

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
OF
VIRTUA HEALTH**

**MEDICAL STAFF
ORGANIZATION MANUAL**

TABLE OF CONTENTS

	<u>PAGE</u>
1. GENERAL	1
1.A. DEFINITIONS.....	1
1.B. DELEGATION OF FUNCTIONS	1
2. CLINICAL DEPARTMENTS AND SECTIONS	2
2.A. LIST OF DEPARTMENTS AND SECTIONS	2
2.B. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS AND SECTIONS.....	4
2.C. CREATION AND DISSOLUTION OF CLINICAL DEPARTMENTS AND SECTIONS	4
3. MEDICAL STAFF COMMITTEES	6
3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS	6
3.B. EXPECTATIONS AND REQUIREMENTS FOR COMMITTEE MEMBERSHIP	6
3.C. MEETINGS, REPORTS AND RECOMMENDATIONS	7
3.D. CANCER COMMITTEE.....	7
3.E. CREDENTIALS COMMITTEE	10
3.F. CRITICAL CARE COMMITTEE.....	11
3.G. FINANCE COMMITTEE	12
3.H. HEALTH AND WELL BEING COMMITTEE.....	13
3.I. MEDICAL EXECUTIVE COMMITTEES	14

	<u>PAGE</u>
3.J. RADIATION SAFETY COMMITTEE	14
3.K. SURGICAL LEADERSHIP COMMITTEE	15
4. AMENDMENTS AND ADOPTION	16

ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Medical Staff and Advanced Practice Provider Credentials Policy (“Credentials Policy”).

1.B. DELEGATION OF FUNCTIONS

- (1) When a function under this Manual is to be carried out by a member of Hospital administration, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its Chair, may delegate performance of the function to a qualified designee who is a Practitioner or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all credentialing, privileging, and peer review information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws and related policies. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. In addition, if the designee is performing ongoing functions, the delegation is subject to the review of the applicable MEC.
- (2) When a Medical Staff member is unavailable or unable to perform a necessary function under this Manual, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

ARTICLE 2

CLINICAL DEPARTMENTS AND SECTIONS

2.A. LIST OF DEPARTMENTS AND SECTIONS

The following clinical departments and sections are established:

DEPARTMENT OF ANESTHESIOLOGY

- Section of Interventional Pain Management

DEPARTMENT OF EMERGENCY MEDICINE

DEPARTMENT OF FAMILY MEDICINE

- Section of Palliative Medicine

DEPARTMENT OF MEDICINE

- Section of Allergy
- Section of Cardiology
- Section of Critical Care
- Section of Dermatology
- Section of Endocrinology
- Section of Gastroenterology
- Section of Hematology/Oncology
- Section of Hospitalist Medicine
- Section of Infectious Disease
- Section of Internal Medicine
- Section of Interventional Pain Management
- Section of Nephrology
- Section of Neurology

- Section of Palliative Medicine
- Section of Physical Medicine and Rehabilitation
- Section of Pulmonary Medicine
- Section of Rheumatology

DEPARTMENT OF OBSTETRICS/GYNECOLOGY

- Section of Gynecology
- Section of Gynecology/Oncology
- Section of Obstetrics
- Section of Perinatology
- Section of Reproductive Endocrinology

DEPARTMENT OF PATHOLOGY

DEPARTMENT OF PEDIATRICS

- Section of General Pediatrics
- Section of Pediatric Subspecialties
- Section of Pediatric Emergency Medicine
- Section of Pediatric Hospital Medicine
- Section of Pediatric Neonatology

DEPARTMENT OF PSYCHIATRY

DEPARTMENT OF RADIOLOGY

- Section of Angiography and Interventional Radiology
- Section of Radiation Oncology

DEPARTMENT OF SURGERY

- Section of Colon/Rectal Surgery
- Section of Dentistry
- Section of General Surgery
- Section of Hand Surgery
- Section of Neurosurgery
- Section of Ophthalmology
- Section of Orthopedics
- Section of Otolaryngology
- Section of Plastic and Reconstructive Surgery
- Section of Podiatry
- Section of Spine
- Section of Thoracic Surgery
- Section of Urology
- Section of Vascular Surgery

2.B. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS AND SECTIONS

The functions and responsibilities of departments, sections, Department Chairs, and Section Chiefs are set forth in Article 4 of the Medical Staff Bylaws.

2.C. CREATION AND DISSOLUTION OF CLINICAL DEPARTMENTS AND SECTIONS

- (1) Clinical departments and sections at each Hospital shall be created and may be consolidated or dissolved by the applicable MEC upon approval by the Board as set forth below.
- (2) The following factors shall be considered in determining whether a clinical department or section should be created:
 - (a) there exists a number of members of the Medical Staff who are available for appointment to, and are reasonably expected to actively participate in, the proposed new department or section (this number must be sufficiently

large to enable the department or section to accomplish its functions as set forth in the Bylaws);

- (b) the level of clinical activity that will be affected by the new department or section is substantial enough to warrant imposing the responsibility to accomplish departmental or section functions on a routine basis;
 - (c) a majority of the voting members of the proposed department or section vote in favor of the creation of a new department or section;
 - (d) it has been determined by the Medical Staff leadership and the relevant CEO (or designee) that there is a clinical and administrative need for a new department or section; and
 - (e) the voting Medical Staff members of the proposed department or section have offered a reasonable proposal for how the new department or section will fulfill all of the designated responsibilities and functions, including, where applicable, meeting requirements.
- (3) The following factors shall be considered in determining whether the dissolution of a clinical department or section is warranted:
- (a) there is no longer an adequate number of members of the Medical Staff in the clinical department or section to enable it to accomplish the functions set forth in the Bylaws and related policies;
 - (b) there is an insubstantial number of patients or an insignificant amount of clinical activity to warrant the imposition of the designated duties on the members in the department or section;
 - (c) the department or section fails to fulfill all designated responsibilities and functions, including, where applicable, its meeting requirements;
 - (d) no qualified individual is willing to serve as Department Chair or Section Chief; or
 - (e) a majority of the voting members of the department or section vote for its dissolution.

ARTICLE 3

MEDICAL STAFF COMMITTEES

3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

- (1) This Article outlines the committees of the Medical Staffs that carry out peer review and other performance improvement functions that are delegated by the Board.
- (2) Procedures for the appointment of Committee Chairs and members of the committees are set forth in Article 5 of the Medical Staff Bylaws.
- (3) This Article details the standing members of each Medical Staff committee. However, other Medical Staff members or Hospital personnel may be invited to attend a particular Medical Staff committee meeting in order to assist such committee in its discussions and deliberations regarding the issues on its agenda. All such individuals are an integral part of the credentialing, quality assurance, and professional practice evaluation process and are bound by the same confidentiality requirements as the standing members of such committees.

3.B. EXPECTATIONS AND REQUIREMENTS FOR COMMITTEE MEMBERSHIP

To be eligible to serve on a Medical Staff committee, members must acknowledge and agree to the following:

- (1) have the willingness and ability to devote the necessary time and energy to committee service, recognizing that the success of a committee is highly dependent upon the full participation of its members;
- (2) complete any orientation, training, and/or education related to the functions of the committee in advance of the first meeting;
- (3) come prepared to each meeting – review the agenda and any related information provided in advance so that the committee’s functions may be performed in an informed, efficient, and effective manner;
- (4) attend meetings on a regular basis to promote consistency and good group dynamics;
- (5) participate in discussions in a meaningful and measured manner that facilitates deliberate thought and decision-making, and avoid off-topic or sidebar conversations;
- (6) voice disagreement in a respectful manner that encourages consensus-building;

- (7) understand and strive for “consensus” decision-making, thereby avoiding the majority vote whenever possible;
- (8) express reasonable dissenting opinions but support the actions and decisions made (even if they were not the individual’s first choice);
- (9) be willing to complete assigned or delegated committee tasks in a timely manner between meetings of the committee;
- (10) bring any conflicts of interest to the attention of the Committee Chair, in advance of the committee meeting, when possible;
- (11) if the individual has any questions about his or her role or any concerns regarding the committee functioning, seek guidance directly from the Committee Chair outside of committee meetings;
- (12) participate in the development of an annual committee work plan and ensure that committee plans are in alignment with the strategic goals of the Hospital and Medical Staff; and
- (13) maintain the confidentiality of all matters reviewed and/or discussed by the committee.

3.C. MEETINGS, REPORTS AND RECOMMENDATIONS

Unless otherwise indicated, each committee described in this Manual shall meet as necessary to accomplish its functions, and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely written report after each meeting to the relevant MEC and to other committees and individuals as may be indicated in this Manual.

3.D. CANCER COMMITTEE

3.D.1. Composition:

- (a) Each Division will have a Cancer Committee consisting of the following:
 - (1) members of the Active Staff who are board-certified in surgery, medical oncology, radiation oncology, diagnostic radiology, and pathology, in addition to at least one physician representing each of the diagnostic and treatment services;
 - (2) the Cancer Liaison Physician, who may fulfill the role of one of the required physician specialties;

- (3) an oncology nurse, a social worker, a certified tumor registrar, a quality improvement representative, a palliative care representative, a genetics counselor and the Breast Program Leadership Chair; and
 - (4) a registered dietician, a pharmacist, a pastoral care representative, an American Cancer Society representative, a hospice representative, an oncology support services representative, as well as representatives of other cancer care related areas of expertise as may arise.
- (b) The Chair shall be a physician who may also fulfill the role of one of the required specialties.

3.D.2. Duties:

The Cancer Committee shall:

- (a) be responsible and accountable for all cancer program activities at Virtua;
- (b) establish, implement, monitor and evaluate 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;
- (c) monitor, assess, and identify 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; 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;
- (d) establish and implement a plan to evaluate annually the quality of cancer registry data and activity in accordance with the most current Cancer Program Standards Manual requirements;
- (e) establish and monitor the cancer conference frequency, format, and multidisciplinary attendance and require 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;
- (f) monitor the effectiveness of community outreach activities annually based on identified needs of the community to ensure that appropriate screening, prevention and educational programs are offered to patients and the community;

- (g) monitor the accrual to cancer-related clinical trials as required by the American College of Surgeons Commission on Cancer;
- (h) offer annual cancer-related educational activities, other than cancer conferences, to physicians, nurses, advanced practice providers and other practitioners, focusing on appropriate staging practices, prognostic indicators and evidence-based national guidelines in treatment planning;
- (i) develop and disseminate a report of patient or program outcomes to the public each year;
- (j) monitor a minimum of 10% of pathology reports eligible for the College of American Pathology protocols to ensure compliance;
- (k) ensure that oncology nursing care is provided by nurses with specialized knowledge and skills;
- (l) ensure that cancer risk assessment and genetic testing services are provided to patients by qualified genetics professionals;
- (m) ensure that palliative care services are available to patients;
- (n) evaluate and report on the patient navigation process annually, based on community needs assessment, to ensure there are no barriers to care for all patients;
- (o) ensure 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;
- (p) ensure 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;
- (q) ensure that a physician member of the Cancer Committee conducts a study to ensure that evaluation and treatment provided to patients are compliant with national treatment guidelines on an annual basis;
- (r) ensure that two quality of care cancer studies are conducted on an annual basis;
- (s) implement two patient care improvements according to guidelines established in the most current version of the American College of Surgeons Cancer Program Manual on an annual basis;
- (t) support a functioning cancer registry to accurately assess treatment outcomes and patient survival;

- (u) establish work groups or subcommittees as needed to fulfill cancer program goals;
- (v) develop oncology policies as needed; and
- (w) appoint coordinators for the following areas of Cancer Committee activity: cancer conferences, quality improvement, cancer registry data quality, community outreach, clinical research and psychosocial services. The Cancer Committee may appoint additional coordinators as the need arises.

3.D.3. Meetings:

- (a) The Cancer Committee will meet at least once every calendar quarter and shall maintain a record of its findings, proceedings, and actions and will make a written report thereof after each meeting to the MEC and the Administrative Physician Leaders.
- (b) The Cancer Committee will follow the meeting requirements outlined in the most current American College of Surgeons Commission on Cancer program Standards.

3.E. CREDENTIALS COMMITTEE

3.E.1. Composition:

- (a) There shall be a joint Credentials Committee consisting of six members of the Active Staff from each Division, with preference given to past Medical Staff Officers, one of whom shall be designated as Chair. An Administrative Physician Leader will also serve on the committee, *ex officio*, with no vote.
- (b) To the fullest extent possible, the individual designated as Chair shall serve in that role for two years and may serve additional, consecutive terms. Members of the committee shall serve three-year terms and may also be reappointed for additional consecutive terms.

3.E.2. Duties:

The Credentials Committee shall:

- (a) review the credentials of all applicants for 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) recommend the numbers and types of cases to be reviewed as part of the initial focused professional practice evaluation;

- (c) review and approve specialty-specific criteria for ongoing professional practice evaluation that are identified by each department;
- (d) recommend appropriate threshold eligibility criteria for clinical privileges, including clinical privileges for new procedures and clinical privileges that cross specialty lines; and
- (e) carry out all other functions of the committee, as described in the Credentials Policy.

3.E.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 MEC at each Hospital and the MDMA. The Chair of the Credentials Committee shall be available to meet with the Virtua Board on all recommendations made by the Committee.

3.F. CRITICAL CARE COMMITTEE

3.F.1. Composition:

- (a) There shall be a joint Critical Care Committee consisting of the following members:
 - (1) Medical Staff members from each Division representing the following specialties: Intensivists, Infectious Disease, Hospitalists, Endocrinology and Metabolism, Cardiology, Nephrology, Anesthesia, Emergency Medicine, Family Practice, and Surgery (Colon/Rectal and General);
 - (2) Critical Care Nurse Directors and Assistant Nurse Directors;
 - (3) Clinical Advanced Practice Nurses;
 - (4) Directors of Respiratory Therapy;
 - (5) Clinical Pharmacists;
 - (6) Director of Clinical Practice;
 - (7) Directors of Quality & Risk Management;
 - (8) Program Director, Clinical Patient Safety;
 - (9) an Administrative Physician Leader (without vote);
 - (10) Physical Therapy/Mobility;

- (11) Clinical Dietician; and
 - (12) AVP, Critical Care/MedSurg.
- (b) The Chair of the Critical Care Committee shall be an intensivist.

3.F.2. Duties:

The Critical Care Committee shall:

- (a) review and approve policies that pertain to critical care practice;
- (b) review and approve forms that pertain to care of critical care patients;
- (c) standardize critical care practices system-wide to enhance patient safety and care; and
- (d) review Infection Prevention data.

3.G. FINANCE COMMITTEE

3.G.1. Composition:

- (a) There shall be a joint Finance Committee consisting of at least the following:
 - (1) six members of the Active Staff;
 - (2) the immediate Past Secretary-Treasurers; and
 - (3) the current Secretary-Treasurers, who shall serve as *ex officio* members, without vote.
- (b) One of the immediate past Secretary-Treasurers shall serve as Chair.

3.G.2. Duties:

The Finance Committee shall:

- (a) audit the accounts of the Secretary-Treasurers at least every two years and forward a copy of the audit to the MEC at each Hospital;
- (b) assist in the preparation of an annual budget for approval by the MEC at each Hospital; and
- (c) recommend dues structures for all categories of the Medical Staffs to the MECs at each Hospital.

3.H. HEALTH AND WELL BEING COMMITTEE

3.H.1. Composition:

- (a) There shall be a joint Health and Well Being Committee consisting of:
 - (1) A minimum of four Active Medical Staff Members as appointed by the Presidents of the Medical Staffs;
 - (2) CMO; and
 - (3) VP of Legal Counsel for Virtua.
- (b) The Chair of the committee shall be determined by the Presidents of the Medical Staffs.

3.H.2. Duties:

The Health and Well Being Committee shall:

- (a) assist practitioners in providing professional ethical conduct and competent performance;
- (b) assist with evaluation of referrals regarding health problems pertaining to, but not limited to, substance abuse, and cognitive and disruptive behavioral issues;
- (c) review any issues presented;
- (d) evaluate, educate and make recommendations to the MEC;
- (e) follow up and monitor practitioner participation in treatment until such time as rehabilitation or any Medical Staff process is complete; and
- (f) provide education to practitioners, Hospital personnel, and their families concerning impairment issues.

3.H.3. Meetings, Reports, and Recommendations:

The Health and Well Being Committee shall meet as needed based on practitioner issues. Committee reports shall be made to the relevant MEC. Referrals to the committee may arise from the MECs, by self-referral, or from a committee or Department Chair or Medical Staff officer. Utmost confidentiality will be maintained.

3.I. MEDICAL EXECUTIVE COMMITTEES

The composition and duties of the MECs are set forth in Section 5.D of the Medical Staff Bylaws.

3.J. RADIATION SAFETY COMMITTEE

3.J.1. Composition:

- (a) There shall be a joint Radiation Safety Committee consisting of at least the following:
 - (1) three members of the Active Staff and such other representatives as required by state and federal regulations; and
 - (2) a representative from and appointed by Hospital administration.
- (b) The Chair of the Radiation Safety Committee shall be an individual licensed by the Nuclear Registry Commission or other equivalent legal authority.

3.J.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 MECs appropriate 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.

3.J.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 MEC at each Hospital and the MDMA.

3.K. SURGICAL LEADERSHIP COMMITTEE

3.K.1. Composition:

- (a) Each Division will have a Surgical Leadership Committee consisting of the following:
 - (1) six members of the Active Staff selected from specialties utilizing the operating rooms, at least four of whom shall hold primary privileges in the Division;
 - (2) the Chair of the Department of Surgery;
 - (3) a representative from and appointed by Hospital administration; and
 - (4) a representative from Nursing Services appointed by the Hospital.
- (b) The Chair of the Committee shall be a physician.

3.K.2. Duties:

The Surgical Leadership Committee shall:

- (a) determine ways to more effectively use Operating Room facilities and staff;
- (b) adopt and modify, subject to the approval of the MEC, specific programs and procedures for assessing, maintaining, and improving the quality and efficiency of medical care rendered in the Operating Room suite, to include infection prevention;
- (c) monitor efficiency in the Operating Room suite, making recommendations for improvement as a result of this evaluation, and monitor and adjust block time as part of this mandate;
- (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.

3.K.3. Meetings, Reports, and Recommendations:

The Surgical Leadership 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 MEC and the MDMA.

ARTICLE 4

AMENDMENTS AND ADOPTION

- (a) The amendment process for this Manual is set forth in the Bylaws.
- (b) This Manual is adopted and made effective upon approval of the Board, superseding and replacing any and all other bylaws, rules and regulations of the Medical Staff or Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Staff at Virtua North: **January 28, 2020**

Adopted by the Medical Staff at Virtua South: **January 28, 2020**

Approved by the Board: **March 10, 2020**