will meet at such date, time, and place as designated by the committee chair with appropriate consideration of membership needs.
- (b) The date, time, and place for holding regular Medical Staff committee meetings shall be communicated in advance of the meetings in such manner as determined appropriate by the applicable committee chair.
- (c) Medical Staff committee meetings may be canceled at the discretion of the committee chair.

3.3 NOTICE OF SPECIAL MEETINGS OF A MEDICAL STAFF DEPARTMENT/DIVISION OR MEDICAL STAFF COMMITTEE

3.3-1 A special meeting of any Medical Staff committee or any Medical Staff Department/Division may be called by or at the request of: the Department Chair, Division Chief, or committee chair thereof, the Medical Executive Committee, the Medical Staff President, or by a one-third (1/3) vote of the applicable Medical Staff committee's or Department's/Division's current voting members. The applicable Department Chair/Division Chief or committee chair shall designate the date, time, and place of any special Medical Staff committee or Medical Staff Department/Division meetings. Notice of each such special Medical Staff committee or Medical Staff Department/Division meeting shall be provided to those eligible to vote at such meeting no later than twenty-four (24) hours prior to the meeting in a manner deemed appropriate by the applicable Department Chair/Division Chief or committee chair. No business shall be transacted at any special meeting of a Medical Staff committee or a Medical Staff Department/Division except that stated in the meeting notice.

3.4 CONDUCT OF MEDICAL STAFF MEETINGS, MEDICAL STAFF DEPARTMENT/DIVISION MEETINGS OR MEDICAL STAFF COMMITTEE MEETINGS

- 3.4-1 The Medical Staff will meet in such manner as designated by the Medical Staff President.
- 3.4-2 Each Medical Staff Department/Division and Medical Staff committee will meet in such manner as designated by the applicable Department Chair, Division Chief, or committee chair.
- 3.4-3 Except as otherwise specified in the Medical Staff governing documents, individuals may participate in and act at any meeting by conference call, video conferencing, or other telecommunication equipment 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.
- 3.4-4 Common sense, as determined by the Medical Staff President (for purposes of a Medical Staff meeting) or the applicable Department Chair/Division Chief or Medical Staff committee chair shall be applied in the conduct of meetings.

3.5 QUORUM FOR PURPOSES OF TAKING ACTION AT A MEDICAL STAFF MEETING, A MEDICAL STAFF DEPARTMENT/DIVISION MEETING OR A MEDICAL STAFF COMMITTEE MEETING

- 3.5-1 A quorum is the number of voting members of the Medical Staff or a Medical Staff Department, Division, or Medical Staff committee that must be present in order for the Medical Staff, Department, Division, or Medical Staff committee to take action (*i.e.*, to vote) on a Medical Staff, or a Department, Division, or Medical Staff committee matter at such Medical Staff, Department, Division, or Medical Staff committee meeting.
- 3.5-2 Unless otherwise provided in the Medical Staff governing documents, a quorum for all meetings of the Medical Staff or a Medical Staff Department, Division, or Medical Staff committee (with the exception of the Medical Executive Committee) shall be defined as those voting members present but not less than two (2).
- 3.5-3 Quorum requirements for meetings of the Medical Executive Committee are set forth in the Medical Staff Bylaws.

3.6 MANNER OF ACTION AT A MEDICAL STAFF MEETING, A MEDICAL STAFF DEPARTMENT/DIVISION MEETING, OR A MEDICAL STAFF COMMITTEE MEETING

- 3.6-1 Except as otherwise specified in the Medical Staff governing documents, the action of a majority of the members present and voting at a Medical Staff meeting or at a Department, Division or Medical Staff committee meeting at which a quorum is present shall be the action of that group.
- 3.6-2 The required quorum must be present in order for any action (*i.e.*, a vote) to be taken at a Medical Staff, Department/Division, or Medical Staff committee meeting.
- 3.6-3 For purposes of Medical Staff committee meetings:
 - (a) Any member of a Medical Staff committee may send an eligible designee in his/her place. An eligible designee (if substituting for a voting member of the Medical Staff committee) shall be permitted to vote and shall be counted for purposes of determining a quorum except as may be otherwise specified in the Bylaws or Medical Staff Policies.
 - (b) *Ex Officio* members of a Medical Staff committee may not vote and are not counted for purposes of determining quorum unless otherwise specified in the Medical Staff governing documents.
 - (c) *Ex Officio* members of a Medical Staff committee are entitled to stay for the entire meeting with the exception set forth in the Medical Staff Bylaws regarding the MEC.
 - (d) Guests may attend a meeting in order to make a requested presentation or provide requested information after which such guests will be excused.

- 3.6-4 All actions taken at a Medical Staff, Department/Division, 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.
- 3.6-5 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.

3.7 MANNER OF ACTION WITHOUT A MEDICAL STAFF MEETING, A MEDICAL STAFF DEPARTMENT/DIVISION MEETING, OR A MEDICAL STAFF COMMITTEE MEETING

3.7-1 Unless otherwise provided in the Medical Staff governing documents:

- (a) Any action which may be authorized or taken at a meeting of the Medical Staff, a Department/Division, or a Medical Staff committee may be taken by ballot without a meeting.
- (b) Ballots shall be distributed, in such manner as determined appropriate by the Medical Staff President (for purposes of a Medical Staff meeting), the applicable Department Chair, Division Chief, or committee chair to each Medical Staff Appointee (for purposes of Medical Staff meetings), Department/Division 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.
- (c) The minimum number of eligible ballots received must be equivalent to the number of Practitioners that would be required for a quorum if the action were taken at a meeting of the Medical Staff or the applicable Department, Division, or Medical Staff committee.
- (d) A majority vote of the total number of ballots returned by the stipulated date shall be the action of the Medical Staff Department, Division, or Medical Staff committee, as applicable.

3.7-2 Notwithstanding the above, a recommendation for denial of an application/request for Medical Staff appointment and/or Privileges cannot be made by the Credentials Committee to the MEC or by the MEC to the Board without a Credentials Committee and MEC meeting.

3.7-3 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.

3.8 OPTIONS FOR VOTING ON MEDICAL STAFF, MEDICAL STAFF DEPARTMENT/DIVISION & MEDICAL STAFF COMMITTEE MATTERS

3.8-1 Unless otherwise specified in the Medical Staff governing documents, voting may occur in any of the following ways as determined by the Medical Staff President (for purposes of a Medical Staff meeting) or the Department Chair, Division Chief, or committee chair, as applicable:

- (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.

3.9 MINUTES OF MEDICAL STAFF MEETINGS, MEDICAL STAFF DEPARTMENT/DIVISION MEETINGS, AND MEDICAL STAFF COMMITTEE MEETINGS

- 3.9-1 Minutes of Medical Staff, Department/Division, and Medical Staff committee meetings shall be prepared and shall include a record of attendance and documentation (*e.g.*, issue, action taken, voting results, *etc.*) regarding each matter presented. Minutes will be reviewed and approved by the voting Medical Staff Appointees (for purposes of a Medical Staff meeting) or by the voting members of the applicable Department, Division, or Medical Staff committee.
- 3.9-2 Copies of Medical Staff Department/Division and Medical Staff committee minutes shall be forwarded to (or made available for review by) the Medical Executive Committee.
- 3.9-3 A file of the minutes of Medical Staff Department/Division meetings and Medical Staff committee meetings shall be maintained in the Medical Staff Office.
- 3.9-4 All minutes and records relating to individual Practitioner/APP quality improvement and peer review activities shall be maintained separately and treated as confidential, peer review protected documents to the full extent permitted by law.

3.10 ATTENDANCE AT MEDICAL STAFF MEETINGS, MEDICAL STAFF DEPARTMENT/DIVISION MEETINGS, AND MEDICAL STAFF COMMITTEE MEETINGS

- 3.10-1 Attendance at all Medical Staff meetings is encouraged, but optional, unless otherwise required in the Bylaws or Medical Staff Policies.
- 3.10-2 Attendance at Department/Division meetings is encouraged, but optional, unless otherwise specified below:
 - (a) Members of the Medical Staff **Department of Medicine** with admitting Privileges must annually attend at least one (1) of the in-person Department meetings and respond to not less than 75% of the email communications from the Department when action is requested of Department members without holding a Department meeting.
 - (b) Members of the Medical Staff **Department of Obstetrics/Gynecology** must annually attend at least 50% of the in-person Department meetings and respond to not less than 75% of the email communications from the Department when action is requested of Department members without holding a Department meeting.

- (c) Members of the Medical Staff **Department of Radiology** must annually attend at least 50% of the in-person Department meetings.
 - (d) Members of the Medical Staff **Department of Surgery** must annually attend at least 50% of the in-person Department meetings.
 - (e) Members of the Medical Staff **Department of Urology** must annually attend at least 50% of the in-person Department meetings.
- 3.10-3 Practitioners are expected to attend and participate in meetings of those Medical Staff committees to which they are appointed. Failure to do so may result in removal from the Medical Staff committee.
- 3.10-4 The System CEO and Hospital President shall be entitled to attend all Medical Staff meetings, all Medical Staff Department/Division meetings, and all Medical Staff committee meetings with the exception of executive sessions of the MEC unless otherwise requested by the MEC to do so.

3.11 MEDICAL STAFF DEPARTMENT/DIVISION COMMITTEES

- 3.11-1 Medical Staff Departments and Divisions may create Department/Division committees as needed to fulfill the Department's/Division's assigned functions and responsibilities.
- (a) The Medical Staff Department of Radiology shall have a standing Radiation Generating/Radiation Safety Committee.
- 3.11-2 The chair and members of Department or Division committees shall be appointed by the Department Chair or Division Chief, as applicable. Any committee member appointed by a Department Chair or Division Chief may be removed by the Department Chair/Division Chief or by a majority vote of the members of the Department or Division committee at any meeting of the Department or Division committee at which a quorum is present subject to approval by the Medical Executive Committee.
- 3.11-3 Vacancies on any Medical Staff Department or Division committee shall be filled in the same manner in which the original selection was made.
- 3.11-4 The System CEO and Hospital President shall be entitled to attend all meetings of a Medical Staff Department/Division committee.

ARTICLE IV

STANDING MEDICAL STAFF COMMITTEES

4.1 GENERAL PROVISIONS

4.1-1 SELECTION OF MEDICAL STAFF COMMITTEE MEMBERS/CHAIRS

Unless otherwise provided in the Medical Staff Bylaws or Policies:

- (a) Appointees to the following Medical Staff categories may serve as voting members of a Medical Staff committee: Active with Privileges, Active without Privileges, Affiliate (with the exception of the MEC), Scientific (with the exception of the MEC), and Retired (with the exception of the MEC).
- (b) Appointees to the following Medical Staff categories may chair a Medical Staff committee: Active with Privileges, Active without Privileges, Affiliate (with the exception of the MEC).
- (c) Unless otherwise provided in the Medical Staff Bylaws or Policies, the chair and members of all standing Medical Staff committees shall be appointed by the Medical Staff President, subject to notification of the MEC.
- (d) Advanced Practice Providers are not appointed to the Medical Staff but may serve on a Medical Staff committee, with or without vote, as so designated in the applicable Medical Staff committee composition.
- (e) Non-Practitioner Hospital staff may serve on a Medical Staff committee, with or without vote, as so designated in the applicable Medical Staff committee composition.

4.1-2 TERM OF MEDICAL STAFF COMMITTEE MEMBERS/CHAIRS

Unless otherwise provided in the Medical Staff Bylaws or Policies:

- (a) Medical Staff committee members and chairs shall be appointed for a term of one (1) year and shall serve until the end of this period or until the member's/chair's successor is selected, unless the member/chair resigns or is removed from the committee.
- (b) No limitation shall be imposed on the number of consecutive terms a Medical Staff committee member or chair may serve.

4.1-3 REMOVAL OF MEDICAL STAFF COMMITTEE MEMBERS/CHAIRS

Unless otherwise provided in the Medical Staff Bylaws or Policies:

- (a) Any voting Medical Staff committee member or chair who is appointed by the Medical Staff President may be removed by the Medical Staff President who shall notify the MEC of such action.

- (b) The removal of any Medical Staff committee member who is an *Ex Officio* (non-voting) member shall be governed by the provisions pertaining to removal of such individual from his/her office or position.

4.1-4 VACANCIES

Unless otherwise provided in the Medical Staff Bylaws or Policies, vacancies on any Medical Staff committee shall be filled in the same manner in which the original selection is made.

4.1-5 CONFIDENTIALITY

All attendees at any Medical Staff committee meetings shall be subject to the applicable confidentiality requirements.

4.2 MEDICAL EXECUTIVE COMMITTEE

- 4.2-1 The composition, duties, and meeting requirements regarding the Medical Executive Committee are set forth in the Medical Staff Bylaws.

4.3 MEDICAL STAFF NOMINATING COMMITTEE

- 4.3-1 The composition, duties, and meeting requirements regarding the Medical Staff Nominating Committee are set forth in the Medical Staff Bylaws.

4.4 MEDICAL STAFF CABINET

4.4-1 COMPOSITION

- (a) Voting members of the Medical Staff Cabinet: the Medical Staff President (who shall serve as chair); the Medical Staff Vice President; the immediate Past Medical Staff President; the Chief Medical Officer, the Vice President of Medical Education, and the chair of the Department Chairs Committee.
- (b) *Ex Officio* non-voting members of the Medical Staff Cabinet: the Hospital President, the Chair of Surgical Services.

4.4-2 DUTIES

- (a) The Medical Staff Cabinet shall:
 - (1) Review the agenda for each Medical Executive Committee meeting.
 - (2) Set Medical Staff dues subject to MEC approval.
 - (3) Consider and act upon Medical Staff financial matters \$5000 or less.
 - (4) Satisfy such other duties as set forth in the Medical Staff Bylaws.

4.4-3 MEETING REQUIREMENTS

- (a) The Medical Staff Cabinet shall meet monthly and as otherwise needed, at the call of the committee chair, to carry out its duties.
- (b) The Medical Staff Cabinet shall maintain a record of its proceedings and actions.
- (c) The Medical Staff Cabinet shall report to the Medical Executive Committee.

4.5 MEDICAL STAFF CREDENTIALS COMMITTEE

4.5-1 COMPOSITION

- (a) Voting members of the Medical Staff Credentials Committee: Five (5) eligible Practitioners selected by the Medical Staff President, one of whom shall serve as chair.
- (b) *Ex Officio* (non-voting) members of the Medical Staff Credentials Committee: the Medical Staff Vice President, the Chief Medical Officer, and the Hospital President.

4.5-2 DUTIES

- (a) The Medical Staff Credentials Committee shall:
 - (1) Review the credentials of and completed applications from Practitioner applicants requesting Medical Staff appointment/reappointment and/or Privileges at the Hospital.
 - (2) Review the credentials of and completed applications from APP applicants requesting Privileges at the Hospital.
 - (3) Interview such applicants, at the committee's sole discretion, and make recommendations for, as applicable, Medical Staff appointment (for Practitioners) and/or Privileges (for Practitioners and APPs) in accordance with the procedures set forth in the Medical Staff Bylaws and Credentials Policy or APP Policy, as applicable.
 - (4) Consider the input of the chair(s)/chief(s) of the Medical Staff Department(s)/Division(s) in which each such applicant requests Privileges.
 - (5) Consider the input of the AHP Credentials Committee with respect to APP applicants requesting Privileges at the Hospital.
 - (6) Report to the Medical Executive Committee on each applicant for, as applicable, Medical Staff appointment/reappointment and/or Clinical Privileges.
 - (7) Fulfill such other duties as requested by the Medical Executive Committee.

4.5-3 MEETING REQUIREMENTS

- (a) The Medical Staff Credentials Committee shall meet monthly and as otherwise needed, at the call of the committee chair, to carry out its duties.
- (b) The Medical Staff Credentials Committee shall maintain a record of its proceedings and actions.
- (c) The Medical Staff Credentials Committee shall report to the Medical Executive Committee.

4.6 MEDICAL STAFF ALLIED HEALTH PROFESSIONALS (AHP) CREDENTIALS COMMITTEE

4.6-1 COMPOSITION

- (a) Voting members of the Medical Staff AHP Credentials Committee: One (1) Physician (who shall serve as chair); one (1) Physician Assistant; one (1) Certified Registered Nurse Anesthetist; and one (1) additional Advanced Practice Registered Nurse selected by the Medical Staff President. The System Director of Advanced Practice Providers shall also be a voting member of the AHP Credentials Committee.
- (b) *Ex Officio* (non-voting) member of the Medical Staff AHP Credentials Committee: the Chief Medical Officer.

4.6-2 DUTIES

- (a) The Medical Staff AHP Credentials Committee shall:
 - (1) Review the credentials of and completed applications from APP applicants requesting Privileges at the Hospital.
 - (2) Report to the Medical Staff Credentials Committee on each APP applicant requesting Clinical Privileges at the Hospital.
 - (3) Fulfill such other duties as requested by the Medical Staff Credentials Committee and Medical Executive Committee.

4.6-3 MEETING REQUIREMENTS

- (a) The Medical Staff AHP Credentials Committee shall meet monthly and as otherwise needed, at the call of the committee chair, to carry out its duties.
- (b) The Medical Staff AHP Credentials Committee shall maintain a record of its proceedings and actions.
- (c) The Medical Staff AHP Credentials Committee shall report to the Medical Staff Credentials Committee.

4.7 MEDICAL STAFF DEPARTMENT CHAIRS COMMITTEE

4.7-1 COMPOSITION

- (a) Voting members of the Medical Staff Department Chairs Committee: the chair of each Medical Staff Department.
- (b) *Ex Officio* (non-voting) members of the Medical Staff Department Chairs Committee: the Chief Medical Officer, System CEO, Hospital President.
- (c) In the event that the Chief Medical Officer also serves as a Department Chair, then he/she may only vote in his/her capacity as a Department Chair.

4.7-2 DUTIES

- (a) The Medical Staff Department Chairs Committee shall:
 - (1) Fulfill such duties as requested by the Hospital President, the Medical Staff Cabinet, and the Medical Executive Committee.

4.7-3 MEETING REQUIREMENTS

- (a) The Medical Staff Department Chairs Committee shall meet monthly and as otherwise needed, at the call of the committee chair, to carry out its duties.
- (b) The Medical Staff Department Chairs Committee shall maintain a record of its proceedings and actions.
- (c) The Medical Staff Department Chairs Committee shall report to the Medical Executive Committee.

4.8 GRADUATE MEDICAL EDUCATION COMMITTEE

- 4.8-1 The composition, duties, and meeting requirements of the Graduate Medical Education Committee are as set forth in Addendum B.

4.9 PHARMACY & THERAPEUTICS COMMITTEE

- 4.9-1 The composition, duties, and meeting requirements of the Pharmacy & Therapeutics Committee are as set forth in Addendum C.

4.10 PEER REVIEW COMMITTEES

- 4.10-1 The Medical Staff as a whole and each Medical Staff committee provided for in the Medical Staff governing documents that is engaged in peer review activities 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.
- 4.10-2 In carrying out his/her duties under the Medical Staff governing documents, whether as a committee member, Department Chair, Division Chief, Medical Staff officer, or otherwise,

each Practitioner (and APP, to the extent applicable) shall be acting in his/her capacity as a peer review committee member and designated agent of the Medical Staff.

4.10-3 Such peer review committees and its designated agents may, from time to time and/or as specifically provided herein, appoint Hospital administrative personnel as their agent in carrying out such peer review duties.

4.11 ADOPTION AND AMENDMENT OF THE MEDICAL STAFF ORGANIZATION POLICY

4.11-1 This Medical Staff Organization Policy may be adopted and amended, upon recommendation of the Medical Executive Committee and approval of the Board, in accordance with the applicable procedure set forth in the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION AND APPROVAL

Adopted by the MEC on February 9, 2023

Approved by the Board on February 23, 2023

ADDENDUM A

Medical Staff Divisions

Department of Anesthesia Divisions:

- Acute Pain Service

Department of Cardiovascular Disease Divisions:

- Cardiac Catheterization Lab
- Cardiology Fellowship
- Cardiothoracic Surgery
- Cardiovascular Medical Education
- Cardiovascular Rehabilitation
- Cardiovascular Research
- Heart Failure
- Heart Rhythm Services
- Cardiovascular Imaging
- Structural Heart Disease

Department of Emergency Medicine Divisions

- Emergency Medical Services
- Emergency Preparedness
- Quality: Akron Campus
- Quality: Barberton and FSEDs
- Research
- Ultrasound

Department of Family Medicine Divisions

- Family Medicine Residency
- Barberton Family Practice Residency
- Family Medicine Clinical Research Center

Department of Medicine Divisions

- Allergy and Immunology
- Critical Care Medicine
- Dermatology
- Endocrinology
- Gastroenterology
- General Internal Medicine
- Geriatrics
- Hematology and Oncology
- Hospital Medicine
- Infectious Disease
- Nephrology
- Neurology
- Occupational Medicine
- Palliative Medicine
- Physical Med & Rehab
- Pulmonary Medicine
- Rheumatology
- Sleep Medicine

Department of Obstetrics & Gynecology Divisions

- SW Region
- Gynecology
 - Gynecology/Oncology Service
 - Reproductive/Endocrinology Service
 - Robotics Service
 - Urogynecology & Pelvic
 - Reconstructive Surgery Service
- Obstetrics
 - Maternal-Fetal Medicine Service
 - Obstetrics/Gynecology Hospitalists
 - Pediatrics
 - Neonatology Service
 - Residency Program
 - Clerkship Program

Department of Orthopaedics Divisions

- Adult Reconstruction
- Foot/Ankle Surgery
- Hand Surgery
- Musculoskeletal Research
- Musculoskeletal Research Lab
- Orthopaedic Oncology
- Orthopaedic Trauma
- Pediatric Orthopaedics
- Plastics
- Podiatry
- Shoulder/Elbow Surgery
- Spine Surgery
- Sports Medicine

Department of Pathology/Laboratory Medicine Divisions

- Anatomic Pathology
- Clinical Pathology
- Pathology Residency Program

Department of Psychiatry Divisions

- Center for Traumatic Stress
- Consultant Liaison Psychiatry
- Geriatric Services Psychiatry
- Addiction Medicine
- Inpatient Psychiatry
- Outpatient Psychiatry
- Psychiatry Residency Program
- Psychology

Department of Radiology Divisions

- Breast Imaging
- Musculoskeletal Imaging
- Nuclear Medicine
- Radiation Oncology

Department of Surgery Divisions

- Cardiothoracic Surgical Services

- Colorectal Surgical Services
- Dentistry
 - General Dentistry Service
 - Oral Surgery Service
 - Residency
- General Surgery
 - Laparoscopic/Bariatric Surgical Service
- Vascular Surgery
- Neurosurgery Service
- Ophthalmology
- Otolaryngology Service
- Plastic/Reconstructive Surgery
- Residency/Plastics
- Robotics
- Surgical Research
- Trauma Surgery
- Intensive Care Services
- Residency, General Surgery

Department of Urology Divisions

- Robotic & Laparoscopic Urologic Surgery
- Male Reproductive Medical & Surgery
- Urologic Oncology

ADDENDUM B

Graduate Medical Education Committee

PURPOSE

The purpose of the Graduate Medical Education Committee (GMEC) is to monitor and advise on all aspects of residency and fellowship education, as well as undergraduate medical education and continuing medical education activities of Summa Health.

COMPOSITION

Voting members of the GMEC:

- Vice President, Medical Education/DIO
- Osteopathic Director of Medical Education
- Program Director for each residency program
- Program Director for each fellowship program
- Chairperson of the Continuing Medical Education Committee
- House Staff President
- House Staff Vice President
- Up to six (6) at large resident representatives (peer-selected) with two (2) of these PGY1s - named mid-year for a one-year term (January to December)
- Senior Clinical Quality Project Manager (Quality Improvement/Patient Safety Officer)

When residency or fellowship directors are unable to attend, they are expected to send a faculty designee.

Ex Officio (non-voting) members of the GMEC:

- President and CEO, Summa Health
- Vice President, Research, Sponsored Programs, and Innovation
- Associate Dean for Clinical Affairs, NEOMED
- Director, Medical Education
- Minority Affairs Physician Liaison

CHAIRPERSON

The Vice President, Medical Education serves as chairperson of the GMEC.

GUESTS

Residency and fellowship coordinators are welcome to attend GMEC meetings as guests.

DUTIES

Oversight of:

- The ACGME accreditation status of the Sponsoring Institution (SI) and each of its ACGME-accredited programs.
- The quality of the GME learning and working environment within the SI, each of its ACGME-accredited programs, and its participating sites
- The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-subspecialty-specific Program Requirements.
- The ACGME-accredited programs' annual evaluation and improvement activities.
- All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the SI.

Review and approval of:

- Institutional GME policies and procedures.
- Annual recommendations to the SI's administration regarding resident/fellow stipends and benefits.
- Applications for ACGME accreditation of new programs.
- Requests for permanent changes in resident/fellow complement.
- Major changes in each of its ACGME-accredited programs' structure or duration of education.
- Additions and deletions of each of its ACGME-accredited programs' participating sites.
- Appointment of new program directors.
- Progress reports requested by a Review Committee,
- Responses to Clinical Learning Environment Review (CLER) reports.
- Requests for exceptions to duty hour requirements.
- Voluntary withdrawal of ACGME program accreditation.
- Requests for appeal of an adverse action by a Review Committee.
- Appeal presentations to an ACGME appeals panel.

The GMEC must demonstrate effective oversight of the SI's accreditation through an Annual Institutional Review (AIR).

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process.

MEETING REQUIREMENTS

The GMEC meets at least quarterly and as otherwise needed, at the call of the committee chair, to carry out its duties. GMEC shall maintain a record of its proceedings and actions.

REPORTING

As a standing committee of the Medical Staff, GMEC reports to the Medical Executive Committee on a monthly basis through minutes. In addition, the Vice President of Medical Education serves as a voting member of the Medical Executive Committee.

ADDENDUM C

Pharmacy & Therapeutics Committee

PURPOSE

The purpose of the Pharmacy and Therapeutics Committee (P&T) shall be to provide for the safe and efficacious use of medications, nutritional supplements, and diagnostic testing materials within Summa Health System by 1) evaluating the efficacy, safety, and cost of available products; 2) recommending and/or mandating, via policy, formulation or formulary maintenance and the role and appropriate use of such products in the Hospital; and 3) continuously monitoring the use of these products to ensure the highest quality of patient care.

COMPOSITION

Voting members of P&T:

- At least 14 Practitioner representatives from all major Medical Staff Departments.
- One (1) Advanced Practice Provider
- Vice President of Pharmacy and Respiratory Services
- Chief Nursing Officer

Ex-officio (non-voting) members of P&T:

- Clinical Manager of Pharmacy Services
- Director of Pharmacy Operations
- Medication Safety Coordinators from the Akron and Barberton campuses
- One (1) representative from Pathology and Laboratory Services
- One (1) representative from Quality
- Two (2) House Staff Representatives

Committee members are expected to communicate non-confidential P&T decisions and information to their departments/colleagues as directed by the P&T chair.

Any member/guest presenter with a conflict of interest regarding the matter to be discussed is required to disclose that conflict to the P&T chair. The procedure set forth in the Medical Staff Bylaws for addressing internal conflicts of interest will be followed.

P&T SUBCOMMITTEES, AD HOC COMMITTEES, AND WORK GROUPS

P&T shall accomplish its stated purpose in an efficient and productive manner. The P&T chair may accomplish the committee's stated purpose by utilizing various *ad hoc* committees, subcommittees, and/or work groups that report directly to P&T. The function of such *ad hoc* committees, subcommittees, or work groups will be delineated at the time of their creation. The P&T committee chair will determine the composition of such *ad hoc* committees, subcommittees, and work groups. The following *ad hoc* committees, subcommittees, and work groups have been established for the purpose of considering issues related to medication utilization, antimicrobials, pain management, oncology, nutrition support, and medication safety. The composition and function of these *ad hoc* committees, subcommittees, and work groups are delineated below:

Medication Utilization

The Medication Utilization Committee (MUC) is an *ad hoc* committee chaired by the chair of P&T (or his/her designee). The voting members of the MUC are: the MUC chair, the Vice President of Pharmacy and Respiratory Services, and a representative from the Medical Executive Committee. The non-voting members of the MUC are: the Director of Pharmacy Operations, Physician representatives from the discipline(s) impacted by the specific decision to be made, as well as clinicians, pharmacists, and/or Advanced Practice Providers invited to provide expertise.

The purpose of the MUC is to assist with decisions regarding such things as medication allocations including clinically rational prescribing of prohibitively expensive medications, rationing strategies for medications in short supply, and supervision of administration of medications that are controversial or are being used for controversial indications.

Meetings will be called on an as needed basis and the committee/committee chair may interrupt release of a medication from the Pharmacy until a recommendation has been made by the MUC and resolution has been reached by P&T. The MUC chair may also make emergency decisions, when needed, in the interim between P&T meetings. Appeal of emergency decisions made by the MUC chair may be made to the Medical Executive Committee.

Antimicrobials

The voting members of the Antimicrobial subcommittee are: the Vice President of Pharmacy and Respiratory Services and the Infectious Disease Physicians. The non-voting members of the Antimicrobial subcommittee are: the Pharmacy Director of Operations, the antimicrobial stewardship pharmacists, the Clinical Manager of Pharmacy, and the Scientific Director of Clinical Microbiology. The function of the subcommittee is to make recommendations to P&T to ensure that safe, efficacious, and financially responsible antimicrobial therapies are available for use in the Hospital.

Medication Safety

The purpose of the Medication Safety work group is to articulate and facilitate the vision and direction for improving the safety of the medication-use system to prevent patient harm. This will be achieved through direction and prioritization, medication safety expertise, influencing practice change, research, and education. Through analysis of the organization's medication safety data and literature review, the Medication Safety Coordinators will lead development and implementation of proactive error-prevention strategies and build a culture of safety across the organization. The Medication Safety Coordinators report to P&T quarterly and will also report to a multidisciplinary safety committee and the Quality Assurance/Performance Improvement (QAPI) committee.

Pain

The Pain work group consists of representatives from the Pharmacy Department, nursing staff, the Medical Staff, and the Pain Management and Palliative Care service lines. The function of the Pain work group is to make recommendations to P&T to ensure that safe, effective, and financially responsible pain management treatments are available in the Hospital and utilized with a patient-centered approach.

Oncology

The voting members of the Oncology subcommittee are the Vice President of Pharmacy and Respiratory Services and the hematology/oncology physicians. The non-voting members of the Oncology

subcommittee are the Director of Pharmacy Operations, oncology pharmacists, the Clinical Manager of Pharmacy, and the hematology/oncology Physicians. The function of the Oncology subcommittee is to make recommendations to the P&T Committee to ensure the safest, most effective, and cost-efficient hematologic/oncologic treatments are available for use in the Hospital.

Nutrition Support

The Nutrition Support work group shall consist of representatives from Pharmacy, Dietary Services, and Nursing Services, in addition to representatives from each of the following Medical Staff Departments/disciplines: Critical Care, Surgery, and Internal Medicine. The work group composition shall also include the members of the Hospital's IV Access and Nutrition Support Team. The Medical Director of Nutrition shall serve as chair of the work group and shall be included as a voting member of P&T as a representative of his/her Medical Staff Department. The remaining members of the work group need not be members of P&T. The function of the Nutrition Support work group will be to evaluate, monitor, and make appropriate recommendations for action to P&T regarding the use of enteral and parenteral nutritional supplements.

DUTIES

- To help create a medication and nutritional supplement use environment which contributes to the highest quality of patient care.
- To develop and/or approve policies and procedures regarding the selection, distribution, handling, use, and administration of medications, nutritional supplements, and diagnostic testing materials for Hospital inpatient and ambulatory patients.
- To guide and educate Practitioners and Advanced Practice Providers (with prescriptive authority) regarding the safest, most efficacious, and most cost-effective prescribing and monitoring of medications and nutritional supplements via:
 - Development and maintenance of a comprehensive medication and nutritional supplement formulary
 - Defining, monitoring, and evaluating all significant adverse reactions and medication errors in the medication and nutritional supplement use process.
 - Conducting drug usage evaluations through a criteria-based ongoing, planned and systematic process.
- In cooperation with the Institutional Review Board, to evaluate protocols concerned with the use of investigational or experimental drugs for compassionate use.
- To monitor and enforce policies regarding marketing by pharmaceutical sales representatives within the system.
- To develop and/or approve evidence based/best practice order sets.

MEETING REQUIREMENTS

P&T shall meet at least ten (10) times per year and as otherwise needed, at the call of the committee chair, to carry out its duties. The members of P&T are required to attend at least 60% of P&T meetings to maintain their position on the committee. If the designated member is unable to attend a meeting he/she can send a representative.

P&T shall maintain a record of its proceedings and actions and shall report to the Medical Executive Committee.