

**NORTH COLORADO MEDICAL CENTER
MEDICAL STAFF
ORGANIZATION and FUNCTIONS MANUAL**

ORGANIZATION and FUNCTIONS MANUAL
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MEDICAL STAFF ORGANIZATION and FUNCTIONS MANUAL

ARTICLE I - DEFINITIONS

1.1 BANNER

The term "Banner" means Banner Health, an Arizona non-profit corporation, the operator of NCMC and the entity responsible for all aspects of NCMC's operation.

1.2 BOARD OF DIRECTORS

The term "Board of Directors" means the governing body of Banner, or any subcommittee thereof, as may be designated by the governing body of Banner, unless otherwise specified.

1.3 CHIEF EXECUTIVE OFFICER

The term "Chief Executive Officer" means the individual, or his/her designee, appointed by the President of Banner, or his/her designee, to act on Banner's behalf in the overall management of NCMC.

1.4 CHIEF OF STAFF

The term "Chief of Staff" means the chief administrative officer of the Medical Staff.

1.5 DEPARTMENT

The term "Department" refers to a group of Members who have been granted clinical privileges in one of the following medical specialties: Anesthesiology, Emergency Medicine, Family Medicine, Medicine, Obstetrics and Gynecology, Orthopedic Surgery, Pathology, Pediatrics, Radiology and Diagnostic Imaging, or Surgery.

1.6 EX-OFFICIO

The term "Ex-Officio" refers to a person who is serving as a member of a committee by virtue of his/her office.

1.7 MANUAL

The term "Manual" means this North Colorado Medical Center Medical Staff Organization and Functions Manual.

1.8 MEDICAL EXECUTIVE COMMITTEE

The term "Medical Executive Committee" means the executive committee of the Medical Staff.

1.9 MEDICAL STAFF

The term "Medical Staff" means all Practitioners who hold a valid Colorado license and who have been appointed to membership on the Medical Staff and granted clinical privileges by the Board of Directors to attend patients at NCMC. The term "Medical Staff" also shall include members of the emeritus staff.

1.10 MEDICAL STAFF BYLAWS

The term "Medical Staff Bylaws" refers to the major written statements governing the Medical Staff and the Members and identified as the North Colorado Medical Center Medical Staff Bylaws.

1.11 MEDICAL STAFF DOCUMENTS

The term "Medical Staff Documents" means, collectively, the rules of Medical Staff, the rules of the Departments, Medical Staff policies, Medical Staff protocols and any other procedures, plans (including the North Colorado Medical Center Medical Staff Corrective Action/Fair Hearing Plan), manuals (including the North Colorado Medical Center Medical Staff Credentials Policy and Procedures Manual) and directives of the Medical Staff.

1.12 MEMBER

The term "Member" means any Practitioner who has been appointed to membership on the Medical Staff by the Board of Directors.

1.13 NCMC

The term "NCMC" means North Colorado Medical Center, tertiary care hospital facility located at 1801 16th Street, Greeley, Colorado.

1.14 PRACTITIONER

The term "Practitioner" means a doctor of medicine, a doctor of osteopathy, a doctor of dental medicine, a doctor of dental surgery, or a podiatrist.

ARTICLE II -- FUNCTIONS OF THE MEDICAL STAFF

The required functions of the Medical Staff are as described below.

2.1 GOVERNANCE, DIRECTION, COORDINATION AND ACTION

- (a) Receive, coordinate and act upon, as necessary, the reports and recommendations from Departments, Sections, committees, other groups and officers concerning the functions assigned to them and the discharge of their delegated administrative responsibilities.
- (b) Account to the Board of Directors and to the Medical Staff for the overall quality and efficiency of patient care at NCMC.
- (c) Take reasonable steps to obtain professionally ethical conduct and competent clinical performance on the part of Members, including initiating investigations and initiating and pursuing corrective actions, when warranted.
- (d) Make recommendations on medically-related administrative matters and NCMC management matters.
- (e) Act on all matters of Medical Staff business and fulfill any state and federal reporting requirements.

2.2 QUALITY IMPROVEMENT ACTIVITIES

The Medical Staff has a leadership role in performance improvement activities at NCMC that are designed to improve quality of care, treatment and services, and patient safety. The Medical Staff is actively involved in the measurement, assessment, and improvement of the following:

- (a) Medical assessment and treatment of patients;
- (b) Use of information about adverse decisions regarding any Practitioner credentialed through the Medical Staff process;
- (c) Use of medications;
- (d) Use of blood and blood components;
- (e) Operative and other procedures(s);
- (f) Appropriateness of clinical practice patterns;
- (g) Significant departures from established patterns of clinical practice;
- (h) Use of developed criteria for autopsies;
- (i) Sentinel event data; and
- (j) Patient safety.

Information used as part of the performance improvement mechanisms, measurements, or assessments shall include sentinel event data and patient safety data.

2.3 CREDENTIALS REVIEW

See the Credentialing Policy and Procedures Manual.

2.4 INFORMATION MANAGEMENT

- (a) Review and evaluate medical records to determine the following:
 - (i) That they properly describe the condition and progress of the patient, the therapy, the tests provided and the results thereof, and the identification of responsibility for all actions taken; and
 - (ii) That they are sufficiently complete at all times so as to facilitate continuity of care and communications between all those providing patient care services at NCMC.
- (b) Provide liaison with NCMC administration, nursing service, and medical records professionals on matters relating to medical records practices and information management planning.

2.5 EMERGENCY PREPAREDNESS

Assist NCMC administration in developing, implementing, and periodically reviewing plans that address disasters both external and internal to NCMC.

2.6 PLANNING

- (a) Participate in evaluating, on an as-needed basis, existing programs, services, and facilities at NCMC and recommend continuation, expansion, abridgment or termination of such programs.
- (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 the allocation of present and future resources.
- (c) Submit written reports, as necessary or required, to relevant Medical Staff committees and to the Board of Directors, through the Chief of Staff with findings and recommendations for action.

2.7 BYLAWS REVIEW

Conduct periodic reviews of the Medical Staff Bylaws and the Medical Staff Documents, as more particularly described therein.

ARTICLE III -- RESPONSIBILITIES OF OFFICERS

3.1 RESPONSIBILITIES OF MEDICAL STAFF OFFICERS

3.1.1 Chief of Staff

The Chief of Staff is the primary elected officer of the Medical Staff and the Medical Staff's advocate and representative in its relationships to others within NCMC. The Chief of Staff, jointly with the Medical Executive Committee, provides direction to the Medical Staff and oversees Medical Staff activities related to assessing and promoting continuous improvement in the quality of clinical services provided and in all other functions of the Medical Staff as outlined in the Medical Staff Bylaws and the Medical Staff Documents. Specific responsibilities and authority of the Chief of Staff are as follows:

- (a) calling and presiding at all general and special meetings of the Medical Staff;
- (b) serving as the Chair of the Medical Executive Committee and as an Ex-Officio member of all other Medical Staff committees, without vote, and of specified committees of NCMC and the Board of Directors;
- (c) enforcing the Medical Staff Bylaws, the Medical Staff Documents and appropriate rules, regulations, policies and procedures of NCMC;
- (d) facilitating the appointment of the Chairs and other members of various committees of the Medical Staff, NCMC and the Board of Directors, as outlined in this Manual;
- (e) communicating and representing the opinions and concerns of the Medical Staff and its individual Members on organizational and individual matters affecting NCMC operations to the Chief Executive Officer, the Medical Executive Committee, and the Board of Directors;
- (f) Upon invitation, attending meetings of the Board of Directors and designated committees of the Board of Directors; and

- (g) performing such other duties and exercising such authority commensurate with the office of the Chief of Staff as are set forth in the Medical Staff Bylaws and the Medical Staff Documents.

3.1.2 Vice-Chief of Staff

The Vice-Chief of Staff shall:

- (a) In the absence of the Chief of Staff, assume all the duties and have the authority of the Chief of Staff;
- (b) Serve as the Chair of the Medical Advisory Council;
- (c) Serve as the Chair of the Bylaws Committee;
- (d) Perform other duties as may from time to time be assigned by the Chief of Staff; and
- (e) Perform such other duties and exercise such authority commensurate with the office of the Vice-Chief of Staff as are set forth in the Medical Staff Bylaws and the Medical Staff Documents.

3.1.3 Continuing Education Requirements

The officers of the Medical Staff shall attend continuing education related to Medical Staff leadership and/or credentialing functions during their respective terms of office.

3.2 QUALIFICATIONS AND RESPONSIBILITIES OF DEPARTMENT OFFICERS

3.2.1 Qualifications

Each Department officer shall be certified by an appropriate specialty board or shall have comparable competence affirmed and documented through the credentialing process.

3.2.2 Responsibilities of the Department Chair

With respect to his/her Department, the responsibilities of each Department Chair shall be as follows:

- (a) overseeing clinically related activities of the Department;
- (b) participating in administratively related activities of the Department in conjunction with NCMC;
- (c) providing continuing surveillance of the professional performance of all individuals in the Department who have delineated clinical privileges;
- (d) recommending to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the Department;
- (e) recommending clinical privileges for each member of the Department and for appropriate allied health professionals;

- (f) assessing and recommending to the relevant NCMC authority off-site sources for needed patient care services not provided by the Department or the Medical Staff;
- (g) facilitating the integration of the Department or Service into the primary functions of the Medical Staff;
- (h) facilitating the coordination and integration of interdepartmental and intradepartmental services;
- (i) facilitating the development and implementation of policies and procedures that guide and support the provision of care, treatment and services by the Department;
- (j) making recommendations for a sufficient number of qualified and competent individuals to provide care, treatment or services in the Department;
- (k) determining the qualifications and competence of Department or Service personnel who are not licensed independent practitioners and who provide patient care services;
- (l) promoting the continuous assessment and improvement of the quality of care and the services provided by the Department;
- (m) promoting the maintenance of quality control programs as appropriate;
- (n) making recommendations for space and other resources needed by the Department or Service;
- (o) serving as a member of the Medical Executive Committee, giving guidance on the overall medical activities of NCMC and making specific recommendations and suggestions regarding the Department in order to assure quality patient care;
- (p) assigning members of the Department to committees, task forces, and other duties as appropriate; and
- (q) participating in the orientation and continuing education of all persons in the Department.

3.2.3 Responsibilities of the Department Vice-Chair

The responsibilities of the Department Vice-Chair shall be to assist the Department Chair in all duties, and to assume the duties of the Department Chair in the event of resignation, removal, or request.

ARTICLE IV -- FUNCTIONS OF THE DEPARTMENTS

The Medical Staff is organized into the Departments. The Departments shall be responsible to the Medical Executive Committee for the promotion of quality of care and for the review of the professional performance of Members rendering care at NCMC.

4.1 DEPARTMENT RULES

Each Department shall establish its own rules, consistent with the Medical Staff Bylaws and the Medical Staff Documents and with the applicable policies and regulations of the Board of Directors. Such Department rules shall include the minimum criteria for membership within the Department. These rules shall be approved as outlined in Article XIII of the Medical Staff Bylaws.

4.2 QUALITY ASSESSMENT/QUALITY IMPROVEMENT PROGRAMS

Each Department shall participate in the quality assessment/quality improvement programs of the Medical Staff and of NCMC, as outlined in the current Medical Staff Quality Improvement Plan.

4.3 MEETINGS

- (a) Each Department shall establish its meeting requirements as necessary to carry out the duties of the Department. The purpose of such meetings shall be to provide continuing education, to review and consider findings related to quality improvement review, and to fulfill the necessary Department information and decision making functions.
- (b) Meetings that are required for the conduct of urgent business may be scheduled by the Department Chair. Written notice of the time and purpose of the special meeting shall be distributed to the members of the Department through the Medical Staff mailboxes at NCMC and/or via email. At the discretion of the Department Chair, voting on urgent business matters may be conducted by written ballot if a decision is required before the next scheduled meeting of the Department, with a majority of the ballots returned by an identified deadline (which shall not be less than fourteen (14) days nor more than thirty (30) days after distribution of the ballots) being decisive. Such ballots shall be distributed through the Medical Staff mailboxes at NCMC and/or via email.

4.4 CLINICAL PRIVILEGES

Each Department shall recommend the clinical privileges and special procedures that are subject to the rules of such Department and shall establish guidelines for recommending the granting of such clinical privileges and special procedure privileges to Members (as specified in the North Colorado Medical Center Medical Staff Credentials Policy and Procedures Manual). When it is determined that the clinical privilege for performing a specific procedure is to be recommended by more than one Department, the criteria must be the same in all such Departments, and shall be recommended by a combined conference group consisting of a member or members from each Department involved, who shall be selected by the appropriate Department Chairs, and either the Chair of the Credentials Committee or the Chief Medical Officer of NCMC. Such criteria must then be submitted for approval to the individual Departments and then to the Credentials Committee, the Medical Executive Committee and the Board of Directors (as specified in the North Colorado Medical Center Medical Staff Credentials Policy and Procedures Manual). If a Department determines that it is appropriate for members of such Department to apply for a specific procedure privilege currently granted by another Department, such Department may recommend the adoption of the applicable criteria (as specified in the North Colorado Medical Center Medical Staff Credentials Policy and Procedures Manual) if it is done without alteration to the criteria.

4.5 ESTABLISHMENT OF A DEPARTMENT SECTION

Should four (4) or more Members of a recognized specialty and/or subspecialty express a desire to form a Section for the purpose of conducting regular meetings, the Chair of the host Department, with majority approval, shall authorize the establishment of such a Section. The host

Department may delegate any or all of the Departmental functions as are applicable to the Section.

4.6 ESTABLISHMENT OF NEW DEPARTMENTS

Upon petition from any Member or group of Members, the Medical Executive Committee, subject to Medical Staff approval, may recommend to the Board of Directors the creation, elimination, subdivision, further subdivision, or combination of any Department or Departments.

ARTICLE V -- MEDICAL STAFF COMMITTEES

5.1 DESIGNATION

There shall be the Medical Executive Committee and the following Medical Staff committees, which are responsible to the Medical Executive Committee: the Bylaws Committee, the Credentials Committee, the Executive Trauma Committee, the Medical Advisory Council, the Burn Care Committee, the Cancer Committee, the Medical Education Committee, the Critical Care Committee, the Surgical Services Committee, the Pharmacy and Therapeutics Committee, the Children's Services Committee, the Obstetrical and Women's Services Committee, the Physicians' Health and Conduct Committee, the Health Information Management Committee, and the Medical Staff Quality Improvement Committee.

The following Medical Staff committees are responsible to the Medical Staff Quality Improvement Committee: the Peer Review Committee and the Utilization Management Committee.

5.2 COMMITTEES OF THE MEDICAL STAFF

Unless otherwise specified in this Manual, the Chair of each Medical Staff committee shall be appointed by the Chief of Staff and shall serve a one (1) year term, commencing as of January 1st and continuing until December 31st or until a successor Chair is appointed. The Chair of any Medical Staff committee may be reappointed for additional terms at the discretion of the Chief of Staff unless otherwise specified in this Manual.

Members of each Medical Staff committee shall be appointed and shall serve terms as specified in this [Article V](#).

A permanent record of the proceedings and actions of each Medical Staff committee shall be maintained.

5.2.1 Burn Care Committee

(a) Composition

The Chair of the Burn Care Committee shall be the Medical Director of the Burn Unit, who shall be a member of the Department of Surgery. In addition, the Burn Care Committee shall consist of at least two (2) other members of the Department of Surgery who have Burn Care privileges, the appropriate nursing care coordinators, and other individuals as deemed appropriate.

(b) Duties

The duties of the Burn Care Committee shall be as follows:

- (i) Providing medical direction for the Burn Care Unit by:
 - (A) Reviewing and evaluating the quality, safety, and appropriateness of patient care services provided in the Burn Care Unit and recommending appropriate action to be taken based on such findings;
 - (B) Recommending the establishment of rules regarding the activities of the Medical Staff in the Burn Care Unit to the Medical Staff and to NCMC administration, and monitoring the compliance with such rules; and
 - (C) Encouraging, initiating, and participating in educational activities for all health care providers in the Burn Care Unit.
- (ii) Providing input into the planning and budget process for the Burn Care Unit.
- (iii) Providing a forum for effective communication between Medical Staff, NCMC staff members in the Burn Care Unit, and NCMC administration.
- (iv) Reporting and being accountable to the Department of Surgery.

(c) Meetings

The Burn Care Committee shall meet on an “as needed” basis or as often as necessary to fulfill its functions and responsibilities.

5.2.2 Bylaws Committee

(a) Composition

The Bylaws Committee shall be composed of a Chair, who shall be the Vice-Chief of Staff, and at least two (2) other Members who shall be appointed by the Vice-Chief of Staff. The members of the Bylaws Committee shall serve two (2) year terms. The Chief Medical Officer of NCMC shall be an Ex-officio member of the Bylaws Committee, without vote.

(b) Duties

The duties of the Bylaws Committee shall be as follows:

- (i) Providing a review of the Medical Staff Bylaws at least once every three (3) years and recommending changes or revisions. Additional reviews should be done and recommendations for revisions should be made more frequently when appropriate.
- (ii) Review proposed changes to the Medical Staff Bylaws and the Medical Staff Documents (other than the North Colorado Medical Center Medical Staff Credentials Policy and Procedures Manual) for appropriateness,

placement, and legality, recommend changes to the submitting body and then recommend acceptance or rejection to the Medical Executive Committee.

(c) Meetings

The Bylaws Committee shall meet at least annually and more frequently at the discretion of the Chair of the Bylaws Committee.

5.2.3 Cancer Committee

(a) Composition

The members of the Cancer Committee shall include at least one (1) representative from each of the following physician specialties: diagnostic radiology, pathology, general surgery, medical oncology, and radiation oncology. The members of the Cancer Committee also shall include at least one (1) physician representative who specializes in one (1) or more of the following five (5) major cancer sites (breast, prostate, lung, colon/ rectum, and skin. The membership of the Cancer Committee shall be evaluated annually, and the Chair of the Cancer Committee shall be elected annually from among the members of the Cancer Committee and shall serve a one (1) year term.

The Cancer Committee also shall consist of at least one (1) non-physician member from each of the following: Cancer Program administration, oncology nursing, social services, cancer registry, and quality improvement. Additional members of the Cancer Committee shall include a palliative care/pain specialist and a representative for clinical research. Non-physician members of the Cancer Committee shall be ex-officio members without vote.

The Chair of the Cancer Committee shall be a Member and may also fulfill the role of one of the required physician specialties. The Cancer Liaison Physician shall be a voting member of the Cancer Committee and shall fulfill the role of one of the required physician specialties.

(b) Duties

The duties of the Cancer Committee shall be as follows:

- (i) Being responsible and accountable for all Cancer Program development, strategic planning, and activities at NCMC.
- (ii) Designating one (1) coordinator for each of the four (4) areas of Cancer Committee activity: Tumor Board conferences, quality control of cancer registry data, quality improvement, and community outreach. The Cancer Liaison Physician may also fulfill one of these coordinator positions.
- (iii) Developing and evaluating annual goals and objectives for clinical, community outreach, quality improvement, and programmatic endeavors related to cancer care.
- (iv) Establishing the Tumor Board conference frequency, format, and multidisciplinary attendance requirements on an annual basis.

- (v) Ensuring that the required number of cases is discussed at Tumor Board conferences and that at least seventy-five percent (75%) of the cases discussed at Tumor Board conferences are presented prospectively.
- (vi) Monitoring and evaluating the Tumor Board conference frequency, multi-disciplinary attendance, total case presentation, and prospective case presentation on an annual basis.
- (vii) Establishing and implementing a plan to evaluate the quality of cancer registry data and activity on an annual basis.
- (viii) Completing site-specific analyses that include comparison and outcome data, and disseminating the results of the analyses to the Medical Staff.
- (ix) Reviewing ten percent (10%) of the analytic caseload to ensure that the American Joint Commission on Cancer staging is assigned by the managing Member and recorded on a staging form in the medical record in at least ninety percent (90%) of eligible analytic cases.
- (x) Reviewing ten percent (10%) of the analytic caseload to ensure that ninety percent (90%) of cancer pathology reports include the scientifically validated data elements outlined in the College of American Pathologists' protocols.
- (xi) Providing a formal mechanism to educate patients about cancer-related clinical trials.
- (xii) Reviewing the percentage of cases accrued to cancer-related clinical trials.
- (xiii) Monitoring community outreach activities on an annual basis.
- (xiv) Offering a minimum of one (1) cancer-related educational activity each year.
- (xv) Completing and documenting the required studies that measure quality and outcomes.
- (xvi) Implementing two (2) improvements that directly affect patient care per year.
- (xvii) Establishing subcommittees or workgroups as needed to fulfill Cancer Program goals and objectives.

All functions of the Cancer Committee, including Tumor Board conferences, shall constitute professional review activities. The process, recommendations, trends, and outcomes shall be documented under the guidelines of applicable peer review statutes governing professional review committees and reported to the Medical Staff Quality Improvement Committee, appropriate Departments, and/or the Credentials Committee, as applicable.

(c) Meetings

The Cancer Committee shall meet at least quarterly or as often as necessary to fulfill its functions and responsibilities.

5.2.4 Children's Services Committee

(a) Composition

All Members who are currently credentialed for delivering care to neonates and children shall be members of the Children's Services Committee. Voting members of the Children's Services Committee include pediatricians and family medicine physicians, physician's assistants, and nurse practitioners. Ad Hoc members of the Children's Services Committee, without vote, shall include the Program Services Director for Women's and Children's Services, the Medical Director for Women's and Children's Services, the Manager of Children's/Pediatric Services, appropriate members of the staff or administration of NCMC, and advanced degree nurses as appropriate. Consultation with other specialists shall be obtained as needed (i.e., representatives of the Emergency Department, Surgical Services, or others as appropriate). The quorum for any meeting of the Children's Services Committee shall be a minimum of three (3) voting members of the Children's Services Committee.

The Chair of the Children's Services Committee shall be designated by the Chief of Staff in consultation with the Medical Director for Women's and Children's Services, and shall serve a one (1) year term. The Chair of the Children's Services Committee may be reappointed at the discretion of the Chief of Staff.

(b) Duties

The duties of the Children's Services Committee shall be as follows:

- (i) Overseeing the delivery of neonatal and children's services at NCMC.
- (ii) Developing protocols and procedures concerning the scope and provision of neonatal and children's services at NCMC, which shall be reviewed on a regular basis.
- (iii) Promoting efficient utilization and coordination of community and NCMC resources in the delivery of neonatal and children's services in the community and region served by NCMC.
- (iv) Providing a forum for dialogue with NCMC administration regarding budgetary/financial issues, planning and marketing efforts, and quality of care issues related to neonatal and children's services.
- (v) Promoting quality of care of the neonatal and pediatric patients at NCMC by ongoing review of the care given by Members, allied health professionals, nursing staff, and ancillary staff.
- (vi) Serving as a resource for the orientation and training programs for nurses and support staff working on the involved units.

(c) Meetings

The Children's Services Committee shall meet at least quarterly or as often as necessary to fulfill its functions and responsibilities.

5.2.5 Credentials Committee

(a) Composition

The Credentials Committee shall be composed of at least seven (7) voting members, including Ex-Officio members. The non Ex-Officio members of the Credentials Committee shall be appointed by the Chief of Staff, in consultation with the appropriate Department Chairs, to include, at a minimum, one (1) member from each of the Departments of Medicine, Surgery, Family Medicine, and Pediatrics. The Chief Executive Officer and the Chief Medical Officer of NCMC shall be Ex-Officio voting members of the Credentials Committee.

At the beginning of each calendar year, the non Ex-Officio members of the Credentials Committee shall designate one (1) member of the Credentials Committee to serve as the Chair of the Credentials Committee and another member of the Credentials Committee to serve as the Vice-Chair of the Credentials Committee. In order to be eligible for designation as the Chair or Vice-Chair of the Credentials Committee, the member in question must have completed at least one (1) full term as a member of the Credentials Committee. The Chair of the Credentials Committee may not serve more than four (4) consecutive one (1) year terms as the Chair of the Credentials Committee.

If there is a vacancy in the position of the Chair of the Credentials Committee, the Vice-Chair of the Credentials Committee shall serve out the remaining term, and the non Ex-Officio members of the Credentials Committee shall designate a member of the Credentials Committee to fill the vacancy in the position of the Vice-Chair of the Credentials Committee.

Each member of the Credentials Committee, other than Ex-Officio members, shall be appointed to serve for a term of four (4) years. Commencing as of January 1, 2005, the terms shall be staggered so that approximately one-quarter of the terms shall expire every year, and the length of the then-current terms shall be adjusted accordingly. Members may be appointed to serve for an unlimited number of consecutive terms.

(b) Duties

The members of the Credentials Committee are charged with evaluating the qualifications of applicants to the Medical Staff and the Allied Health Professional Staff and of Members and members of the Allied Health Professional Staff. They are expected to use their knowledge in their respective fields of expertise to contribute to the function of the Credentials Committee as a whole and not to function solely as representatives of their respective Departments.

The Credentials Committee shall:

- (i) Review and evaluate the qualifications of each applicant for initial appointment, reappointment, or modification of appointment to the Medical Staff or the Allied Health Professional Staff and for clinical privileges in accordance with the criteria and the policies and procedures established jointly by the Medical Executive Committee and the Departments (as specified in the North Colorado Medical Center Medical Staff Credentials Policy and Procedures Manual), and make recommendations on the applications for appointment and requests for

clinical privileges to the Medical Executive Committee before such applications are submitted to the Board of Directors.

- (ii) Study, investigate and submit recommendations to the Medical Executive Committee for criteria for credentialing Members and members of the Allied Health Professional Staff.
- (iii) Investigate, review and report on matters, including the clinical and ethical conduct of any Member or any member of the Allied Health Professional Staff, as may be assigned or referred to it in accordance with policies and procedures established by the Medical Staff Bylaws, as proscribed in the North Colorado Medical Center Medical Staff Credentials Policy and Procedures Manual and the Corrective Action/Fair Hearing Plan, or as necessary to carry out its duty to evaluate the qualifications of applicants, Members and members of the Allied Health Professional Staff.
- (iv) Perform such other duties and make such other studies, reviews, and recommendations as may be assigned or delegated to it by the Medical Executive Committee or the Board of Directors.

(c) Meetings

At the discretion of the Chair of the Credentials Committee, the Credentials Committee shall meet at least monthly and more frequently as required. Members of the Credentials Committee are required to attend at least two-thirds (2/3rds) of all regularly-scheduled meetings of the Credentials Committee and to remain in attendance throughout the scheduled duration of each such meeting. Any member of the Credentials Committee who fails to meet the preceding attendance requirements during any given year shall be deemed to have voluntarily resigned as a member of the Credentials Committee at the end of such year.

The quorum for any meeting of the Credentials Committee shall be one-half (1/2) of the voting members of the Credentials Committee.

(d) Recommendations

The Credentials Committee shall prepare a written report containing recommendations as to Medical Staff appointment or Allied Health Professional Staff appointment and, if appointment is recommended, as to Medical Staff category, if applicable, Department assignment, clinical privileges and any special conditions to be attached to the appointment. The reasons for the recommendations, positive or negative, shall be stated and supported as prescribed in the North Colorado Medical Center Medical Staff Credentials Policy and Procedures Manual. A member of the Credentials Committee who is in the same specialty as the applicant may be requested to participate in the discussions but shall abstain from participating in the final recommendation of the Credentials Committee. A Credentials Committee member shall abstain as necessary to avoid any potential conflict of interest.

5.2.6 Critical Care Committee

(a) Composition

The Critical Care Committee shall consist of the following voting members (i) the Chair of the Critical Care Committee, who shall be a Member and shall be elected by the members of the Critical Care Committee, (ii) one (1) representative from each of the following Departments: Anesthesiology, Emergency Medicine, and Surgery, (iii) one (1) representative from each of the following Sections: Cardiovascular Surgery and Cardiology, (iv) the Medical Director of the Critical Care Unit, (v) the Medical Director of the Burn Unit, and (vi) the Medical Director of Respiratory Therapy. The Chief Medical Officer of NCMC, the Chief Nursing Officer of NCMC, the Director of Respiratory Therapy, the Director of the Critical Care Unit, the Director of the Burn Unit, and the Patient Care Services Director of the Cardiovascular Care Unit also shall be voting members of the Critical Care Committee.

The Critical Care Committee shall consist of the following Ex-Officio members, without vote: a representative of the Infection Prevention Department, a representative of the Quality Management Department, a representative of the Pharmacy Department and a representative of the Residency Program, who shall be a resident.

(b) Duties

The duties of the Critical Care Committee shall be as follows:

- (i) Assuring that the quality, safety and appropriateness of patient care services provided by Critical Care Services are reviewed and evaluated on a regular basis and that appropriate action is taken based upon such findings.
- (ii) Developing and maintaining policies and procedures concerning scope and provision of care in cooperation with NCMC. Such policies and procedures shall be reviewed at least once every three (3) years, revised as necessary, and enforced as prescribed by the Medical Staff Bylaws.
- (iii) Encouraging, initiating, and participating in educational activities for all providers of health care in Critical Care Services.

(c) Meetings

The Critical Care Committee shall meet at least quarterly or as often as necessary to fulfill its functions and responsibilities. No action may be taken by the Critical Care Committee unless the number of Medical Staff physician voting members of the Critical Care Committee exceeds the number of non-Medical Staff voting members of the Critical Care Committee present at the meeting

5.2.7 Executive Trauma Committee

(a) Composition

The Chair of the Executive Trauma Committee shall be a board certified general surgeon and also shall be the Medical Director of the Trauma Service. The

following Members also shall be voting members of the Executive Trauma Committee: (i) all trauma surgeons participating in trauma call, (ii) the Medical Director of the Burn Unit, (iii) a representative of the Department of Orthopedic Surgery, (iv) a representative of the Department of Anesthesiology, (v) a representative of the Department of Emergency Medicine, (vi) a neurosurgeon, (vii) a radiologist, (viii) the Medical Director of Air Life of Greeley, and (ix) the Medical Director of the Weld County Paramedic Service.

The following individuals also shall be voting members of the Executive Trauma Committee: the Trauma Program Manager and the Director of Emergency Services.

The following individuals shall be Ex-Officio members of the Executive Trauma Committee, without vote:

Trauma Services Departmental Staff:

- ◆ Trauma Nurse Coordinator
- ◆ Trauma Data Registrar
- ◆ Trauma Outreach Coordinator

Nursing Representatives:

- ◆ Director of Emergency Services
- ◆ Director of Aero-Medical Services
- ◆ Director of Surgical Services

Business/Departmental/Administrative Representatives:

- ◆ Chief Executive Officer
- ◆ Director of Quality, or his/her designee
- ◆ Director of Operations for Weld County Paramedic Services, or his/her designee

The following individuals shall be Ad Hoc members of the Executive Trauma Committee, without vote: (1) a representative of the Department of Pathology, (2) a representative of the Department of Pediatrics, (3) the Medical Director of the Laboratory/Blood Bank, (4) a representative of Social Services, (5) the Director of Respiratory Care, (6) the service line directors for neurosurgery, burn, rehab and critical care, (7) a representative of Pastoral Care, (8) a representative of the Medical Imaging Department, (9) a critical care medicine physician, (10) the Medical Director of Inpatient Rehabilitation Services, (11) the Director of Burn Care Services, and (12) the Director of Critical Care.

(b) Duties

The duties of the Executive Trauma Committee shall be as follows:

- (i) Reviewing any and all matters related to the care of injured patients. The Executive Trauma Committee may make recommendations to Members, other healthcare providers at NCMC, the Medical Staff, the Medical Staff committees, the Departments and Sections, and NCMC committees.

- (ii) Establishing appropriate standards of care and reviewing the efficacy of the trauma program as compared to such standards.
- (iii) Developing and maintaining policies, procedures, and protocols regarding the scope and provision of trauma care at NCMC.
- (iv) Facilitating the establishment and revision of criteria for trauma care credentialing.
- (v) Reviewing and making reports to the applicable Department Chair regarding applicants for privileges in the provision of trauma care.
- (vi) Reviewing and approving the Trauma Service Operational Guidelines annually.
- (vi) Conducting a trauma quality assurance/improvement program in a planned and structured format that measures compliance with trauma indicators and audit filters selected by the Executive Trauma Committee.
- (vii) Developing a plan of corrective action or revision in the event that patient care or systems performance issues are identified. Such plan may include one or more of the following:
 - (A) recommendations or revision of existing policies, rules or regulations;
 - (B) the provision of Member counseling as determined necessary; and
 - (C) the reporting to the Credentials Committee and the applicable Department Chair any recommendations concerning Member privileges.

(c) Meetings

The Executive Trauma Committee shall meet monthly, unless otherwise determined by the Chair of the Executive Trauma Committee. Agendas and minutes shall be maintained by the Trauma Services Department. No action may be taken by the Executive Trauma Committee unless the number of Medical Staff physician voting members of the Executive Trauma Committee exceeds the number of non-Medical Staff voting members of the Executive Trauma Committee present at the meeting.

5.2.8 Health Information Management Committee

(a) Composition

The Health Information Management Committee shall be composed of Members appointed by the Chief of Staff. The members of the Health Information Management Committee also shall include the Chief Medical Officer of NCMC, the Director of Health Information Management, a representative from Care Transformation and a representative from nursing. The Chair of the Health Information Management Committee shall be elected by the membership of the

Health Information Management Committee. The Members shall constitute a majority of the Health Information Management Committee's voting membership.

(b) Duties

The duties of the Health Information Management Committee shall be as follows:

- (i) Being a primary contact between the Banner Care Transformation process and electronic medical record initiatives and the Medical Staff. The Health Information Management Committee shall address the impact of such initiatives on the practice of medicine, participate in the design and implementation, and report to the Medical Executive Committee.
- (ii) Being responsible for the review and evaluation of medical records to determine to the best of its ability that such medical records (A) properly describe the condition and progress of the patient, the therapy and tests provided, the results thereof, and the identification of responsibilities for all actions taken; and (B) are sufficiently complete at all times to facilitate transfer and continuity of care and communications between all those providing patient care services. Findings of the Health Information Management Committee shall be reported to the Medical Executive Committee.
- (iii) Reviewing, enforcing and maintaining surveillance over enforcement of NCMC policies and Medical Staff Documents relating to medical records, including medical records completion, preparation, forms, and formats.
- (iv) Providing liaison with NCMC administration, nursing and medical record professionals on matters relating to medical records practices.

(c) Meetings

The Health Information Management Committee shall meet as often as necessary to fulfill its functions and responsibilities.

5.2.9 Medical Advisory Council

(a) Composition

The Medical Advisory Council shall consist of a Chair, who shall be the Vice-Chief of Staff, and representatives of the Departments. The representatives of the Departments shall be active staff members appointed by the Chairs of their respective Departments. The number of representatives from a Department shall be in proportion to the number of active staff members in the Department. Smaller Departments shall have at least one (1) representative. Larger Departments shall be represented by members that closely mirror the varied interests of the respective Department (i.e., specialty mix and group practice). Representation shall be approximately one (1) voting member for every ten (10) members of a Department.

Members of the Medical Advisory Council shall serve for terms of two (2) years each, with one-half of the members appointed in odd years and one-half of the members appointed in even years.

The Medical Advisory Council shall also consist of representatives of NCMC administration who shall be Ex-Officio members of the Medical Advisory Council, without vote. Such representatives shall include the Chief Executive Officer, the Chief Administrative Officer/Senior Associate Administrator, the Chief Medical Officer of NCMC, the Chief Nursing Officer and the Associate Administrators.

(b) Duties

The duties of the Medical Advisory Council shall be as follows:

- (i) Providing a forum to promote dialogue among a representative cross section of the Medical Staff and with NCMC administration.
- (ii) Developing a spirit of communication, cooperation, and compromise among Members and NCMC administration.
- (iii) Addressing topics of relevance to the Medical Staff, NCMC administration, and other pertinent parties (e.g., NCMC, Inc., the community or community agencies, and the medical staffs of other hospitals).

(c) Meetings

The Medical Advisory Council shall meet at least quarterly or as often as necessary to fulfill its functions and responsibilities. Meetings shall be open and informal with attendance being open to the Medical Staff and others as desired. However, if an action requiring a vote is taken, only those formally designated as Medical Staff representatives to the Medical Advisory Council shall be eligible to vote.

5.2.10 Medical Education Committee

(a) Composition

The Director of Continuing Medical Education, who shall be recommended by the Director of North Colorado Family Medicine and affirmed by the Medical Education Committee, shall be the Chair of the Medical Education Committee. The voting membership of the Medical Education Committee shall be composed of (i) at least six (6) Members, who shall be appointed by the Chief of Staff, including the Director of Continuing Medical Education and the Director of Graduate Medical Education; (ii) a member of the Pharmacy and Therapeutics Committee or other representative of the Pharmacy Department; and (iii) the Director of North Colorado Family Medicine, who shall be a permanent member of the Medical Education Committee. A representative from the NCMC quality improvement program, a representative from the Education Resources Department, a representative from the Information Technology Department, a representative from NCMC administration, the Medical Librarian, and the CME Coordinator shall serve as non-voting members of the Medical Education Committee. Members of the Medical Education Committee shall serve for terms

of two (2) years each, with one-half of the members appointed in odd years and one-half of the members appointed in even years.

(b) Duties

The duties of the Medical Education Committee shall as follows:

- (i) Developing overall objectives for meeting the continuing medical education needs of the Medical Staff and, in conjunction with the CME Coordinator, pursuing implementation of such objectives.
- (ii) Being aware of the educational and practice needs of the Medical Staff, as learned from findings of quality assessment and other activities, determining educational methods for addressing such areas, and providing opportunities to improve patient care.
- (iii) Affording Practitioners educational opportunities about the purpose and use of new devices and patient care methodologies introduced into NCMC.
- (iv) Providing guidance to the Medical Library in meeting the informational needs of the Medical Staff.

(c) Meetings

The Medical Education Committee shall meet as often as necessary to fulfill its functions and responsibilities.

5.2.11 Medical Executive Committee

The composition and duties of the Medical Executive Committee are as set forth in the Medical Staff Bylaws. In addition, the Medical Executive Committee supervises overall Medical Staff compliance with accreditation and other regulatory requirements applicable to the Medical Staff or any of its clinical units.

5.2.12 Medical Staff Quality Improvement Committee

(a) Composition

The Medical Staff Quality Improvement Committee shall consist of representatives from each interested Department, the Chief Medical Officer of NCMC, and representatives from NCMC administration to include the Chief Nursing Officer of NCMC. The Members shall constitute a majority of the voting membership of the Medical Staff Quality Improvement Committee.

Members, quality improvement staff, and NCMC department representatives or managers may be requested to attend meetings of the Medical Staff Quality Improvement Committee to discuss areas of improvement in patient care.

The Medical Staff Quality Improvement Committee shall elect a Chair from its membership for a two (2) year term. Each Medical Staff member of the Medical Staff Quality Improvement Committee shall serve a four (4) term. Every two (2) years, fifty percent (50%) of the Medical Staff Quality Improvement Committee shall be newly appointed or reappointed. Members of the Medical Staff Quality

Improvement Committee shall be appointed by the Chief of Staff in consultation with the Department Chairs. NCMC shall support and expect members of the Medical Staff Quality Improvement Committee to become well-versed in methods of statistical process control. Membership on the Medical Staff Quality Improvement Committee may be terminated if a member of the Medical Staff Quality Improvement Committee fails to consistently perform the duties expected of him/her or if such member is absent from three (3) consecutive meetings or from five (5) meetings in any twelve (12) month period.

(b) Duties

The duties of the Medical Staff Quality Improvement Committee shall be as follows:

The Medical Staff Quality Improvement Committee shall oversee the overall quality improvement efforts for NCMC regarding the practice of medicine. Given the interdisciplinary nature of patient care delivery, the Medical Staff Quality Improvement Committee shall actively coordinate its efforts with Banner Care Management initiatives and NCMC departments, committees and staff.

The Medical Staff Quality Improvement Committee shall work with the other quality and safety groups to insure that best practice standards are met for clinical quality and patient safety.

Improving clinical processes to improve outcomes shall be the primary mission of the Medical Staff Quality Improvement Committee. The Medical Staff Quality Improvement Committee in conjunction with the Quality Department shall develop the skills of its members in data analysis, performance improvement, and project execution. Outcomes shall be reviewed on a regular basis to insure that improvement initiatives have met established goals and that improvement in the outcomes is lasting.

The Medical Staff Quality Improvement Committee shall develop an annual strategic plan, in coordination with the Director of Quality, for the Medical Staff's performance improvement activities and shall annually review the effectiveness and cost efficiency of the Medical Staff's performance improvement activities.

The Medical Staff Quality Improvement Committee shall coordinate the efforts of all other quality improvement committees of the Medical Staff. The work of such committees shall contribute to the success of the overall strategic plan. Peer review on individual episodes of care may take place in these committees; however, all findings of note shall be referred to the Peer Review Committee for official disposition. All Medical Staff quality improvement committees shall send copies of their minutes and other records to the Medical Staff Quality Improvement Committee. The Medical Staff Quality Improvement Committee shall insure that all Departments and service lines are contributing to the improvement in clinical care and patient safety. Such work may be done at a separate quality improvement committee, or it may be incorporated into Department meetings.

The Medical Staff Quality Improvement Committee shall oversee the activity of the Utilization Management Committee and shall insure the integration of quality and efficiency of patient care. The Medical Staff Quality Improvement Committee shall report to Medical Executive Committee on a regular basis as to the state of the quality, safety, and efficiency of patient care.

(c) Meetings

The Medical Staff Quality Improvement Committee shall meet as often as necessary to fulfill its functions and responsibilities.

5.2.13 Obstetrical and Women's Services Committee

(a) Composition

All Members currently credentialed for delivering obstetrical care and gynecological care for women shall be members of the Obstetrical and Women's Services Committee. Voting members of the Obstetrical and Women's Services Committee include obstetricians, gynecologists, family medicine physicians, and certified nurse midwives. Ad Hoc members of the Obstetrical and Women's Services Committee, without vote, shall include the Program Services Director for Women's and Children's Services, the Manager of Obstetrical Services, appropriate members of the staff or administration of NCMC and advanced degree nurses as appropriate. Consultation with other specialists shall be obtained as needed. The quorum for any meeting of the Obstetrical and Women's Services Committee shall be a minimum of three (3) voting members of the Obstetrical and Women's Services Committee.

The Chair of the Obstetrical and Women's Services Committee shall be designated by the Chief of Staff in consultation with the Medical Director for Women's and Children's Services, and shall serve a one (1) year term. The Chair of the Obstetrical and Women's Services Committee may be reappointed at the discretion of the Chief of Staff.

(b) Duties

The duties of the Obstetrical and Women's Services Committee shall be as follows:

- (i) Overseeing the delivery of obstetrical and women's services at NCMC.
- (ii) Developing protocols and procedures concerning the scope and provision of obstetrical care and women's services at NCMC, which shall be reviewed on a regular basis.
- (iii) Promoting efficient utilization and coordination of community and NCMC resources in the delivery of obstetrical and women's care in the community and region served by NCMC.
- (iv) Providing a forum for dialogue with NCMC administration regarding budgetary/financial issues, planning and marketing efforts, and quality of care issues related to obstetrics and women's care.
- (v) Promoting quality of care of the obstetrical, gynecologic, and other female patients at NCMC by ongoing review of the care given by Members, certified nurse midwives, nursing staff, and ancillary staff.
- (vi) Serving as a resource for the orientation and training programs for nurses and support staff working on the involved units.

(c) Meetings

The Obstetrical and Women's Services Committee shall meet at least quarterly or as often as necessary to fulfill its functions and responsibilities.

5.2.14 Peer Review Committee

(a) Composition

Members of the Peer Review Committee shall be appointed by the Chief of Staff. Each Medical Staff member of the Peer Review Committee shall serve a two (2) year term, and representatives from each Department are recommended. Ad hoc voting members may be designated by the Peer Review Committee in cases that need special technical analysis. Members shall constitute a majority of the Peer Review Committee's voting membership. The Chair of the Peer Review Committee shall be elected by the members of the Peer Review Committee.

(b) Duties

The duties of the Peer Review Committee shall be as follows:

The Peer Review Committee shall review individual cases involving the practice of medicine in order to determine the extent to which the applicable standard of care has been met or not met. Minor and moderate recommendations to the Member regarding his/her practice may be made by the Peer Review Committee in collaboration with the Department Chair. Recommendations for corrective action shall proceed according to the Medical Staff Documents. Decisions and dispositions of the Peer Review Committee shall be referred to the Medical Staff Quality Improvement Committee, the Medical Executive Committee, the Credentials Committee, the Departments and the Department Chairs, and/or other committees as appropriate according to the Medical Staff Documents. When general issues are identified regarding opportunities for system performance improvement, such issues shall be referred to the Medical Staff Quality Improvement Committee and other appropriate entities. The Quality Department and the Medical Staff Services Department shall document the proceedings and recommendations of the Peer Review Committee. Peer review policies and procedures shall be developed by the Peer Review Committee. The Peer Review Committee shall make recommendations regarding the criteria for case review and the process for assigning dispositions on the degree of variation from the standard of practice. Such criteria and the policies and procedures of the Peer Review Committee shall be approved by Medical Executive Committee.

(c) Meetings

The Peer Review Committee shall meet as often as necessary to fulfill its functions and responsibilities.

5.2.15 Pharmacy and Therapeutics Committee

(a) Composition

The Pharmacy and Therapeutics Committee shall be comprised of a Chair and representative from each of the following Departments: Family Medicine,

Medicine, and Pediatrics. The Department representatives shall be appointed by the Chairs of their respective Departments for two (2) year terms, corresponding with the biennial reappointment cycles of their respective Departments. The Pharmacy and Therapeutics Committee shall also include as voting members the Chief Nursing Officer of NCMC (who is also the administrative representative), or his/her designee, and the Director of Pharmacy, or his/her designee.

An invitation to attend any meeting of the Pharmacy and Therapeutics Committee shall be extended to each of the Department Chairs. If a Department Chair, or his/her designee, attends a meeting of the Pharmacy and Therapeutics Committee, such Department Chair be considered a voting member for the purpose of taking action at such meeting.

Due to the frequent topics of antibiotic drug use evaluation studies and antibiotic formulary issues, a standing open invitation to attend any meeting of the Pharmacy and Therapeutics Committee shall be extended to all Members specializing in infectious diseases.

A representative from the Quality Department shall be an Ex-Officio member of the Pharmacy and Therapeutics Committee.

(b) Duties

The monitoring function of the Pharmacy and Therapeutics Committee includes at least the following:

- (i) Developing and approving policies and procedures relating to the selection, distribution, handling, use, administration, and prescribing of drugs and diagnostic testing materials.
- (ii) Developing and maintaining a drug formulary or drug list.
- (iii) Evaluating and, when no other such mechanism exists, approving protocols concerned with the use of investigational or experimental drugs.
- (iv) Defining and reviewing all significant untoward drug reactions.
- (v) Reviewing drug use evaluation studies and developing policies, guidelines, and recommendations of educational strategies with regard to the appropriateness, safety, and effectiveness of drug therapies.
- (vi) Maintaining a liaison with the NCMC Infection Control Committee relative to antibiotic use evaluation by the Infection Control Committee.

(c) Meetings

The Pharmacy and Therapeutics Committee shall meet as often as necessary to fulfill its functions and responsibilities.

5.2.16 Physicians' Health and Conduct Committee

(a) Composition

The Physicians' Health and Conduct Committee shall be composed of Members appointed by the Chief of Staff in concurrence with the Department Chairs, if appropriate, and the Chief Medical Officer of NCMC. Each appointment shall be for a term of three (3) years, and members of the Physicians' Health and Conduct Committee may be reappointed for additional terms. The Chair of the Physicians' Health and Conduct Committee shall be selected by the members of the Physicians' Health and Conduct Committee.

(b) Duties

The duties of the Physicians' Health and Conduct Committee shall be as follows:

- (i) To assist Members who may have health and/or personal issues, which if left unaddressed, could adversely affect their ability to safely practice medicine.
- (ii) Acting in a peer review capacity to receive and make recommendations regarding complaints of disruptive behavior involving Members in accordance with the provisions of the Disruptive Medical Staff Member Policy.
- (iii) Investigating reports of situations in which a Member may be impaired or ill to the extent that it affects his/her ability to practice medicine with skill and safety to patients as requested by another Member, by the Chief Medical Officer of NCMC, or by the Chief Executive Officer in accordance with the provisions in the Policy Regarding Impaired Practitioners (Physician Health Policy).

(c) Meetings

The Physicians' Health and Conduct Committee shall meet as often as necessary to fulfill its functions and duties.

5.2.17 Surgical Services Committee

(a) Composition

The Chair of the Surgical Services Committee shall be the Chair of the Department of Surgery. In addition, the Surgical Services Committee shall consist of the Vice-Chair of the Department of Surgery, three (3) members elected from the remaining membership within the Department of Surgery and a representative from each of the following Departments: the Department of Anesthesiology, the Department of Obstetrics and Gynecology and the Department of Orthopedic Surgery. The representatives of the Departments of Anesthesiology, Obstetrics and Gynecology and Orthopedic Surgery shall be appointed by the Chairs of their respective Departments.

The Surgical Services Committee shall also consist of, as voting members, the designated administrative representative to the Surgical Services Committee and the Director of Perioperative Services. Non-voting members of the Surgical

Services Committee shall be the service line managers of the OR, the Ambulatory Care (AC) and Post-Anesthesia Care Unit (PACU), and the Sterile Processing Department (SPD), the perioperative business services manager, a representative from Surgical Informatics, and a representative from Surgical Scheduling.

(b) Duties

The duties of the Surgical Services Committee shall be as follows:

- (i) Establishing policies and criteria for all aspects of surgical block allocation and utilization monitoring to facilitate efficient and effective utilization of operating time and resources. Such duties may be managed by a utilization sub-committee, the composition and responsibilities of which may be defined by the Surgical Services Committee.
- (ii) Recommending to the Medical Executive Committee and to NCMC administration policies and guidelines regarding the perioperations of NCMC and monitoring the compliance with such policies and guidelines.
- (iii) Providing input into the planning and budget process for the surgical services areas.
- (iv) Providing a forum for effective communication between surgeons, NCMC staff members in the surgical services areas, and NCMC administration.

(c) Meetings

The Surgical Services Committee shall meet at least quarterly or as often as necessary to fulfill its functions and responsibilities. No action may be taken by the Surgical Services Committee at any time when the number of non-Medical Staff physician voting members exceeds the number of Medical Staff physician voting members.

5.2.18 Utilization Management Committee

(a) Composition

The Utilization Management Committee shall consist of Members appointed by the Chief of Staff, the Chief Medical Officer of NCMC, the Director of Quality, the Director of Care Coordination, the Care Coordination Manager, staff care coordinators, staff social workers and the NCMC Compliance Officer. Other individuals may be invited to participate on an ad hoc basis. The Chair of the Utilization Management Committee shall be elected by the members of the Utilization Management Committee. The Members shall constitute a majority of the Utilization Management Committee's voting membership.

(b) Duties

The Utilization Management Committee supports improvement in efficiency in the provision of medical services through collegial Medical Staff initiatives and peer review activities.

The duties of the Utilization Management Committee shall be as follows:

- (i) Reviewing aggregated utilization and cost data for targeted clinical conditions, comparing results with benchmarks, assisting in the establishment of performance goals, and developing and monitoring Medical Staff action plans to attain utilization performance goals.
 - (ii) Reviewing data concerning utilization and availability of medical equipment and services, and advising NCMC administration of opportunities for improvement in processes, staffing, or equipment capacity, to improve efficiency in moving patients through the continuum of care.
 - (ii) Performing peer review for medical utilization issues, including outlier cases or patterns of care involving major concern about appropriateness of designation of level of service, delay in service, under- or over-utilization of hospital services, or delay in appropriate hospital discharge. Quality of care concerns shall be forwarded to the Peer Review Committee for review and consideration.
 - (iii) Assessing the impact of payer policies and procedures and advising NCMC administration with respect to such assessments.
 - (iv) Communicating utilization information and issues to Medical Staff colleagues.
- (c) Meetings

The Utilization Review Committee shall meet as often as necessary to fulfill its functions and responsibilities.

ARTICLE VI -- MEETING PROCEDURES

The meeting procedures that are applicable to the Medical Staff committees are defined in the Medical Staff Bylaws.

ARTICLE VII -- AMENDMENT

This Manual may be amended or repealed, in whole or in part, by resolution of the Medical Executive Committee, as recommended to, and adopted by, the Board of Directors, or by action of the Board of Directors on its own initiative after notice to the Medical Executive Committee of its intent and pursuant to the procedures outlined in the Medical Staff Bylaws.

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

ARTICLE VIII -- CONFIDENTIALITY, IMMUNITY, AND RELEASES

8.1 CONFIDENTIALITY OF INFORMATION

Information submitted, collected, or prepared by any representative of NCMC, any other health care facility or organization, or the Medical Staff for the purposes of: assessing, reviewing, evaluating, monitoring, or improving the quality and efficiency of health care provided; evaluating

current clinical competence and qualifications for Medical Staff appointment/affiliation, or clinical privileges or specified services; contributing to teaching or clinical research; or determining that health care services were indicated or were performed in compliance with an applicable standard of care shall, to the fullest extent permitted by law, be confidential. Such information shall not be disseminated to anyone other than a representative of NCMC or to other health care facilities or organizations of health professionals engaged in an official, authorized activity for which the information is needed. Such confidentiality shall also extend to information that may be provided by third parties. It is expressly acknowledged by each Member that violation of the confidentiality requirements provided herein is grounds for immediate and permanent revocation of Medical Staff appointment and/or clinical privileges or specified services.

8.2 IMMUNITY FROM LIABILITY

No representative shall be liable to a Practitioner for damages or other relief for any decision, opinion, action, statement, or recommendation made within the scope of his/her duties as an official representative of NCMC or for providing information, opinion, counsel, or services to a representative of NCMC or to any health care facility or organization of health professionals concerning such Practitioner if such representative acts are taken:

- (a) in good faith and without malice;
- (b) in the reasonable belief that the decision, opinion, action, statement, recommendation, information, opinion, counsel, or services were in furtherance of quality or efficient health care services and were warranted by the facts known;
- (c) after a reasonable effort to obtain the facts of the matter; and
- (d) in accordance with any applicable procedures specified in the Medical Staff Bylaws or any relevant Medical Staff Documents.

8.3 ACTIVITIES

The confidentiality and immunity provided by this Article VIII applies to all information and disclosures performed or made in connection with NCMC's or any other health care facility's or organization's activities concerning, but not limited to:

- (a) applications for appointment/affiliation, clinical privileges, or specified services;
- (b) periodic reappraisals for renewed appointment/affiliations, clinical privileges, or specified services;
- (c) corrective or disciplinary actions;
- (d) hearings and appellate reviews;
- (e) quality assessment and performance improvement activities;
- (f) utilization review and improvement activities;
- (g) claims reviews;
- (h) risk management and liability prevention activities; and

- (i) other NCMC, committee, department/division, or Medical Staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

CERTIFICATION OF ADOPTION AND APPROVAL

Approved by the Medical Executive Committee and recommended for adoption by the Board of Directors:

Chief of Staff

Date

**Signature page (copy) of this
document
is on file in the
Medical Staff office**

Approved and adopted by the Board of Directors:

Secretary, Board of Directors

Date