VIRTUA MEDICAL STAFF ORGANIZATIONAL MANUAL

Approved by the Virtua Board of Trustees on: _____
(Date)

ARTICLE I

DEFINITIONS

1.1 "Bylaws" shall mean the bylaws of the Medical Staff of the Virtua Health System.

1.2 All capitalized terms in this Organizational Manual shall have the definitions assigned to them in Article II of the Bylaws.

ARTICLE II

MEDICAL STAFF OFFICERS

2.1 PRESIDENT

The President of each Division of the Medical Staff shall chair that Division's Medical Executive Committee and serve as the Chief Executive Officer of that Division of the Medical Staff. The President shall act as the primary liaison to the Hospital Board and Administration in all matters relating to the Medical Staff.

2.1.1 The duties of the President of each Division shall include, but not be limited to the following. The President shall:

(a) prepare agendas and, if necessary, summary reports on significant agenda items for the meetings of the Medical Executive Committee based on a review of the departmental and committee minutes to be presented at the meetings;

(b) cooperate and coordinate with Administration and the Virtua Board in all matters of mutual concern within the Hospitals;

(c) convey the views, policies, needs, and grievances of the Medical Staff to the CEO, COO and the Virtua Board;

(d) call, preside over and prepare agendas and reports for the full meetings of the Medical Staff;

(e) participate in various Medical Staff Committees as needed;

(f) promote compliance with the Medical Staff Bylaws and its accompanying governing documents;

(g) appoint or remove committee members and chairs of all Medical Staff committees, except as otherwise delineated in the Bylaws or in this Organizational Manual;

(h) receive and interpret the policies of the Virtua Board and report to the Virtua Board on the Medical Staff's overall performance and maintenance of quality;

(i) act as spokesperson for the Medical Staff in its external relationships with governmental and community agencies and bodies;

(j) participate in the site surveys of The Joint Commission and State Department of Health and Senior Services and other regulatory body activities as required;

(k) act as an *ex officio* member of the Virtua Board;

(l) coordinate with the President of the other Division; and

(m) any other duties required by the Bylaws.

2.2 PRESIDENT-ELECT

2.2.1 The President-Elect of each Division shall:

(a) assume all duties of the President of his/her Division and act with full authority as President in his/her absence;

(b) carry out any duties assigned by the President of his/her Division of the Medical Staff;

(c) act as a member of the Medical Executive Committee of his/her Division of the Medical Staff; and

(d) become President of his/her Division upon completion of his/her term.

2.3 VICE PRESIDENT

2.3.1 The Vice-President of each Division shall:

(a) carry out any duties assigned by the President of his/her Division of the Medical Staff; and

(b) act as a member of the Medical Executive Committee of his/her Division of the Medical Staff.

2.4 SECRETARY-TREASURER

2.4.1 The Secretary-Treasurer of each Division shall have the following responsibilities:

(a) carry out any duties assigned to him/her by the President of the Division and such other duties as ordinarily pertain to this position;

(b) act as a member of the Medical Executive Committee of his/her Division of the Medical Staff;

(c) keep accurate and complete minutes of all Medical Staff meetings;

(d) call Medical Staff meetings at the direction of the President;

(e) attend to all correspondence;

(f) collect, retain, invest, and disburse those funds in the possession of the Medical Staff at the direction of the President, and regularly report on the same to the Medical Executive Committee; and

(g) create an annual Medical Staff budget for recommendation to the Medical Executive Committee, monitor the budget and regularly report its status to the Medical Executive Committee.

ARTICLE III

CLINICAL DEPARTMENTS

3.1 CLINICAL DEPARTMENTS

3.1.1 The following clinical Departments and Sections may be established at each one of the Divisions operated by the Virtua Health System. Functions and responsibilities of Departments, Department Chairpersons, Sections and Section Chiefs are set forth in Article XI of the Medical Staff Bylaws.

DEPARTMENT OF ANESTHESIOLOGY

- Section of Interventional Pain Management

DEPARTMENT OF DENTISTRY

- Section of Endodontics
- Section of General Dentistry
- Section of Oral and Maxillofacial Surgery
- Section of Orthodontics
- Section of Pediatric Dentistry

- Section of Periodontics
- Section of Prosthodontics

DEPARTMENT OF EMERGENCY MEDICINE

DEPARTMENT OF FAMILY PRACTICE
- Section of Geriatrics
- Section of Ambulatory Occupational Medicine

DEPARTMENT OF MEDICINE
- Section of Allergy
- Section of Cardiology
- Section of Dermatology
- Section of Endocrinology
- Section of Gastroenterology
- Section of Hematology/Oncology
- Section of Infectious Disease
- Section of Internal Medicine
- Section of Nephrology
- Section of Neurology
- Section of Physical Medicine and Rehabilitation
- Section of Psychiatry
- Section of Pulmonary Medicine
- Section of Rheumatology
- Section of Sleep Disorders

DEPARTMENT OF OBSTETRICS/GYNECOLOGY
- Section of Gynecology
- Section of Gynecology Oncology
- Section of Obstetrics
- Section of Perinatology
- Section of Reproductive Endocrinology

DEPARTMENT OF ORTHOPEDICS
- Section of Physical Medicine & Rehabilitation
- Section of Podiatry

DEPARTMENT OF PATHOLOGY
- Section of Hematopathology
- Section of Cytopathology

DEPARTMENT OF PEDIATRICS
- Section of Pediatric Allergy & Immunology
- Section of Pediatric Anesthesiology
- Section of Pediatric Behavioral Medicine

- Section of Pediatric Cardiology
- Section of Pediatric Critical Care Medicine
- Section of Pediatric Dentistry
- Section of Pediatric Dermatology
- Section of Pediatric Emergency Room Medicine
- Section of Pediatric Endocrinology
- Section of Pediatric Gastroenterology
- Section of Pediatric Gynecology
- Section of General Pediatrics
- Section of Pediatric Neonatology
- Section of Pediatric Neurology
- Section of Pediatric Orthopedics
- Section of Pediatric Otolaryngology
- Section of Pediatric Pulmonology
- Section of Pediatric Rheumatology
- Section of Pediatric Surgery
- Section of Pediatric Urology

DEPARTMENT OF PSYCHIATRY

DEPARTMENT OF RADIOLOGY

- Section of Angiography & Interventional Radiology
- Section of Computed Tomography
- Section of General Diagnostic Radiology
- Section of Mammography
- Section of Magnetic Resonance Imaging
- Section of Nuclear Medicine
- Section of Radiation Oncology
- Section of Ultrasonography

DEPARTMENT OF SURGERY

- Section of Colon/Rectal Surgery
- Section of General Surgery
- Section of Hand Surgery
- Section of Neurosurgery
- Section of Ophthalmology
- Section of Oral Maxillofacial Surgery
- Section of Orthopedics
- Section of Otolaryngology, Head & Neck Surgery
- Section of Plastic and Reconstructive Surgery
- Section of Podiatry
- Section of Spine
- Section of Thoracic Surgery

- Section of Urology
- Section of Vascular Surgery

3.1.2 Each Department and Section shall meet no less than four times per year.

ARTICLE IV

MEDICAL STAFF COMMITTEES AND FUNCTIONS

4.1 MEDICAL STAFF COMMITTEES AND FUNCTIONS

4.1.1 This Article describes the standing committees of the Medical Staff.

4.1.2 Beginning each year, every standing committee shall establish and record the expectations for attendance for its members, unless the applicable attendance requirements are otherwise defined in this Manual, the Bylaws or other Medical Staff policies.

4.2 MEDICAL EXECUTIVE COMMITTEES

4.2.1 **Composition:**

The Medical Executive Committees of each Division of the Medical Staff shall have the composition set forth in Section 12.3.1 of the Bylaws.

4.2.2 **Duties:**

The Medical Executive Committees of each Division of the Medical Staff shall have the duties set forth in Section 12.3.3 of the Bylaws.

4.3 CREDENTIALS COMMITTEE

4.3.1 **Composition and Term of Office:**

(a) The Credentials Committee is a Virtua wide committee and shall consist of at least six (6) Active Medical Staff Member from each division.

(1) The Southern Division committee members will be appointed by the Southern Division President of the Medical Staff.

(2) The Northern Division committee members will be elected at the annual medical staff meeting. The candidate slate will be prepared by the Northern Division Nominating Committee.

(b) The Chairperson of the Credentials Committee shall be appointed for two (2) years by the Presidents of the Medical Staff. Consecutive terms are permissible.

(c) Terms of appointment to the Credentials Committee shall be for a period of three (3) years. Consecutive terms are permissible.

(d) Dependant Allied Health Practitioner representation as needed. These members are for the purpose of presentation of the candidates and hold no vote.

4.3.2 **Duties:**

The Credentials Committee shall:

(a) review and confirm the credentials of all Applicants for Medical Staff and Dependant Allied Health Practitioners appointment, reappointment, and clinical privileges; make investigations of and interview such individuals as may be necessary; prepare a written report of its findings and recommendations, and submit such to the Medical Executive Committees;

(b) review periodically all information available regarding the competence of Medical Staff Members through focused and ongoing profession practice evaluation. As a result of such reviews, the Credentials Committee shall make written recommendations for the further granting of clinical privileges, reappointments, and the assignment of practitioners to the various Departments as provided in the Bylaws and accompanying governing documents of the Medical Staff;

(c) review adverse recommendations regarding appointment, reappointment, clinical privileges, and investigations, and forward recommendations regarding such as set forth in the Policy on Appointment, Reappointment, and Clinical Privileges;

(d) report to the Medical Executive Committees any breach of ethics or deviation from accepted standards of medical practice that is reported to it;

(e) review reports during the evaluation process that are referred to it from the various review committees within the Hospital; and

(f) review and make recommendations to the Medical Executive Committee regarding appropriate criteria for clinical privileges within the Hospitals, including specifically as set forth in Section 2.2.2.8 ("Clinical Privileges for New Procedures") of the Policy on Appointment, Reappointment and Clinical Privileges.

4.3.3 **Meetings, Reports, and Recommendations:**

The Credentials Committee shall meet not less than ten times a year, shall maintain a record of its proceedings and actions, and shall report its recommendations to the Medical Executive Committees and the MDMA. The Chairperson of the Credentials Committee shall be available to meet with the Virtua Board on all recommendations that the Credentials Committee may make.

4.4 CANCER COMMITTEE

4.4.1.1. **Composition:**

(a) The Cancer Committee shall consist of the following:

(1) Active Medical Staff Physicians who are board-certified in surgery, medical oncology, radiation oncology, diagnostic radiology, pathology, in addition to at least one physician member representing each of the diagnostic and treatment services.
(2) The Cancer Liaison Physician must be a member of the Cancer Committee and fulfill the role of one of the required physician specialties.
(3) Other required members of Cancer Committee include: oncology nurse, social worker, certified tumor registrar, quality improvement representative, and palliative care representative; genetics counselor and Breast Program Leadership Chair.
(4) Cancer Committee appoints coordinators for the following areas of cancer committee activity: cancer conferences, quality improvement, cancer registry data quality, community outreach, clinical research and psychosocial services. In addition, cancer committee may appoint additional coordinators as the need arises.
(5) Additional cancer committee members will include: registered dietician, pharmacist, pastoral care, American Cancer Society representative, hospice representative, oncology support services, as well as representatives of other cancer care related areas of expertise as may arise.

(b) The Chairperson shall be a physician who may also fulfill the role of one of the required specialties.

4.4.2 **Duties:**

(a) The Cancer Committee shall conduct the following activities:

(1) The Cancer Committee is responsible and accountable for all cancer program activities at Virtua.

(2) Establishes, implements, monitors and evaluates a minimum of one clinical goal involving diagnosis, treatment, and care of cancer program patients and one programmatic goal involving scope, coordination and processes of care annually.

(3) Cancer Committee is responsible for monitoring, assessing, and identifying changes that are needed to maintain compliance with Commission on Cancer eligibility criteria as set forth in the most current Cancer Program Standards Manual in cooperation with the policies and procedures of each respective department pertaining to the following: facility accreditation; Virtua Medical Staff Organizational Manual (section pertaining to Cancer Committee); cancer conference policies and procedures; oncology nurse leadership; Cancer Registry Policy and Procedure Manual; diagnostic imaging services; radiation oncology services; systemic therapy services; clinical trial information; psychosocial services; rehabilitation services and nutrition services.

(4) Establishes and implements a plan to evaluate annually the quality of cancer registry data and activity. The quality control plan is in accordance with the most current Cancer Program Standards Manual requirements.

(6) Establishes and monitors the cancer conference frequency, format, and multidisciplinary attendance; requires 80% of analytic prospective case presentation, discussion of stage including prognostic indicators, and treatment planning using evidence-based treatment guidelines, options for clinical trials, genetic testing and counseling, psychosocial care and rehab services as necessary.

(7) Monitors the effectiveness of community outreach activities annually based on identified needs of the community to ensure appropriate screening, prevention and educational programs are offered to patients and the community.

(8) Monitors the accrual to cancer related clinical trials as required by the American College of Surgeons Commission on Cancer.

(9) Each year offers cancer related educational activities, other than cancer conferences, to physicians, nurses, allied-health professionals, focusing on appropriate staging practices, prognostic indicators and evidence-based national guidelines in treatment planning.

(10) Develops and disseminates a report of patient or program outcomes to the public each year.

(11) Monitors a minimum of 10% of pathology reports eligible for the College of American Pathology protocols to ensure compliance.

(12) Ensures that oncology nursing care is provided by nurses with specialized knowledge and skills.

(13) Ensures cancer risk assessment; genetic testing services are provided to patients by qualified genetics professional.

(14) Ensures palliative care services are available to patients.

(15) Evaluates and reports on patient navigation process annually, based on community needs assessment to ensure there are no barriers to care for all patients.

(16) Ensures the implementation of a psychosocial distress screening process for provision of psychosocial care for all oncology patients as required in the most current version of the American College of Surgeons Commission on Cancer Program Manual.

(17) Ensures the development of a survivorship program which includes a process for the dissemination of comprehensive care summaries and follow-up plans for cancer patients who have completed treatment.

(18) Ensures that each year a physician member of cancer committee conducts a study to ensure evaluation and treatment provided to patients is compliant with national treatment guidelines.

(19) Each year the cancer committee ensures that two quality of care cancer studies are conducted

(20) Each year two patient care improvements are implemented according to guidelines established in the most current version of the American College of Surgeons Cancer Program Manual.

(21) Supports a functioning cancer registry to accurately assess treatment outcomes and patient survival.

(22) Establishes work groups or sub-committees as needed to fulfill cancer program goals

(23) Develops oncology policies as needed

4.4.3 **Meetings**:

(a) The Cancer Committee will meet at least once every calendar quarter and shall maintain a record of its findings, proceedings, actions and shall make a written report thereof after each meeting to the Executive Committee and VPMA.

(b) The Cancer Committee will follow the meeting requirements outlined in the most current American College of Surgeons Commission on Cancer program Standards

4.5 FINANCE COMMITTEE

4.5.1 **Composition:**

(a) The Finance Committee shall consist of at least the following:

(1) six (6) Active Medical Staff Member appointees, at least four (4) of whom shall hold Primary Privileges in the Division;

(2) the immediate Past Secretary-Treasurers of the Executive Committee; and

(3) the current Secretary-Treasurer, who shall serve *ex officio*, without vote.

(b) One of the immediate past Secretary-Treasurers shall serve as chairperson, pursuant to appointment by the President of the Medical Staff.

4.5.2 **Duties**:

The Finance Committee shall:

(a) audit the accounts of the Secretary-Treasurer at least every two (2) years, and forward a copy of the audit to the Executive Committee;

(b) assist in the preparation of an annual budget for approval by the Executive Committees; and

(c) recommend to the Executive Committees dues structures for all categories of the Medical Staff.

4.5.3 **Meetings, Reports, and Recommendations:**

The Finance Committee shall meet as often as necessary to transact its business, shall maintain a record of its findings, proceedings, and actions, and shall make a written report thereof after each meeting to the Executive Committee.

4.6 MEDICAL EDUCATION COMMITTEE

4.6.1 **Composition:**

(a) The Medical Education Committee shall consist of at least the following:

(1) at least five (5) Active Medical Staff Member who are their departmental CME coordinators;

(2) representation from the Cancer Committee;

(3) the Director of Medical Education;

(4) the Director of Nursing Education;

(5) the Vice President of Quality or designee; and

(6) representative from library services.

(b) The Director of Medical Education shall serve as Chairperson.

4.6.2 **Duties**:

The Medical Education Committee shall:

(a) develop, plan, and implement programs of continuing medical education that are designed to keep the Medical Staff informed of significant new developments and new skills in medicine and that are responsive to evaluation findings;

(b) evaluate the effectiveness of the educational programs developed and implemented;

(c) analyze, on a continuing basis, the needs of the Hospital for professional library services;

(d) incorporate results of performance improvement activities into educational programs;

(e) act upon continuing medical education recommendations from the Executive Committee, the departments or other committees; and

(f) cooperate, where appropriate, with universities and other institutions in postgraduate and medical staff continuing education.

4.6.3 **Meetings, Reports, and Recommendations:**

The Medical Education Committee shall meet quarterly, shall maintain a record of its findings, proceedings and actions, and shall make a written report thereof after each meeting to the Executive Committee and the MDMA.

4.7 CRITICAL CARE COMMITTEE

4.7.1 **Composition:**

(a) The Critical Care Committee shall consist of at least the following:

(1) six (6) Active Medical Staff Member appointees, at least four (4) of whom shall hold Primary Privileges in the Division;

(2) a representative from the Administration;

(3) a representative from the House Staff without vote, who shall be appointed by the Medical director of Graduate Education;

(4) a representative from Nursing Administration Divisions; and

(5) the Nurse Manager of the critical care unit of each of the Hospitals, who will together share one vote.

(b) The Chairperson of the Critical Care Committee shall be a physician.

(c) Non-physician members (2, 4, and 5 above) shall be appointed by the Hospital Administration.

4.7.2 **Duties:**

The Critical Care Committee shall:

(a) monitor and evaluate the appropriateness and quality of patient care provided in the Critical Care Units and other special care areas;

(b) review utilization and patterns of use of the Critical Care Units and other special care areas; and

(c) develop, review, and recommend policies and procedures as appropriate concerning the functioning of the Critical Care Units and other special care areas.

4.7.3 **Meetings, Reports, and Recommendations:**

The Critical Care Committee shall meet at least quarterly, shall maintain a record of its findings, proceedings and actions, and shall make a written report thereof after each meeting to the Medical Executive Committee and the MDMA.

4.8 NOMINATING COMMITTEE

4.8.1 **Composition:**

The Nominating Committee shall have the composition set forth in Section 10.5.1 of the Bylaws.

4.8.2 **Duties:**

The Nominating Committee shall have the duties set forth in Section 10.5 of the Bylaws.

4.8.3 **Meetings, Reports, and Recommendations**:

The Nominating Committee shall meet as often as necessary to fulfill its duties.

4.9 RADIATION SAFETY COMMITTEE

4.9.1 **Composition:**

(a) The Radiation Safety Committee shall consist of at least the following:

(1) three (3) Active Medical Staff Member appointees and such other representatives as required by state and federal regulations; and

(2) a representative from and appointed by Hospital Administration.

(b) The Chairperson of the Radiation Safety Committee shall be an individual licensed by the Nuclear Registry Commission or other equivalent legal authority.

4.9.2 **Duties**:

The Radiation Safety Committee shall:

(a) oversee and maintain the radiation safety of patients and employees at the Hospitals;

(b) develop rules governing the use, removal, handling and storage of radioactive materials used in nuclear medicine procedures;

(c) recommend to the Medical Executive Committees corrective and appropriate disciplinary action when a Medical Staff member fails to observe safety rules and procedures;

(d) establish policies to guide nursing and other health care practitioners who are in contact with patients receiving therapeutic amounts of unsealed radionuclides; and

(e) perform those duties necessary to ensure compliance with state and federal regulations and hospital policies.

4.9.3 **Meetings, Reports, and Recommendations:**

The Radiation Safety Committee shall meet at least quarterly, shall maintain a record of its findings, proceedings and actions, and shall make a written report thereof after each meeting to the Medical Executive Committees and the MDMA.

4.10 OPERATING ROOM COMMITTEE

4.10.1 **Composition:**

(a) The Operating Room Committee shall consist of at least the following:

(1) six (6) Active Medical Staff Member appointees selected from specialties utilizing the operating rooms, at least four (4) of whom shall hold Primary Privileges in the Division;

(2) the Chairperson of the Department of Surgery;

(3) a representative from and appointed by Hospital Administration; and

(4) a representative from Nursing Services appointed by Hospital.

(b) The Chairperson of the Operating Room Committee shall be a physician.

4.10.2 **Duties:**

The Operating Room Committee shall:

(a) determine ways to more effectively use Operating Room facilities and staff;

(b) adopt and modify, subject to the approval of the Medical Executive Committee, specific programs and procedures for assessing, maintaining, and improving the quality and efficiency of medical care rendered in the Operating Room suite;

(c) monitor efficiency in the Operating Room suite, making recommendations for improvement as a result of this evaluation;

(d) develop and update policies and procedures for the Operating Room;

(e) foster improved working relations between physicians and nurses in the Operating Room; and

(f) evaluate and make recommendations to the administration for capital equipment requisitions.

4.10.3 **Meetings, Reports, and Recommendations:**

The Operating Room Committee shall meet at least quarterly, shall maintain a record of its findings, proceedings and actions, and shall make a written report thereof after each meeting to the Medical Executive Committee and the MDMA.

4.11 HEALTH AND WELL BEING COMMITTEE

4.11.1 **Composition:**

(a) The Health and Well Being Committee will comprise:

(1) four (4) Active Medical Staff Member appointees representing four different specialties, two from each Division;

(2) one officer from each Division;

(3) MDMA;

(4) MDO from appropriate Divisions as required;

(5) VP of Legal Counsel for Virtua.

(b) The Chair of the Committee shall be determined by the Presidents of Medical Staff.

4.11.2 **Duties:**

Health and Well Being Committee is a standing committee of the Medical Staff to assist physicians in providing professional ethical conduct and competent performance. The committee shall assist with evaluation of referrals regarding health problems pertaining to, but not limited to, substance abuse, cognitive and disruptive behavioral issues. The Committee will investigate any issues presented, evaluate, educate and make recommendations to the Medical Executive Committee. The Committee will be responsible for follow up and monitoring physician participation in treatment until such time as rehabilitation or any disciplinary medical staff process is complete. The Committee will provide education to the Medical Staff, Hospital personnel, and families of physicians concerning physician impairment issues.

4.11.3 **Meetings, Reports, and Recommendations:**

The Health and Well Being Committee shall meet at least quarterly with ad hoc meetings based on physician issues. Committee reports shall be made to the relevant Medical Executive Committee. Referrals to the Committee may arise from the Medical Executive Committees, by self-referral, or from a committee or department chair or medical staff officer. Utmost confidentiality will be maintained.

4.12 QUALITY IMPROVEMENT COMMITTEE

4.12.1 **Composition:**

The Quality Improvement Committee shall consist of at least _____ (_____) Active Medical Staff Member appointees and representatives from Nursing and Administration.

4.12.2 **Duties:**

The Quality Improvement Committee shall:

(a) adopt and implement specific programs and procedures for assessing and improving the quality and efficiency of medical care provided within the Hospitals;

(b) formulate recommendations for performance improvement plans to address issues identified by the quality improvement program;

(c) evaluate the effectiveness of any performance improvement plans that may be developed;

(d) coordinate quality improvement activities of the Medical Staff with those of other health care disciplines within the Hospitals;

(e) provide written reports to the Medical Executive Committees, the Administration, and the Board on the conduct of the quality improvement program;

(f) reassess the comprehensiveness, effectiveness, integration, and cost effectiveness of the quality improvement program annually, and make recommendations for improvement;

(g) review reports generated by risk management activities within the Hospitals; and

(h) maintain accurate, confidential records of its proceedings, recommendations, and actions.

4.12.3 **Meetings, Reports, and Recommendations:**

The Quality Improvement Committee shall meet at least quarterly, shall maintain a record of its findings, proceedings and actions, and shall make a written report thereof after each meeting to the Medical Executive Committees and the MDMA.

ARTICLE V

AMENDMENTS

This Manual may be amended by the process outlined in Article XVI of the Bylaws.