

**MEDICAL STAFF BYLAWS, POLICIES, AND  
RULES AND REGULATIONS  
OF  
INDIANA UNIVERSITY HEALTH ARNETT**



**ORGANIZATIONAL  
MANUAL**

**March 22, 2016- Adoption**

## TABLE OF CONTENTS

	<u>PAGE</u>
<b>1. GENERAL.....</b>	<b>1</b>
1.A. DEFINITIONS.....	1
1.B. TIME LIMITS .....	1
1.C. DELEGATION OF FUNCTIONS .....	1
<b>2. CLINICAL SECTIONS .....</b>	<b>1</b>
2.A. LIST OF SECTIONS.....	1
2.B. COMPOSITION .....	2
2.C. DUTIES .....	2
2.D. MEETINGS .....	2
<b>3. MEDICAL STAFF COMMITTEES.....</b>	<b>2</b>
3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS .....	2
3.B. MEETINGS, REPORTS AND RECOMMENDATIONS .....	2
3.C. BYLAWS COMMITTEE.....	3
3.C.1. Composition .....	3
3.C.2. Duties .....	3
3.D. CREDENTIALS COMMITTEE .....	3
3.D.1. Composition.....	3
3.D.2. Duties .....	3
3.D.3. Meetings.....	4
3.E. INFECTION PREVENTION COMMITTEE.....	4

3.E.1. Composition .....	4
3.E.2. Duties.....	4
3.E.3. Meetings .....	4
3.F. MEDICAL EXECUTIVE COMMITTEE .....	5
3.G. ACUTE CARE QUALITY AND PATIENT SAFETY COMMITTEE .....	5
3.G.1. Composition.....	5
3.G.2. Duties .....	5
3.G.3. Meetings.....	6
3.H. PHARMACY AND THERAPEUTICS COMMITTEE .....	6
3.H.1. Composition.....	6
3.H.2. Duties .....	7
3.H.3. Meetings.....	7
3. I. UTILIZATION REVIEW COMMITTEE .....	7
3.I.1. Composition.....	7
3.I.2. Duties.....	8
3.I.3. Meetings .....	8
3. J. OSTEOPATHIC METHODS AND CONCEPTS COMMITTEE .....	8
3.J.1. Composition .....	8
3.J.2. Duties.....	8
3.J.3. Meetings .....	9
<b>4. AMENDMENTS .....</b>	<b>10</b>
<b>5. ADOPTION .....</b>	<b>10</b>
<b>6. MEDICAL STAFF COMMITTEE STRUCTURE .....</b>	<b>11</b>

## ARTICLE 1

### GENERAL

#### 1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Credentials Policy.

#### 1.B. TIME LIMITS

Time limits referred to in this Manual are advisory only and are not mandatory, unless it is expressly stated.

#### 1.C. DELEGATION OF FUNCTIONS

When a function is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chairman, may delegate performance of the function to one or more qualified designees.

## ARTICLE 2

### CLINICAL SECTIONS

#### 2.A. LIST OF SECTIONS

The following clinical sections are established for the Hospital:

- Adult Medicine Section
  - Cardiology Section
  - Pathology
- Emergency Section
- Pediatrics / NICU Section
- Radiology Section
- Surgery Section
- Anesthesia Section
- OB/GYN Section

## 2.B. COMPOSITION

Each individual Section shall be comprised of both a Section and Standards Committee.

- Section: open to all members and allied health staff assigned to the Section. Active members and privileged Allied Health staff are eligible to vote
- Standards: composition and participation determined by Section chair

## 2.C. DUTIES

The duties of the Section are set forth in the Bylaws.

## 2.D. MEETINGS

The meeting(s) schedule will be determined by the Section chairman.

# ARTICLE 3

## MEDICAL STAFF COMMITTEES

### 3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article outlines the Medical Staff committees of Indiana University Health Arnett Hospital that carry out peer review and other performance improvement functions that are delegated to the Medical Staff by the Board.

### 3.B. MEETINGS, REPORTS AND RECOMMENDATIONS

Unless otherwise indicated, each committee described in this Manual will meet as necessary and will maintain a permanent record of its findings, proceedings, and actions. Each committee will make a timely written report after each meeting to the Medical Executive Committee ("MEC") and to other committees and individuals, as may be indicated in this Manual.

### **3.C. BYLAWS COMMITTEE**

#### **3.C.1. Composition:**

The Bylaws Committee shall be composed of an appropriate number of Active Members of the Medical Staff.

#### **3.C.2. Duties:**

The Bylaws Committee shall:

- (a) Review the Medical Staff Bylaws, Rules and Regulations, Manuals and other applicable Medical Staff policies and propose corrections, changes and amendments to the MEC;
- (b) Ensure that the Bylaws and related documents reflect the current practice and structure of the Medical Staff and comply with changes which are required by state or federal law, Healthcare Facilities Accreditation Program (HFAP) accreditation standards, and Centers for Medicare & Medicaid Services ("CMS") Conditions of Participation.

### **3.D. CREDENTIALS COMMITTEE**

#### **3.D.1. Composition:**

The Credentials Committee shall consist of an appropriate number of members of the Active Staff representing the major clinical sections. Particular consideration shall be given to past medical staff officers, section chairmen, and other physicians knowledgeable in credentialing and quality improvement processes.

#### **3.D.2. Duties:**

The Credentials Committee shall:

- (a) In accordance with the Credentials Manual, review the credentials of all applicants for Medical Staff and Allied Health Staff appointment, reappointment, and clinical privileges, conduct a thorough review of the applications, interview such applicants as may be necessary, and make written reports of its findings and recommendations;
- (b) Review, as may be requested, all information available regarding the current clinical competence and behavior of persons currently appointed to the Medical Staff or Allied Health Staff and, as a result of such review, make a written report of its findings and recommendations; and

- (c) Review and make recommendations regarding appropriate threshold eligibility criteria for clinical privileges within the Hospital, including specifically as set forth in the Credentials Manual.

### 3.D.3. Meetings:

The Credentials Committee shall meet monthly or at the call of the chairman.

## **3.E. INFECTION PREVENTION COMMITTEE**

### 3.E.1. Composition:

The Infection Prevention Committee shall consist of an appropriate number of members of the Active Staff. The Infection Prevention Medical Director, the Infection Preventionist and at least one representative each from Nursing and Hospital Administration shall serve on the committee. Additional voting members include representation from Surgery, Central Sterile, Employee Health, Environmental Services, Facilities, Laboratory, and Pharmacy. The chairman may appoint individuals to temporary ad hoc positions on the committee when it is determined that their expertise may be necessary or of assistance for a particular issue.

### 3.E.2. Duties:

The Infection Prevention Committee shall:

- (a) Develop and maintain a Hospital wide infection prevention program and maintain surveillance over the program;
- (b) Develop a system for identifying, analyzing, and reporting the incidence and cause of healthcare acquired conditions;
- (c) Monitor infection surveillance data for evidence of epidemics, clusters, and unusual pathogens, and report such data and educate the Medical Staff and involved Hospital services on appropriate prevention and treatment protocols;
- (d) Review the surveillance and infection prevention policies related to all phases of the Hospital's activities and recommend opportunities for improvement to the particular department or section; and
- (e) Collaborate with the Pharmacy and Therapeutics Committee on the selection of antibiotics and antiviral agents for the Hospital formulary.

### 3.E.3. Meetings:

The Infection Prevention Committee shall meet at least six times per year or at the call of the chairman.

### **3.F. MEDICAL EXECUTIVE COMMITTEE**

The composition and duties of the Medical Executive Committee (MEC) are set forth in the Medical Staff Bylaws.

### **3.G. ACUTE CARE QUALITY AND PATIENT SAFETY COMMITTEE**

#### **3.G.1. Composition:**

- (a) The Acute Care Quality and Patient Safety (ACQ&S) Committee shall consist of at least six voting members of the Active Medical Staff. The committee shall have a physician chairman and include voting representation from clinical departments identified suggested by the Vice President of Quality and Patient Safety, in conjunction with the Committee Chairman. The chairman may appoint individuals to temporary ad hoc positions on the committee when it is determined that their expertise may be necessary or of assistance for a particular issue.

#### **3.G.2. Duties:**

The Acute Care Quality and Patient Safety Committee shall:

- (a) Advise the development of the annual Quality and Safety Plan and recommend it to the BCQS for approval;
- (b) Adopt the annual Quality and Safety Plan as the guide for the Committee's work, to include direction and prioritization of quality and safety efforts and periodic evaluation of performance towards goal achievement and preeminence;
- (c) Periodically review progress on quality and safety metrics; offering guidance, barrier removal, and resource recommendations;
- (d) Provide oversight and direction on matters related to patient safety, including event report trends, patient injuries, serious medical error / Indiana State Department of Health medical error reporting, and patient safety team activities;
- (e) Work closely and collaboratively to support the Office of Transformation efforts;
- (f) Review and advise specific reports and functions to include: National Database for Nursing Quality Improvement measures, restraint and seclusion audits, Indiana Donor Network (IDN) reports, and blood utilization/transfusion reactions;



- (g) Review and support activities from the following committees: Infection Prevention, Environment of Care, Pharmacy & Therapeutics, and Rapid Response / Code Blue Committee;
- (h) Review and approve all IUH Arnett Hospital clinical policies, as delegated by the Medical Executive Committee;
- (i) Provide oversight of activities related to regulatory and licensure compliance and readiness;
- (j) Review health information (medical record) timeliness, appropriateness, and pertinence; in coordination with IUH System resources;
- (k) Report promptly and regularly to the BCQS on all actions taken;
- (l) Perform such other functions as the BCQS or Board of Directors may request from time to time; and
- (m) Review and approve clinical policies, participate in performance improvement and patient safety activities, monitor quality indicators and key functions, as a delegated and recognized Committee of the Medical Staff.

### 3.G.3. Meetings:

The Acute Care Quality and Patient Safety Committee shall meet at least 10 times each year or at the call of the chairman. A quorum will be defined as those in attendance at the meeting. Agreement of a decision is a majority consensus of votes cast.

## **3.H. PHARMACY AND THERAPEUTICS COMMITTEE**

### 3.H.1. Composition:

- (a) The Pharmacy and Therapeutics Committee (P&T) shall be composed of an appropriate number of Active Members of the Medical Staff.
- (b) Other members shall include the Director of Pharmacy, Manager, pharmacist with content expertise, and representatives from Hospital Administration, Nursing Services, and other disciplines deemed appropriate by the committee chairman.
- (c) The majority of the members of the Pharmacy and Therapeutics Committee shall be members of the Active Staff and shall include both adult and pediatric representatives.

### 3.H.2. Duties:

The Pharmacy and Therapeutics Committee shall:

- (a) Be responsible for the development and surveillance of all drug utilization policies and practices within the Hospital;
- (b) Assist in the formulation of policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters relating to drugs in the Hospital;
- (c) Advise the Medical Staff and the pharmaceutical Section on matters pertaining to the choice of available drugs;
- (d) Make recommendations concerning drugs to be stocked on the nursing unit floors and by other services;
- (e) Develop and review periodically a formulary or drug list for use in the Hospital;
- (f) Evaluate clinical data concerning new drugs or preparations requested for use in the Hospital;
- (g) Recommend education programs for staff regarding drugs and their appropriate therapeutic use;
- (h) Oversee drug specialty panels;
- (i) Establish guidelines for pharmaceutical representatives; and
- (j) Facilitate communication between the committee and the Institutional Review Boards.

### 3.H.3. Meetings:

The Pharmacy and Therapeutics Committee shall meet at least six months each year.

## **3.I. UTILIZATION REVIEW COMMITTEE**

### 3.I.1. Composition:

- (a) The Utilization Review (UR) Committee shall consist of at least two voting members of the Medical Staff. The committee shall have a chairman and include voting representation from Hospital-Based departments including Nursing, Case

Management, Social Work, Revenue Cycle, and Quality. Ad-hoc consulting members may be assigned as needed.

### 3.I.2. Duties:

The Utilization Review Committee shall:

- (a) Review medical necessity trends with respect to admission, duration of stay, and utilization of services.
- (b) Review and render decisions regarding specific cases with regard to appeals, etc.
- (c) Stay abreast of federal regulations.
- (d) Review and monitor Recovery Audit Contractor (RAC), Condition Code 44, Two Midnight Rule, and other related activities.
- (e) Primary point of contact for Health Care Excel notices.
- (f) Review and monitor readmission rates and trends

### 3.I.3. Meetings:

The Utilization Review Committee shall meet at least 4 times each year or at the call of the chairman. A quorum will be defined as those in attendance at the meeting. Agreement of a decision is a majority consensus of votes cast.

## **3.J. OSTEPATHIC METHODS AND CONCEPTS COMMITTEE**

### 3.J.1. Composition:

- (a) The Osteopathic Methods and Concepts Committee (OMCC) shall consist of at least two (2) osteopathic physicians, one representing both Medicine and Surgical Specialties Sections, where possible.
- (b) Other members may include representation from Quality, Medical Staff Office, Clinical Informatics, and Health Information Management.

### 3.J.2. Duties:

The OMCC shall:

- (a) Promote the most effective methods for osteopathic diagnosis and treatment for comprehensive patient care.
- (b) Improve the recording of osteopathic musculoskeletal findings, diagnosis, and management in the health record.
- (c) Provide ongoing continuing education in osteopathic principles and practice.
- (d) Provide a clinical environment for osteopathic diagnosis and treatment, which assures quality.

### 3.J.3. Meetings:

The OMCC shall assemble when the hospital medical staff has ten (10) or more *active* doctors of osteopathic medicine who admit patients and provide direct patient care. Physicians without admitting privileges, such as emergency, pathology, radiology, anesthesia, are excluded.

An OMCC chairman shall be designated and the Medical Staff Office will monitor the list of admitting, active osteopathic physicians, notifying the chairman when the number satisfies the requirement.

ARTICLE 4

AMENDMENTS

This Manual may be amended in accordance with the Medical Staff Bylaws.

ARTICLE 5

ADOPTION

This Medical Staff Organization Manual is adopted and made effective upon approval of the Medical Staff and the Board, superseding and replacing any and all previous Medical Staff Bylaws and policies pertaining to the subject matter herein.

Adopted by the Medical Staff: February 17, 2016

Approved by the Board Committee on Quality and Safety: March 22, 2016

# IU Health Arnett

## Medical Staff Committee Structure

