# NATIONWIDE CHILDREN'S HOSPITAL

# COLUMBUS, OHIO

# MEDICAL STAFF

# ORGANIZATIONAL MANUAL

**Revised August 2015**

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## 3.1. CLINICAL DEPARTMENTS

### 3.1.1. The Chief Medical Officer

A. The Chief Medical Officer shall be a physician member of the Medical Staff. He/she shall be employed by Nationwide Children's Hospital. The appointment shall be made after consultation with the Medical Executive Committee of Nationwide Children's Hospital.

B. The Chief Medical Officer shall have overall responsibility for the quality of patient care delivered throughout Nationwide Children's Hospital and its related companies. The Chief Medical Officer shall have the responsibility and authority for the medically related aspects of all clinical patient care programs; medical and medically related teaching programs of the institution; and the coordination of these programs with the Medical Staff through the President of the Medical Staff and the Medical Executive Committee. He/she shall be responsible for the scope and content as well as the functioning of the clinical organization of the hospital, and shall keep, or cause to be kept, careful supervision of all the clinical work done in the hospital. The Chief Medical Officer works closely with senior executive and physician leaders to plan, develop, implement and evaluate an integrated quality improvement and safety infrastructure for all patient care and clinical services. The Chief Medical officer serves as the administrative liaison to the organized medical staff for quality improvement, physician relations and credentialing, and also oversees the Nationwide Children's Hospital continuing medical education, graduate medical education, and professional and community education programs.

C. He/she shall receive and interpret the policies of the Board of Directors to the Medical Staff and report to the Board of Directors on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care. The Chief Medical Officer shall be involved in Bylaws enforcement and sanction implementation.

D. The Physician-In-Chief, Surgeon-In-Chief, Director of Medical Operations and Director of Surgical Operations shall be physician members of the active Medical Staff. They shall be appointed by the Chief Medical Officer after consultation with the Medical Executive Committee and the Board of Directors. The terms and conditions of their employment should be determined by the Chief Medical Officer.

E. The Physician-In-Chief, Surgeon-In-Chief, Director of Medical Operations and Director of Surgical Operations will advise and assist the Chief Medical Officer in the conduct of the clinical patient care programs, medical teaching and research programs of the hospital, and in the coordination of these programs. They shall further assist the Chief Medical Officer in his/her direction of the clinical organization of the hospital and in the supervision of clinical work.

F. The Physician-in-Chief and the Surgeon-in-Chief will be responsible for communicating pertinent information and disseminating relevant summaries of activities to respective medical/surgical Medical Staff.

### 3.1.2. Departments and Sections

A. Department of Anesthesiology & Pain Medicine

B. Department of Cardiothoracic Surgery

C. Department of Dentistry
1. Oral & Maxillofacial Surgery
2. Orthodontics
3. Pediatric Dentistry

D. Department of Hospital Medicine
1. Adult Hospital Medicine
2. Hospital Pediatrics

E. Department of Pathology and Laboratory Medicine
1. Anatomical Pathology
2. Clinical Pathology

F. Department of Ophthalmology

G. Department of Orthopaedics

H. Department of Otolaryngology

I. Department of Pediatrics
1. Adolescent Medicine
2. Allergy & Immunology
3. Ambulatory Pediatrics
4. Cardiology
5. Child & Family Advocacy
6. Complex Care
7. Critical Care
8. Dermatology
9. Developmental & Behavioral Pediatrics
10. Emergency Medicine
11. Endocrinology
12. Family Practice
13. Gastroenterology,Hepatology & Nutrition
14. General Pediatrics
15. Hematology & Oncology
16. Infectious Diseases
17. Molecular & Human Genetics
18. Neonatology
19. Nephrology
20. Neurology
21. Ped Psychology & Neuropsychology
22. Physical Medicine
23. Pulmonary Medicine
24. Rheumatology
25. Toxicology

J. Department of Pediatric Surgery
1. General Pediatric Surgery
2. Neurosurgery
3. Pediatric & Adolescent Gynecology & Obstetrics
4. Plastic & Reconstructive Surgery
5. Urology

K. Department of Psychiatry

L. Department of Radiology
1. Diagnostic Radiology
2. Nuclear Medicine

### 3.1.3. Organization of Departments and Sections

A. Each department shall be organized as a separate part of the Medical Staff and shall have a Chief whose functions are described in Section 6. of this Article.

B. Each department and section where appropriate, shall have meetings at the discretion of the Chief.

C. New departments and sections may be created or inactive departments and sections eliminated by action of the Board of Directors following recommendation by the Chief Medical Officer to the Medical Executive Committee.

### 3.1.4. Functions of Departments and Sections

A. Each clinical department and/or section shall establish its own criteria, consistent with the policies of the Medical Staff and of the Board of Directors, for the granting of clinical privileges. These criteria will be incorporated into the department and/or section rules and regulations.

B. Each department and/or section shall be responsible to provide an effective mechanism to evaluate the quality and appropriateness of patient care and the clinical performance of all individuals with delineated clinical privileges in accordance with the hospital's continuous Quality Improvement Plan.

At department and/or section meetings, certain Medical Staff functions shall be discussed as specified in the Quality Improvement Plan of the hospital.

When important problems in patient care and clinical performance or opportunities to improve care are identified, actions shall be taken, and the effectiveness of the actions taken shall be evaluated. The findings from and conclusions of monitoring, evaluating, and problem-solving activities shall be documented and reported. The actions taken to resolve problems and improve patient care, and information about the impact of the actions taken, shall be documented and reported to the Medical Executive Committee.

C. Each department and/or section will have established written rules and regulations as recommended by the department and/or section Chief(s). The rules and regulations will then be subject to the approval of the Chief Medical Officer, Bylaws Committee and the Medical Executive Committee. The rules and regulations will be available in the Medical Staff Office.

### 3.1.5. Appointment of Department and Section Chiefs

A. Each department and/or section Chief(s) shall be a member of the active Medical Staff and a member of the applicable section/department; remain in good standing throughout his/her term; and be willing and able to faithfully discharge the functions of his/her office. Department and section Chiefs shall be well qualified by training, experienced, and demonstrated ability for the position. It is imperative that these practitioners be child care specialists with their primary activities, interests, and concerns being in the area of teaching, patient care, and research at Nationwide Children’s Hospital.

They shall be available for daily consultation on administrative matters pertaining to their section and/or department. They shall also be deemed to be acting by or on behalf of the applicable Hospital and/or Medical Staff Peer Review Committees.

B. The Chief Medical Officer shall recommend the appointment of a department or acting department Chief to the Board of Directors after approval by the Medical Executive Committee and consultation with the Dean of the College of Medicine and/or the Dean of the College of Dentistry, when appropriate. Each department Chief shall be appointed by the Board of Directors at their annual meeting.

C. Section Chiefs are to be appointed annually by the Chief Medical Officer after recommendation by the department Chief and approval of the Medical Executive Committee. The Chief Medical Officer will report these appointments to the Board of Directors at their annual meeting.

D. If a position becomes vacant at any time throughout the year (July to June) the Chief Medical Officer shall appoint a section Chief or acting section Chief after recommendation by the department Chief and approval of the Medical Executive Committee. The Chief Medical Officer will then report this appointment to the Board of Directors at their next meeting.

E. Section and department Chiefs may be reappointed to their present positions as long as their performance is acceptable as noted in Section 5 b., as deemed appropriate by the Chief Medical Officer.

F. Section Chiefs shall be responsible to the department Chiefs for the clinical work and the medical teaching and research performed within their specialty.

G. Any action initiated by or directed to a section Chief shall be forwarded to the department Chief for final determination. The department Chief shall inform the section Chief of the final outcome.

**3.1.6. Functions of Department and Section Chiefs**

Each Chief shall:

A. be responsible for communicating to their respective departmental and/or section staff pertinent developments concerning Medical Staff policy/structure, hospital policy/structure, as well as other matters relevant to the operation of the hospital;

B. be responsible for the overall supervision of the clinical teaching and medical research work within the department and/or section and is accountable to the Chief Medical Officer for the overall performance of the department and/or section;

C. assure the implementation and maintenance of a continued planned and systematic process for monitoring and evaluating the quality and appropriateness of the care and treatment of patients served by the department and/or section and the clinical performance of all individuals with clinical privileges in that department and/or section;

D. provide guidance on the overall medical policies of the hospital and making specific recommendations and suggestions regarding his/her own department and/or section in order to assure quality patient care;

E. maintain continuing surveillance of the professional performance of all persons with privileges in his/her department, including but not limited to monitoring adherence to Medical Staff, hospital, and department and/or section policies and procedures for obtaining consultation, alternate coverage, unexpected patient care management events, patient safety, and adherence to sound principles of clinical practice. When it becomes apparent there is a deficiency or if there is a question regarding the physical or mental health of a staff member, it is the responsibility of the department and/or section Chief(s) to investigate and take appropriate action;

F. be responsible for enforcement of Hospital Code of Regulations and of the Medical Staff Manuals, and policies within the department and/or section;

G. be responsible for implementation within the department and/or section of actions taken by the Medical Executive Committee;

H. recommend revisions to department and/or section rules and regulations for approval by the Chief Medical Officer, Bylaws Committee and the Medical Executive Committee;

I. recommend revisions to department and/or section delineation of privileges for approval by the Surgeon-in-Chief (if applicable), Chief Medical Officer, Credentials Committee and Medical Executive Committee;

J. transmit to the Credentials Committee, via the Chief Medical Officer, the recommendations concerning the appointment status, the reappointment, and the delineation of clinical privileges for all credentialed persons in his/her department and/or section;

K. participate in every phase of administration of the department and/or section through cooperation with the President of the Medical Staff, Chief Medical Officer, Chief Nursing Officer and the Chief Executive Officer in matters affecting patient care, including personnel, supplies, special regulations and techniques;

L. be responsible for the preparation of reports pertaining to the department and/or section as may be required by the President of the Medical Staff, the Chief Medical Officer, the Chief Executive Officer or the Board of Directors;

M. have the authority to limit or suspend the Hospital privileges of any member of the department and/or section for due cause.

N. be responsible to complete medical records on behalf of their respective departing and/or deceased practitioners. The department Chief may delegate this responsibility to the appropriate section Chief.

### 3.1.7. Assignment of Departments

A. The Medical Executive Committee shall, based upon the recommendation of the department Chief as transmitted through the Credentials Committee, recommend initial departmental assignments for all Medical Staff members and for all other credentialed persons with clinical privileges.

B. Applicants to more than one department and/or section may be made on request of the applicant or the department and/or section Chief(s) or by the Credentials Committee and approved by the Medical Executive Committee. The appropriateness of the appointments will be judged by the section and/or department Chief(s) and the Credentials Committee. The applicant must be qualified in each department and/or section by the virtue of his/her training and/or experience.

C. Individuals granted multi-departmental/sectional appointments will be required to fulfill departmental/sectional meeting attendance requirements in all departments and/ or sections in which they have privileges.

### 3.1.8. Periodic Review of Departments/Sections

A. Each department will be subject to a periodic review. A review will be performed when there is a change in department/section Chief, by written request to the Medical Executive Committee, by a majority of the voting members of the department/section or at the discretion of the Chief Medical Officer.

B. The department/section will be reviewed as to patient care, teaching, research and administrative functions.

C. The review shall be performed by a committee appointed by the Chief Medical Officer with the approval of the President of the Medical Staff. The Review Committee shall be composed of no less than three members.

D. The Review Committee's report will be submitted in writing within three months to the Chief Medical Officer, the President of the Medical Staff and the respective Chief.

### 3.1.9. Search Committees

A. Search Committee will be formed when there is a change in department/section Chief.

B. The Search Committee will be appointed by one of the following with the consent of the Chief Medical Officer:

- Chief Medical Officer
- Physician-in-Chief/Chief of Pediatrics
- Surgeon-in-Chief

C. The Search Committee shall be composed of no less than five members with at least one member being an experienced senior Medical Staff Leader.

## 3.2. COMMITTEES

### 3.2.1. Medical Executive Committee

The provisions relating to the composition, size, and functions of the Medical Executive Committee are set forth in Section 1.12.11. of the Bylaws.

### 3.2.2. Nominating Committee

A. The Nominating Committee shall consist of the Chief Medical Officer, most recent five past medical staff presidents with the immediate past president acting as chairperson of the committee.

B. The current Medical Staff President will serve as consultants to the Nominating Committee and will not be a voting member when selecting the nominees for the slate of Medical Staff officers, elected representatives and the appointed at-large representative to the Medical Executive Committee.

C. The scope of the Nominating Committee will include the process of nominating candidates for the election of two medical representatives at- large one of whom is a community practicing general pediatrician, two surgical representatives at-large, one representative at-large from hospital based specialties, and an alternate from each group to be voted onto the Medical Executive Committee. The elected representatives and alternates must be Active status and be members in good standing.

D. The Nominating Committee may solicit nominations from each department and section, as well as from various Nationwide Children's Hospital constituencies, such as Children's Practicing Pediatricians and Pediatric Academic Association. The Nominating Committee limits the number of nominees to six (6) for the medical specialties, six (6) for the surgical specialties, and six (6) for the hospital based specialties.

E. The Nominating Committee shall appoint one at-large representative to be a member of the Medical Executive Committee.

F. The Nominating Committee generates a mail ballot of nominees from Active staff to be voted upon by the respective medical specialties, surgical specialties and hospital based specialties. Members of each respective grouping will vote only for their designated nominees.

G. Voting for the representatives at-large will take place every two years with a three consecutive term limit.

### 3.2.3. Joint Conference Committee

A. Composition: shall consist of the President of the Medical Staff, the President of the Board of Directors, the Chief Medical Officer, Chief Executive Officer, Vice President of the Medical Staff, Immediate Past President, and additional members of the Board of Directors and the Medical Staff as determined by the respective Presidents. The chair shall be alternated between the Medical Staff and Board of Directors every other meeting, and the President of the representative group shall be the chairperson of the Joint Conference Committee. The Chief Executive Officer shall act as secretary of this committee.

B. Duties: the Joint Conference Committee shall provide for medical-administrative liaison between the Medical Staff and the Board of Directors relative to matters of Hospital policy and practice. While its primary function is to promote communication pertaining to effective patient care, it shall also be charged with the following specific duties:

l. to communicate pertinent actions taken or contemplated by the Board of Directors or Medical Staff. These should be reported to the committee even though they do not require action by more than one component of it;

2. to consider all differences arising between the General Staff and the Board of Directors which are referred to this committee for discussion. Proceedings will be referred to the respective organizations (Medical Executive Committee and Executive Committee of the Board of Directors) for consideration and action if indicated. Issues which arise in the operation and affairs of the hospital affecting all parties should be brought to this committee for consideration;

3. to discuss plans for growth and the inevitable changes in organization which occur in a growing children's medical center; and

4. to review problems relative to acquiring and maintaining standards of accrediting agencies.

C. Meetings: the committee shall meet as necessary. However, other meetings may be called whenever there is pertinent business to discuss. A written summary of the Joint Conference Committee's discussions and activities shall be distributed to each member of the Board of Directors and to each member of the Medical Executive Committee, and shall be made a part of the permanent records of the Hospital.

### 3.2.4. Medical Staff Committees

Administrative duties of Medical Staff committees reside with the Medical Staff Office. Medical Staff committees shall include the following:

1. Bylaws Committee
2. Continuing Medical Education Committee
3. Credentials Committee
4. Medical Executive Committee
5. Nominating Committee
6. Professional Review Committee
7. Physician Wellness Committee

### 3.2.5. Appointment to Committees

A. Chairpersons and Medical Staff members of standing committees, except the Medical Executive Committee and the Joint Conference Committee, shall be appointed annually by the Officers of the Medical Staff, the Chief Medical Officer and Chief Executive Officer. All standing committee chairpersons shall be members in good standing of the Medical Staff.

B. Special or ad hoc committees may be appointed by the President of the Medical Staff to perform specified tasks and be dissolved automatically upon completion of its assignment.

C. The chairs and committee members of Medical Staff committees shall be appointed by the Officers of the Medical Staff. Only Medical Staff members will have voting privileges.

D. All Medical Staff committees shall be responsible to the Medical Executive Committee.

E. Standing or ad hoc committees may also be appointed by the Chief Medical Officer and Chief Executive Officer. Recommendations from these committees that affect medical practice, such as credentialing, quality assurance, and specific clinical departments and special care units, shall be reviewed and approved by the appropriate Medical Staff committee and the Medical Executive Committee. Members of these committees shall be appointed after consultation with the Officers of the Medical Staff.

F. The Chief Medical Officer and the Chief Executive Officer shall be responsible for keeping the Medical Staff Officers appraised of the formation and activities of committees which may directly impact the Medical Staff.

G. In instances where an emergency situation arises, the Chief Medical Officer, in consultation with the Chief Executive Officer and the Medical Staff President, shall implement the appropriate policies and procedures concerning the specific units or departments. Policies and procedures which relate to medical practice shall be submitted to the appropriate standing committee of the Medical Staff and to the Medical Executive Committee for review and approval, if appropriate.

H. The President of the Medical Staff, the Chief Medical Officer, and the Chief Executive Officer shall be voting members on the Medical Executive Committee, the Joint Conference Committee, and any Medical Staff committee to which they have been appointed. The President of the Medical Staff and the Chief Executive Officer shall not be members of the Nominating Committee. The Chief Medical Officer will be a member of the Nominating Committee.

I. The Chief Executive Officer shall recommend the administrative, nursing and other Hospital representatives to serve as members on various committees.

### 3.2.6. Term of Committee Members

A. Committee members shall be appointed for a term of one year and shall serve until the end of this period or until the member's successor is appointed, unless the member resigns or is removed from the committee.

B. Members of all Medical Staff committees may be removed at any time by the President of the Medical Staff, in consultation with the Officers of the Medical Staff, if good cause exists. A successor may be selected at the discretion of the President of the Medical Staff. Otherwise, vacancies on the committee shall be filled during the next committee appointment process.

### 3.2.7. Scope and Authority of Committees

Specific composition, functions, responsibilities, limitations and authority of the individual committees is defined in the scope and authority document. Scope and authority for new Medical Staff committees will be submitted to the Medical Executive Committee for approval. Scope and authority documents will be reviewed annually by the respective committee and revisions will be submitted to the Medical Executive Committee for approval. Major changes which affect the Medical Staff organization or policies within the hospital shall also require approval of the Board of Directors.

### 3.2.8. Integrated Committees

A. The following integrated committees are under the jurisdiction of the Chief Medical Officer:

1. Ethics
2. Infection Control
3. Library
4. Medical Records
6. Pharmacy & Therapeutics
7. Quality Improvement Program
8. Radiation Safety
9. Transfusion

B. All actions taken by integrated committees are required to be approved by the Chief Medical Officer and the Medical Staff President.

C. A quarterly summary or minutes of actions taken by the integrated committees may be forwarded to the Medical Executive Committee for information. Committee chairs may be asked to attend the Medical Executive Committee meeting to present their quarterly summary or at other times as requested by the Chief Medical Officer or the Medical Staff President.

D. The medical chairperson is appointed annually by the Chief Medical Officer or his/her designate. If there is a non-physician co-chair, this person is appointed annually by the Chief Medical Officer or his/her designate.

E. The medical chair/co-chair of integrated committees will be responsible for the annual appointment of members to these committees, with advisement and oversight from the Medical Staff Officers and approval by the Chief Medical.

F. All committee members present for any given meeting have the right to vote at that meeting.

G. Meetings are scheduled at the discretion of the chair(s).

H. A permanent file of Integrated committee minutes shall be maintained by the respective chairs.

I. Administrative duties reside with the office of the chair/co-chair with support from the Chief Medical Officer as needed.

## 3.3. MEETINGS

### 3.3.1. Annual Meetings

General Staff meetings will be scheduled at the discretion of the current Medical Staff President and/or Medical Staff Officers.

### 3.3.2. Department Meetings

Each department and/or section shall meet at the discretion of the Chief to discuss clinical work. Business meetings may also be held when needed.

### 3.3.3. Committee Meetings

Committee meetings shall be held as described in the scope and authority document.

### 3.3.4. Summer Meetings

Due to limited attendance during the summer months, it is recommended that committees (except those who do monthly case review) not meet during the months of June, July and August except when there is specific business which should not be postponed. This will be left to the discretion of the chairperson involved.

### 3.3.5. Special Meetings

A. Special meetings of the General Staff, departments or committees may be called at any time by the President of the Medical Staff, by the Chief of a department/section, chairman of a committee, or by the written request of one-fourth of the voting members, specifying the purpose of the meeting. At any special meeting no business shall be transacted except that stated in the notice calling the meeting.

B. Notice of the time and place of every regular and special meeting shall be given by mail at least one week prior to the time set for the meeting. Notice of urgent meetings to be held in less than one weeks time must be given by telephone within 24 hours prior to the meeting time.

### 3.3.6. Quorum

A. Action may be taken at any meeting only when a quorum is present.

B. 30 voting members shall constitute a quorum for the transaction of any business at a special meeting of the General Staff.

C. With respect to departmental meetings, 20% of the voting members shall constitute a quorum.

D. 50% of the Medical Staff members of a committee shall constitute a quorum.

### 3.3.7. Minutes

A. Minutes of each regular and special meeting of a Medical Staff committee or department/section shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. Department/section minutes shall be signed by the presiding officer or secretary and copies thereof shall be promptly submitted to the attendees for approval.

B. A permanent file of the department/section minutes shall be maintained by the respective Chief.

C. A permanent file of Medical Staff committee minutes shall be maintained in the Medical Staff Office.

D. The Medical Executive Committee receives and acts on reports and recommendations from Medical Staff committees and clinical department and/or section minutes, as required.

E. Minutes and attendance of all regular and special General Staff meetings shall be maintained in the Medical Staff Office.

### 3.4. PROCEDURE FOR DISBURSEMENTS FROM THE MEDICAL STAFF ACTIVITIES FUND

A. The Medical Staff Activities Fund (10-10000-225100) is a hospital account that is the responsibility of the Medical Staff Officers and Medical Executive Committee.

B. Medical Staff Dues/Application Fee - Current medical staff members will be charged $200 for annual dues. Processing of new medical staff applications will be charged $200. Funds are deposited into the Medical Staff Activities Fund.

C. Allied Health Professionals do not pay an initial application fee or annual dues.

D. The Medical Staff Activities Fund provides a variety of support which includes but is not limited to the following:

1. Stipend for Medical Staff Officers or any other positions as approved by the Medical Executive Committee.

2. Charitable donations to the community, e.g. non-profit organizations.

3. Reimbursement of Medical Staff Leadership for attending Medical Staff Development conferences.

4. Annual contribution to Continuing Medical Education Programs.

5. Annual contribution to Library Fund.

6. Special projects to support Hospital programs.

E. Medical Staff Office access to the Council for Affordable Quality Healthcare (CAQH) service, a uniformed online application for credentialing of Medical Staff and Allied Health Professionals. Gifts such as flowers or donations for medical staff member and/or family member or non-medical staff that are hospitalized or deceased. Standard contributions to charities and/or floral arrangements for funerals are made as follows:

1. Death of practitioner.
2. Death of spouse or child.
3. Death of parent, brother, or sister.
4. Death of mother-in-law, father-in-law, brother-in-law, or sister-in-law.
5. Death of other family member.
6. Death of administrative staff or board member.
7. Death of hospital employee.
8. Death of hospital employee family member.

F. Other expenditures that are consistent with these guidelines and approved by the Medical Executive Committee.

G. Approvals

1. The Medical Executive Committee must approve all disbursements of funds except as specifically authorized herein. Approval from the Medical Executive Committee may be obtained at monthly meetings or by email.

2. The Medical Staff Office manager will automatically process disbursements for charitable donations or for flowers/remembrances up to $500 for individuals listed in Section IV.H. without prior approval from the Medical Executive Committee.

3. The Medical Executive Committee shall have the authority to determine the amount of assessments and/or annual dues.

4. The Medical Executive Committee will prospectively approve the Medical Staff annual budget.

5. An annual report of all expenses will be provided to the Medical Executive Committee.

H. Compliance Rules

1. Expenditures that are for the reimbursement of individual Medical Staff Officers or members of the Medical Staff, such as travel reimbursement, dinners, or seminars, shall be approved in the following manner:

***Request:*** Individual expenditures below $50 for a Medical Staff Officer, or below $250 for any other member of the Medical Staff.
***Approval Process:*** A Medical Staff Officer other than the Medical Staff Officer requesting reimbursement for the expenditure shall provide written approval.

***Request:*** Individual expenditures above $50 for a Medical Staff Officer or above $250 for any other member of the Medical Staff.
***Approval Process:*** Written approval of another medical Staff Officer and a disinterested designated 3rd party: NCH Chief Financial Officer, or any NCH executive leader not affiliated with the Medical Staff Officers of Medical Staff Office.

2. General expenditures for or to support the library, continuing medical education activities, or charitable contributions (other than referred to in Section V.B.) shall be approved by the following manner:

***Request:*** Expenditures less than $2,500.
***Approval Process:*** Written approval by any two Medical Staff Officers not directly associated with the expenditure request.

***Request:*** Expenditures greater than $2,500.
***Approval Process:*** Medical Executive Committee.

I. The Medical Staff President shall provide quarterly and annual expense reporting for all Medical Staff activities/expenditures. These reports shall be approved by the Medical Executive Committee and made available to any Medical Staff member upon request.