# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>DESCRIPTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>SCOPE OF HOSPITAL CENTERS</td>
<td>1</td>
</tr>
<tr>
<td>B.</td>
<td>FUNCTIONS OF HOSPITAL CENTER DIRECTORS</td>
<td>1</td>
</tr>
<tr>
<td>C.</td>
<td>ROLE OF THE CHIEF MEDICAL OFFICER</td>
<td>1</td>
</tr>
<tr>
<td>D.</td>
<td>ROLE OF THE CHIEF ACADEMIC OFFICER</td>
<td>1</td>
</tr>
<tr>
<td>E.</td>
<td>MEDICAL STAFF COMMITTEE GUIDELINES</td>
<td>2</td>
</tr>
<tr>
<td>F.</td>
<td>CHARGE OF QUALITY LEADERSHIP COMMITTEE</td>
<td>3</td>
</tr>
<tr>
<td>G.</td>
<td>CHARGE OF CQM AND ITS SUBCOMMITTEES</td>
<td>3</td>
</tr>
<tr>
<td>H.</td>
<td>CHARGE OF MEDICAL RECORDS REVIEW COMMITTEE</td>
<td>4</td>
</tr>
<tr>
<td>I.</td>
<td>CHARGE OF PHARMACY AND THERAPEUTICS COMMITTEE</td>
<td>4</td>
</tr>
<tr>
<td>J.</td>
<td>CHARGE OF OPERATING ROOM (OR) / ANESTHESIA COMMITTEE</td>
<td>4</td>
</tr>
<tr>
<td>K.</td>
<td>CHARGE OF TRANSFUSION COMMITTEE</td>
<td>4</td>
</tr>
<tr>
<td>L.</td>
<td>CHARGE OF RESEARCH COMMITTEE</td>
<td>5</td>
</tr>
<tr>
<td>M.</td>
<td>OTHER REVIEW FUNCTIONS</td>
<td>5</td>
</tr>
</tbody>
</table>
INTRODUCTION

This Manual is developed in accordance with the Medical Staff Bylaws. The Definitions set forth in the Bylaws apply to this Manual.

A. SCOPE OF HOSPITAL CENTERS

Clinical services comprising each of the Hospital Centers are:

1. Medicine and Medical Specialties
2. Surgery and Surgical Specialties
3. Women Services
4. Pediatric Services
5. Psychiatry
6. Anesthesia Services
7. Pathology Services
8. Radiology Services
9. Emergency Services

B. FUNCTIONS OF HOSPITAL CENTER DIRECTORS

Functions of Hospital Center and the qualifications of Hospital Center Directors are contained in the Medical Staff Bylaws.

C. ROLE OF THE CHIEF MEDICAL OFFICER

The role of the Chief Medical Officer is to advocate for and to serve as a liaison with the Medical Staff regarding patient safety, quality of care, clinical operations, regulatory requirements across the continuum of care, and Medical Staff Affairs.

D. ROLE OF THE CHIEF ACADEMIC OFFICER

The role of the Chief Academic Officer is to advocate for and to serve as a liaison with the Medical Staff regarding quality and caliber of academic experiences, educational requirements, academic support for program maintenance and development, and clinically relevant research.
E. **MEDICAL STAFF COMMITTEE GUIDELINES**

Medical Staff committees are formed to support Hospital management in adequately meeting the needs of the patients served by the Hospital. All Medical Staff committees, except for Credentials and Quality Leadership Committees which report directly to the Medical Executive Committee, will report to the Comprehensive Quality Management (“CQM”) Committee. The CQM will then report on all Medical Staff committees (except the Credentials and Quality Leadership Committees), directly to the Executive Committee.

1. Medical Staff committees will be created by the Executive Committee, which will also determine their composition and functions based on pertinent regulatory guidelines. The President will appoint all committee membership and all committee chairs after consultation with the Chief Medical Officer. The President of the Medical Staff, in consultation with the Chief Medical Officer, shall also fill vacancies on the committees.

2. The general function of Medical Staff committees shall be to review, monitor and evaluate patient care activities as charged by the Executive Committee.

3. Medical Staff committee appointments shall be for a period of three years, beginning on November 1; committee members may be reappointed.

4. The Chief Executive Officer or his or her designee shall be an ex officio (non-voting) member of all Medical Staff committees.

5. The Chief Medical Officer or his or her designee shall be an ex officio (non-voting) member of all Medical Staff committees except Credentials and Executive Committee.

6. The Chair of each Medical Staff committee shall be responsible for the accuracy of minutes (including attendance and related correspondence) that are recorded and maintained in a permanent file in the Medical Staff Office.

7. All Medical Staff committees (except for Credentials and Quality Leadership Committees) will report to the Executive Committee through the CQM Committee monthly reports and minutes. The Credentials and Quality Leadership Committees will report to the Executive Committee through monthly reports and minutes.

8. A quorum shall be those members present, except for Medical Executive and
Credentials Committees where a simple majority of voting members constitutes the quorum.

9. Each Medical Staff committee shall meet as often as necessary to carry out its functions, but at least quarterly.

10. Medical Staff committees are listed as follows:
    (a) Medical Executive Committee (composition and responsibilities outlined in Hospital Bylaws)
    (b) Credentials Committee (composition and responsibilities outlined in Hospital Bylaws)
    (c) Quality Leadership Committee
    (d) Comprehensive Quality Management (CQM) Committee
        (i) Mortality Sub-Committee
        (ii) Trauma Peer Review Sub-Committee
    (e) Medical Records Review Committee
    (f) Pharmacy and Therapeutics Committee
    (g) Operating Room (OR) / Anesthesia Committee
    (h) Transfusion Committee
    (i) Research Committee

   F. CHARGE OF QUALITY LEADERSHIP COMMITTEE

   The Quality Leadership Committee will meet regularly to review the data presented in the Comprehensive Quality Meeting (CQM). It will identify and prioritize specific Quality and Patient Safety initiatives. It shall ensure that there is an effective, written, ongoing hospital-wide program designed to assess and improve the quality of patient care and patient experience at all levels of service. It will also review priorities, initiatives, and specific objectives to determine if Quality and Patient Safety goals are satisfied.

   G. CHARGE OF CQM AND ITS SUBCOMMITTEES

5
The CQM will act as the reporting committee for Quality and Patient Safety and will be responsible for reviewing performance indicator reports from various Hospital Centers and clinical services. It will develop, implement, and maintain an effective, ongoing, hospital-wide, data driven quality assessment and performance improvement process, which reflects the complexity of the Hospital’s organization and focuses on core measures and national performance indicators related to quality, value of care, patient safety and patient experience, improved health outcomes, and the prevention and reduction of medical errors.

H. CHARGE OF MEDICAL RECORDS REVIEW COMMITTEE

The Medical Record Review Committee, recognizing the importance of the management and communication of information, for patient centered care shall review and assess on an ongoing basis patient clinical record content, timeliness, and the completeness of the patient clinical records. When appropriate the committee will make recommendations for the implementation of programs of continuous improvement to optimize the accuracy, timeliness, and informational content of the medical record.

I. CHARGE OF PHARMACY AND THERAPEUTICS COMMITTEE

The Pharmacy and Therapeutics Committee shall promote evidence-based, best practice standards in the formulary decision-making process to assure clinical efficacy, patient safety, and cost-effective prescribing throughout the healthcare system. The committee shall develop policies and procedures relating to the selection, distribution, handling, use, and administration of medications. It shall also design and implement objective performance improvement activities focused on prescription of appropriate medications, preparation and dispensing of medications, administration of medications, and monitoring effects of medications on patients while facilitating education of all healthcare providers in regards to medication-related issues.

J. CHARGE OF OPERATING ROOM (OR) / ANESTHESIA COMMITTEE

The (OR) Committee shall review surgical and other invasive procedures on an ongoing basis in order to promote improvements in the selection (appropriateness) and performance (effectiveness) of surgical and other invasive procedures. It will use relevant results from the review of surgical and other invasive procedures primarily to study and improve processes
involved in the selection and performance of these procedures.

K. CHARGE OF TRANSFUSION COMMITTEE

The Transfusion Committee shall perform blood usage review on an ongoing basis to continuously improve the appropriateness and effectiveness with which blood and blood components are used. It will develop and approve policies and procedures relating to the distribution, handling, use, and administration of blood and blood components. It will use relevant results from the blood usage review primarily to study and improve processes that affect the appropriate and effective use of blood and blood components.

L. CHARGE OF RESEARCH COMMITTEE

The charge of the Research Committee is to establish clear policies and processes for undertaking research and review of research proposals in Hospital, to provide support services to Principal Investigators and other research staff, to foster an environment conducive to research and development of collaborative research relationships at Hospital, to coordinate training (if necessary) needed to conduct clinical research and clinical trials at Hospital.

M. OTHER REVIEW FUNCTIONS

The Medical Staff participates in other Hospital committees to review and advise the Chief Medical Officer (CMO) and Chief Executive Officer (CEO) and the Board in regard to other operational concerns, including patient care considerations not otherwise specified, and internal and external disaster plans and hospital safety, as well as advise the Chief Academic Officer (CAO), Chief Medical Officer (CMO), Chief Executive Officer (CEO) and the Board in regard to educational and clinical research considerations.

Adopted by the Executive Committee on February 6, 2014 Adopted by the Medical Staff on February 13, 2014