

**West Valley Hospital
Organization and Functions Manual**

**Approved by the Board of Trustees on (Approval Date) for
implementation beginning (Date).**

SECTION 1. Organization and Functions of the Medical Staff

1.1 Organization of the Medical Staff:

The medical staff of West Valley Hospital shall be organized as a departmentalized staff. The current departments organized by the medical staff and formally recognized by the Medical Executive Committee are Primary Care Department, Surgical Specialty Department, and Medical Specialty a Department(s). A Department Chair shall head each clinical department with overall responsibility for the supervision and satisfactory discharge of assigned functions under the Executive Committee.

1.2 Responsibilities of the Medical Staff:

- 1.2.1 The Medical Executive Committee is ultimately responsible for the medical staff functions as outlined in section 1.3.
- 1.2.2 The Medical Staff Officers, Department Chairs, Hospital, Committee Chairs and Medical Staff Committee Chairs, are responsible to work collaboratively to promote adherence to regulatory/accreditation compliance and appropriate standards of medical care.
- 1.2.3 Additionally, Medical Staff Officers may appoint Designated Physician Leaders to help fulfill medical staff functions and may identify other medical and administrative resources needed to adequately fulfill these functions.

1.3 Description of Medical Staff Functions: *The responsible party for oversight is listed in parentheses following each activity outlined below.*

1.3.1 Governance, direction, coordination, and action:

- a) Receive, coordinate and act upon, as necessary, the reports and recommendations from departments, committees, other groups, and officers concerning the functions assigned to them and the discharge of their delegated administrative responsibilities (Medical Executive Committee and certain medical staff committees);
- b) Account to the Board of Trustees and to the staff by written recommendations for the overall quality and efficiency of patient care at West Valley Hospital (President of the Medical Staff and Medical Executive Committee);
- c) Take reasonable steps to promote professional and ethical conduct and initiate, professional review activity and actions, when warranted (President of the Medical Staff, medical staff leadership, and Medical Executive Committee);
- d) Make recommendations on hospital clinical and operational matters (President of the Medical Staff and Medical Executive Committee);

- e) Inform the medical staff of the accreditation program and the accreditation and state licensure status of the hospital (President of the Medical Staff and Medical Executive Committee);
- f) Act on all matters of medical staff business, and fulfill any state and federal reporting requirements (Medical Executive Committee and certain staff committees);
- g) Oversee, develop, and plan Continuing Professional Development plans, programs, and activities that are designed to keep the staff informed of significant new developments and new skills in medicine that are related to the findings of performance improvement activities (Medical Executive Committee);
- h) Provide education on current ethical issues, recommend ethics policies and procedures, develop criteria and guidelines for the consideration of cases having ethical implications, and arrange for consultation with concerned physicians, nurses, staff, patients, and or families when ethical conflicts occur, in order to facilitate and provide a process for conflict resolution (Medical Executive Committee or Designated Physician Leader from Ethics Committee)
- i) Promote effective, timely and comprehensive communication between the members of the medical staff and medical staff leaders as well as between medical staff leaders and hospital administration and the Board of Trustees (President of the Medical Staff and Medical Executive Committee);

1.3.2 Medical Care Evaluation/Performance Improvement/Patient Safety Activities: (Medical Executive Committee)

- a) Set expectations, develop plans, educate members, and manage processes to measure, assess, and improve the quality of clinical activities;
- b) Understand the adopted approach to and methods of performance improvement;
- c) Promote measurement, assessment, and improvement of important processes and activities systematically across all disciplines throughout the hospital;
- d) Communicate findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the governing body, and define in writing responsibility for acting on recommendations for improvement;
- e) Participate in oversight of the processes as defined and implemented for identifying and managing sentinel events and events that warrant intensive analysis;

- f) Participate in the implementation of an integrated patient safety program throughout the hospital that includes an ongoing, proactive program to identify risks to patient safety and reducing medical/health care errors.
- g) Understand the mechanisms to measure, analyze, and manage variation in the performance of defined processes that affect patient safety.

1.3.3 Monitoring professional activities as part of the ongoing professional practice evaluation to include but not be limited to the following: (Multidisciplinary Peer Review Committee)

- a) Medical assessment and treatment of patients;
- b) Coordination of care with other practitioners and hospital personnel;
- c) Appropriateness of clinical practice patterns;
- d) Significant departures from established patterns of clinical practice;
- e) Coordination of care, treatment, and services with other practitioners and hospital personnel, as relevant to the care, treatment, and services of an individual patient; and
- f) Findings of the assessment process that are relevant to an individual's performance.

1.3.4 Credentials review (see Credentials Procedure Manual)

1.3.5 Medical Records and Policy Management (Medical Executive Committee and Medical Care Advisory Committee)

- a) Review and evaluate medical records to determine 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
 - Are sufficiently complete at all times so as to facilitate continuity of care and communication between all those providing patient care services in the hospital;
- b) Develop, review, enforce, and maintain surveillance as needed over compliance of medical staff and hospital policies and rules relating to medical record completion, and recommend methods of achieving compliance thereof and changes therein; and

- c) Provide liaison with hospital administration, nursing service, and medical records professionals in the employ of the hospital on matters relating to medical records practices and information management planning.

1.3.6 Emergency Preparedness

Assist the hospital administration in developing, periodically reviewing, and implementing a crisis management manual that addresses disasters both external and internal to the hospital. (Medical Executive Committee)

1.3.7 Planning: (Medical Executive Committee)

- a) Participate in evaluating existing programs, services, and facilities of the hospital and medical staff; and recommend continuation, expansion, abridgment, or termination of each;
- 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 or services and needs and allocation of present and future resources; and
- c) Communicate strategic, operational, capital, human resources, information management, and corporate compliance plans to medical staff members.

1.3.8 Infection Control Oversight (Medical Executive Committee and Medical Care Advisory Committee.)

- a) The medical staff participates in the development and coordination of the hospital-wide program for surveillance, prevention, implementation, and control of infection;
- b) Development and review of policies describing the type and scope of surveillance activities including:
 - Review of cumulative microbiology recurrence and sensitivity reports;
 - Determination of definitions and criteria for nosocomial infections;
 - Review of prevalence and incidence studies, as appropriate; and
 - Collection of additional data as needed;
- c) Review infection prevention and control actions based on evaluation of surveillance reports and other information;
- d) Evaluate and revise the type and scope of surveillance periodically;

- e) Institute any surveillance, prevention, and control measures or studies when there is reason to believe any patient or personnel may be at risk; and
- f) Review all policies and procedures on infection prevention, surveillance, and control periodically.

1.3.9 Pharmacy and Therapeutics Functions: (Medical Executive Committee and Medical Care Advisory Committee)

- a) Serves in an evaluative, educational and advisory capacity to the medical staff and hospital administration in all matters pertaining to the use of medications (including investigational medications).
- b) Contributes to development of a formulary of drugs accepted for use in the hospital and provide for its constant revision. The selection of items to be included in the formulary should be based on objective evaluation of their relative therapeutic merits, safety and cost. The committee should minimize duplication of the same basic medication type, medication entity or medication product;
- c) Supports establishment of programs and procedures that help ensure safe and effective drug therapy;
- d) To establish programs and procedures that promote cost-effective medication therapy;
- e) Establish or plan suitable educational programs for the hospital's professional staff on matters related to medication use;
- f) Participate in quality-assurance and patient safety activities related to ordering, distribution, hospital administration, monitoring and use of medications;
- g) Initiates and/or directs medication use evaluation programs and studies, review the results of such activities, and makes appropriate recommendations to optimize medication use;
- h) Advises the Pharmacy Department in the implementation of effective medication distribution and control procedures;
- i) Disseminates information as needed on its actions and approved recommendations to the appropriate organizational healthcare staff;
- j) Participates in the development of treatment guidelines and protocols in cooperation with medical staff, nursing staff and relevant professionals;

- k) Designs, monitors and evaluates efforts to minimize adverse medication reactions, medication errors, medication/medication interactions, medication/food interactions and allow pharmacist intervention as needed.
- l) Review and approve all policies, procedures, therapeutic protocols, and pre-printed order forms involving medication therapy, blood, blood products & blood forming products, nutrition and pain management.

1.3.10 All committees established by the Medical Executive Committee have a charter from the Medical Executive Committee which is reviewed periodically.

1.4 Responsibilities of Department Chairs:

1.4.1 The responsibilities of the department chairs shall be to:

- a) Oversee all clinically related activities of the department;
- b) Oversee all administratively related activities of the department otherwise provided for by the West Valley Hospital;
- c) Provide ongoing surveillance of the performance of all individuals in the medical staff department who have been granted clinical privileges;
- d) Recommend to the Credentials Committee the criteria for requesting clinical privileges that are relevant to the care provided in the medical staff department;
- e) Recommend clinical privileges for each member of the department and other licensed practitioners practicing with privileges within the scope of the department;
- f) Assess and recommend to the Medical Executive Committee and hospital administration of West Valley Hospital off-site sources for needed patient care services not provided by the medical staff department or the hospital;
- g) Monitor and evaluate the quality and appropriateness of patient care provided in the medical staff department and to implement action following review and recommendations by the Multidisciplinary Peer Review Committee and/or the Medical Executive Committee;
- h) Integrate the department into the primary functions of the hospital;
- i) Coordinate and integrate interdepartmental and intradepartmental services and communication;

- j) Participate in the administration of the department through cooperation with nursing services and hospital administration in matters affecting patient care;
- k) Develop and implement medical staff and hospital policies and procedures that guide and support the provision of patient care services;
- l) Recommend to the hospital administrator the sufficient numbers of qualified and competent persons to provide patient care and service;
- m) Provide input to the hospital administrator regarding the qualifications and competence of department or service personnel who are not Licensed Practitioners (LPs) who provide patient care, treatment and services;
- n) Provide continuous assessment and improvement of the quality of care, treatment and services;
- o) Maintain quality control programs as appropriate;
- p) Support orientation and continuous education of all persons in the department or service; and
- q) Make recommendations to the Medical Executive Committee and the hospital administration for space and other resources needed by the medical staff department to provide patient care services identified by the relevant section or specialty of their department.

1.6 Responsibilities of Medical Staff President: *The Duties of Officers and of Medical Staff President are referenced in the Medical Staff Bylaws*

1.6.1 Medical Staff President Responsibilities: The President of the Medical Staff is the primary elected officer of the medical staff and is the medical staff's advocate and representative in its relationships to the Board of Trustees and the administration of the hospital. The President of the Medical Staff jointly with the Medical Executive Committee, provides direction to and oversees medical staff activities related to assessing and promoting continuous improvement in the quality of clinical services and all other functions of the medical staff as outlined in the Medical Staff Bylaws, Credentials Procedure Manual, Organization and Functions Manual, and the Medical Staff Rules and Regulations. Specific responsibilities and authority are to:

- a) Call and preside at all general and special meetings of the medical staff;
- b) Serve as chair of the Medical Executive Committee and as ex-officio member of all other medical staff committees without vote, and to participate as

invited by the Board of Trustees and the hospital administrator on hospital or Board of Trustees' committees;

- c) Enforce Medical Staff Bylaws, the Credentials Procedure Manual, the Organization and Functions Manual, Medical Staff Rules and Regulations, and hospital policy;
- d) Oversees appointment of committee chairpersons and all members of the medical staff standing and ad hoc committees subject to approval of the Medical Executive Committee. In consultation with hospital administration, appoint medical staff members to appropriate hospital committees. In consultation with the chair of the Board of Trustees, recommends the medical staff members to appropriate board committees when those are not designated by position or by specific direction of the Board of Trustees or otherwise prohibited by state law;
- e) Support and encourage medical staff leadership and participation on the interdisciplinary clinical performance improvement activities;
- f) Report to the Board of Trustees the Medical Executive Committee's recommendations concerning appointment, reappointment, delineation of clinical privileges or specified services, and professional review activity and actions, when warranted, with respect to credentialed providers who are applying for appointment or privileges, or who are granted privileges or providing services in the hospital;
- g) Continuously evaluate and periodically report to the hospital, Medical Executive Committee, and the Board of Trustees regarding the effectiveness of the credentialing and privileging processes;
- h) Review and enforce compliance with standards of ethical conduct and professional demeanor among the members of the medical staff in their relations with each other, the Board of Trustees, hospital administration, other professional and support staff, and the community the hospital serves;
- i) Communicate and represent the opinions and concerns of the medical staff and its individual members on organizational and individual matters affecting hospital operations to hospital administration, the Medical Executive Committee, and the Board of Trustees;
- j) Attend Board of Trustees meetings and Board of Trustees committee meetings as invited by the Board of Trustees;
- k) Communicate and carry out the decisions of the Board of Trustees within the medical staff; and

- 1) Perform such other duties and exercise such authority commensurate with the office as are set forth in the Medical Staff Bylaws.

SECTION 2: Medical Staff Committees

2.1 Medical Executive Committee (MEC):

Description of the Medical Executive Committee is in the medical staff bylaws.

2.2 Credentials Committee:

Description of the Credentials Committee is in the Credentials Procedure Manual.

2.3 Medical Care Advisory Committee (MCAC)

2.3.1 Composition: The Medical Care Advisory Committee shall be consistent of at least four (4) members, including two (2) physicians from the medical staff including a Pathologist, one (1) Advanced Practice Provider and one (1) pharmaceutical services member. The committee will include a non-voting member representative from nursing service and ancillary services.

2.3.2 Responsibilities:

- Medical Care Evaluation/Performance Improvement/Patient Safety Activities
- Information Management
- Infection Control Oversight
- Pharmacy and Therapeutics Function
- Blood Utilization

2.3.3 Meeting frequency and reporting: The Medical Care Advisory Committee shall meet quarterly.

2.4 Multidisciplinary Peer Review Committee (MPRC):

Description of the Multidisciplinary Peer Review Committee is in the Peer Review Manual.

2.5 Trauma Services Committee:

2.5.1 Composition: The Trauma Services committees shall include the Director of Trauma Program, medical staff representatives from the following specialties: anesthesiology, emergency medicine, general surgery, neurosurgery, orthopedic surgery, pulmonary medicine and imaging. Nursing representation includes the Trauma Coordinator and Trauma Program Manager. The Committee may include

representatives from the chaplain office, lab, imaging and RT, and various pre-hospital representatives.

2.5.2 Responsibilities: The committee develops policies and procedures for the trauma service, trauma-related educational programs based on the results of its evaluation of trauma care, programs on trauma prevention for the community, human and equipment resources and makes recommendations for capital expenditures. The committee reviews the trauma registry data, reviews, evaluates and discusses the quality of care in cases of adverse outcomes, particularly focusing on those deaths statistically expected to survive. They review statistics based on injury severity scores as they relate to outcome.

2.5.3 Meetings: The Trauma Services Committee will meet quarterly and more often as needed to fulfill its assigned functions.

2.6 Bylaws review Committee: (Medical Executive Committee)

- a) Conduct periodic review of the Medical Staff Bylaws, Organization and Functions Manual, Credentials Procedure Manual, and Medical Staff Rules and Regulations;
- b) Conduct periodic review of the clinical policies and rules; and
- c) Submit written recommendations to the Medical Executive Committee for amendments to the Medical Staff Bylaws, Credentials Procedure Manual, Organization and Functions Manual, and Rules and Regulations.

2.7 Nominating Committee: (Refer to the Bylaws, Election of Officers for committee composition of the Nominating Committee)

- a) Identify nominees for election to the Medical Staff officer positions; and
- b) In identifying nominees, the Committee shall invite all staff members to present suggestions for nominees, and consult with members of the staff, the Medical Executive Committee, and hospital administration concerning the qualifications and acceptability of prospective nominees.

SECTION 3. CONFIDENTIALITY, IMMUNITY AND RELEASES

3.1 Confidentiality of Information:

Information submitted, collected, or prepared by any representative of this or any other health care facility or organization or medical staff for the purpose of: assessing, reviewing, evaluating, monitoring, or improving the quality and efficiency of health care provided; evaluating current clinical competence and qualifications for 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. This information will not be disseminated to anyone other than a representative of the hospital 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. Each practitioner expressly acknowledges that violations of the confidentiality provided here are grounds for referral to the Medical Executive Committee

3.2 Immunity of Information:

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 the hospital or for providing information, opinion, counsel, or services to a representative or to any health care facility or organization of health professionals concerning said practitioner. Immunity protections as described in the Bylaws are in addition to those prescribed by applicable state and federal law.

3.3 Activities:

The confidentiality and immunity provided by this article is in addition to and including the protections under ORS 41.675 applies to all information or disclosures performed or made in connection with this or any other health care facilities or organization's activities concerning, but not limited to:

- 3.3.1 Applications for appointment/affiliation, clinical privileges, or specified services;
- 3.3.2 Periodic reappraisals for renewed appointments/affiliations, clinical privileges, or specified services;
- 3.3.3 Professional review activity and actions;
- 3.3.4 Hearings and appellate reviews;
- 3.3.5 Quality assessment and performance improvement activities;
- 3.3.6 Utilization review and improvement activities;
- 3.3.7 Claims reviews;
- 3.3.8 Risk management and liability prevention activities;
- 3.3.9 Other hospital, committee, department/section, or staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct and;

3.3.10 Education

SECTION 4. Review, Revision, Adoption and Amendment

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