

**MEDICAL STAFF ORGANIZATION  
MANUAL  
OF  
VIRTUA HEALTH**

**[August 12, 2025]**

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## 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, Supporting Documents, 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.

#### 1.C. MEDICAL EXECUTIVE COMMITTEE STRUCTURE

- (1) The three local Medical Executive Committees (each, a “MEC,” and together, the “MECs”) of Virtua Health oversee the credentialled Medical Staff members across the organization. The three local MECs consist of (i) the MEC of Virtua North, which includes Virtua Mount Holly Hospital, (ii) the MEC of Virtua West, which includes Virtua Our Lady of Lourdes Hospital and Virtua Willingboro Hospital, and (iii) the MEC of Virtua South, which includes Virtua Marlton Hospital and Virtua Voorhees Hospital.
- (2) The MECs provide local leadership at each hospital and are structured into departments and sections as listed in Article 2 of this document.
- (3) “Combined MEC” is defined as the three local MECs meeting as one body that directs system and organizational changes for the medical staff of Virtua Health.
- (4) Oversight of the combined MEC and medical staff is designated to the Chief Clinical Officer of Virtua Health.

## ARTICLE 2

### CLINICAL DEPARTMENTS AND SECTIONS

#### 2.A. LIST OF DEPARTMENTS AND SECTIONS

The following clinical departments and sections are established at each hospital division where oversight by such department or section is applicable to the clinical services at such hospital division:

##### DEPARTMENT OF ANESTHESIOLOGY

- Section of Interventional Pain Management

##### DEPARTMENT OF EMERGENCY MEDICINE

- Section of Interventional Pain Management

##### DEPARTMENT OF FAMILY MEDICINE

- Section of Osteopathic Neuromuscular 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 Hepatology (at VOLOL only)
- 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 Female Pelvic Medicine / Urogynecology
- 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 Pediatric 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 Surgery
- Section of Cardiac Surgery
- Section of Thoracic Surgery
- Section of Transplant Surgery (VOLOL only)
- Section of Urology
- Section of Vascular Surgery

Any Section that is established under more than one Department (i.e. Section of Interventional Pain Management under Department of Medicine and Anesthesia) may appoint a single Section Chief to oversee all clinicians in that section. This Section Chief will be selected in collaboration by the



department Chairs.

## 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) Virtua Health 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) Cancer Committee Chair, who shall be a physician who may also fulfill the role of one of the required specialty physicians;
  - (3) Cancer Liaison Physician, who may fulfill the role of one of the required physician specialties;

- (4) Breast Program Director and Rectal Program Director;
- (5) Required non-physician members: Cancer Program Administrator, an oncology nurse, a social worker, and a certified tumor registrar. Additional non-physician members may change or be required in accordance with Commission on Cancer Requirements; and
- (6) Non-required non-physician members: Genetics professional, a registered dietitian, a pharmacist, a pastoral care representative, an American Cancer Society representative, an oncology support services representative, as well as representatives of other cancer care related areas of expertise as may arise;
- (7) Required Coordinator Members: Cancer Conference Coordinator, Quality Improvement Coordinator, Cancer Registry Quality Coordinator, Clinical Research Coordinator, Psychosocial Services Coordinator, Survivorship Program Coordinator; additional coordinator roles may change and/or be created in accordance with Commission on Cancer requirements.

### 3.D.2. Duties:

The Cancer Committee shall:

- (a) be responsible and accountable for all strategic planning and cancer program activities at Virtua Health and its Hospitals;
- (b) establish, implement, monitor, and evaluate goals involving diagnosis, treatment, and care of cancer program patients annually in compliance with Commission on Cancer guidelines;
- (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 trials; psychosocial services; rehabilitation services , survivorship services, and nutrition services;
- (d) support and maintain a high quality functioning cancer registry to accurately assess treatment outcomes and patient survival;
- (e) establish and monitor the cancer conference frequency, format, and multidisciplinary attendance in compliance with Commission on Cancer Guidelines;

- (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) ensure that oncology nursing care is provided by nurses with specialized knowledge, skills and education;
- (i) ensure that cancer risk assessment and genetic testing services are provided to patients by qualified genetics professionals;
- (j) ensure that palliative care services are available to patients;
- (k) evaluate and ensure there are no barriers to care for all cancer patients;
- (l) ensure the implementation of a psychosocial distress screening process for provision of psychosocial care for all oncology patients as required in compliance with the Commission on Cancer Program Guidelines;
- (m) ensure the development and implementation of a survivorship program to support cancer patients;
- (n) ensure that the evaluation and treatment provided to patients are compliant with national treatment guidelines on an annual basis;
- (o) ensure that quality of care cancer studies are conducted on an annual basis in compliance with Commission on Cancer requirements;
- (p) establish work groups or subcommittees as needed to fulfill cancer program goals; and
- (q) develop oncology policies as needed.

### 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 forward meeting minutes 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 Co-Chair for each Division. The Vice President of Medical Affairs (VPMA) will also serve on the committee, *ex officio*, with no vote.
- (b) To the fullest extent possible, the individual designated as a Co-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 VPMA. The Chair of the Credentials Committee shall be available to meet with the Virtua Board upon their request, 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 unified Finance Committee among the Virtua North, Virtua South and Virtua West consisting of at least the following:
  - (1) The medical staff officers at each division;
- (b) The current Secretary-Treasurers from each division shall serve as Co-Chairs.

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

The Finance Committee shall:

- (a) Will obtain an outside auditor to conduct an audit of 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. CLINICIAN SUPPORT COMMITTEE

- 3.H.1. There shall be a joint Clinician Support Committee, as more fully described in the Virtua Clinician Support Policy.

### 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 VPMA.

### 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) the Chair of the Department of Anesthesia;
  - (4) a representative from and appointed by Hospital administration; and
  - (5) 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 VPMA.

## 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: **July 10, 2025**

Adopted by the Medical Staff at Virtua South: **July 10, 2025**

Adopted by the Medical Staff at Virtua West: **July 10, 2025**

Approved by the Board: **August 12, 2025**