

NATIONWIDE CHILDREN'S HOSPITAL TOLEDO MEDICAL STAFF ORGANIZATION POLICY

Revised: October 31, 2024

NATIONWIDE CHILDREN’S HOSPITAL TOLEDO

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ARTICLE I DEFINITIONS & DESIGNEES

1.1. Definitions

- 1.1.1 The definitions set forth in the Medical Staff Bylaws shall apply to this Medical Staff Organization Policy unless otherwise provided herein.

1.2. Use of a Designee

- 1.2.1 Whenever an individual is authorized to perform a duty by virtue of his/her position (*e.g.*, the Chief Operating Officer, CMO, Medical Staff President, Department Chair, Section Chief, *etc.*), then reference to the individual shall also include the individual's designee.

ARTICLE II MEDICAL STAFF DEPARTMENTS & SECTIONS

2.1. Current Medical Staff Departments and Sections

2.1.1 The Medical Staff Departments and Sections are as follows:

- A. Department of Pediatrics
 - (1) Section of Medical Specialties
 - (2) Section of Primary Care
 - (3) Section of Surgical Specialties

2.2. Organization of Medical Staff Departments and Sections

2.2.1 A Medical Staff Department shall have a Department Chair whose functions are described in Section 2.5. A Medical Staff Department may be further divided into Sections led by Section Chiefs.

2.2.2 Criteria to Qualify as a Medical Staff Department

- A. The following criteria shall apply in making a Medical Staff Department designation:
 - (1) The area of practice represents a major general or distinct field of medical practice at the Hospital.
 - (2) The level of clinical activity at the Hospital is substantial enough to warrant imposing the responsibility to accomplish the functions assigned to the Department and Department Chair.
 - (3) Practitioners to be assigned to the Medical Staff Department agree to, and carry out, the activities required of the Department.

2.2.3 Criteria to Qualify as a Medical Staff Section

- A. The following criteria shall apply in making Medical Staff Section designations:
 - (1) The area of practice is an established, professionally recognized, discrete specialty/subspecialty within the general field of the Department and is a significant area of practice at the Hospital. For purposes of this provision, the term "significant" means that specialists in that area devote a substantial portion of their time to that specialty and the

clinical activity in that area is such as to require designation of a Section Chief specifically responsible for coordination of services, quality control, and day-to-day problem resolution.

- (2) The level of clinical activity at the Hospital is substantial enough to warrant imposing the responsibility to accomplish the functions assigned to the Section and Section Chief.
- (3) Practitioners to be assigned to the Medical Staff Section agree to, and carry out, the activities required of the Section.

2.3. Functions of Medical Staff Departments and Sections

- 2.3.1 Each Medical Staff Department and Section shall assist in the creation and amendment of Delineations of Privileges (*i.e.*, Privilege sets) within the Department and Section in accordance with the applicable procedure set forth in the Credentials Policy.
- 2.3.2 Each Medical Staff Department and Section shall participate in Medical Staff peer review and professional practice evaluation activities to evaluate the quality and appropriateness of patient care rendered by, and the clinical performance of, Practitioners and APPs with delineated Clinical Privileges in the Department and Section.
- 2.3.3 Concerns regarding a Practitioner's or APP's conduct or clinical competence will be addressed in accordance with the applicable procedure set forth in the Medical Staff Bylaws, the APP Policy, or the Practitioner/APP Effectiveness Policy.
- 2.3.4 Each Medical Staff Department and Section may establish written rules and regulations as recommended by the Department Chair and applicable Section Chief. Department/Section rules and regulations, if any, may not duplicate or conflict with the Medical Staff Bylaws or Policies and are subject to approval of the Medical Executive Committee.

2.4. Appointment of Department Chairs and Section Chiefs

- 2.4.1 The qualifications to serve as a Department Chair or Section Chief are set forth in the Medical Staff Bylaws.
- 2.4.2 A Search Committee may be formed prior to appointment of a new (not an interim) Department Chair or Section Chief. The Search Committee, if any, will be appointed by the Chief Medical Officer.
- 2.4.3 The Search Committee, if any, shall be composed of no less than five (5) members (unless the Chief Medical Officer determines that a smaller number is appropriate) with at least one (1) member being an experienced senior Medical Staff leader.

- 2.4.4 The Chief Medical Officer shall recommend appointment of a Department Chair to the Board after approval by the Medical Executive Committee. The Department Chair shall be appointed by the Board and shall serve until he/she resigns or a new Department Chair is appointed.
- 2.4.5 The Chief Medical Officer shall recommend the appointment of Section Chiefs to the Board after consultation with the Department Chair and approval of the Medical Executive Committee. Each Section Chief shall be appointed by the Board and shall serve until he/she resigns or a new Section Chief is appointed.
- 2.4.6 The following action shall be taken in the event of a vacancy in a Department Chair or Section Chief position:
- A. If the Department Chair position becomes vacant at any time during the Department Chair's term, the Chief Medical Officer shall appoint an interim acting Department Chair, with approval of the Medical Executive Committee, until such time as a new Department Chair is selected in accordance with the procedure set forth in Section 2.4.4. The Chief Medical Officer will report an interim Department Chair appointment to the Board at its next meeting.
 - B. If a Section Chief position becomes vacant at any time during the Section Chief's term, the Chief Medical Officer shall appoint an interim acting Section Chief, after consultation with the Department Chair and approval of the Medical Executive Committee, until such time as a new Section Chief is selected in accordance with the procedure set forth in Section 2.4.5. The Chief Medical Officer will report an interim Section Chief appointment to the Board at its next meeting.
 - C. In the event that the Chief Medical Officer and Medical Executive Committee do not agree upon the appointment of an interim Department Chair or Section Chief, then such interim appointment will be provided to the Board for review and action.
- 2.4.7 Section Chiefs shall be responsible to the Department Chair for the clinical work, medical teaching, and research performed within their Section's specialty.
- 2.4.8 A Department Chair or Section Chief may resign at any time by giving written notice to the Chief Medical Officer. Such resignation shall take effect on the date of receipt or at any later time specified in the written notice.
- 2.4.9 A Department Chair or Section Chief may be removed in the same manner in which he/she was selected. Grounds for removal include:
- A. failure to continuously satisfy the qualifications for the position.

- B. knowing failure to comply with the Medical Staff Bylaws or Policies.
- C. failure to perform the duties of the position held in a timely and appropriate manner.
- D. conduct detrimental to the interests of the Medical Staff and/or the Hospital.
- E. an infirmity that renders the Department Chair or Section Chief incapable of fulfilling the duties of the position.
- F. the imposition of a summary suspension, an automatic suspension or automatic termination, or any corrective action undertaken against the Department Chair or Section Chief that results in a final Adverse decision.

2.5. Functions of Department Chairs and Section Chiefs

2.5.1 Each Medical Staff Department Chair and Section Chief shall have the duties set forth in the Medical Staff Bylaws.

2.5.2 Additionally, each Medical Staff Department Chair and Section Chief shall:

- A. be available for consultation on administrative matters pertaining to their Department or Section.
- B. communicate to Department or Section members pertinent developments concerning Medical Staff policy/structure, Hospital policy/structure, as well as other matters relevant to the operation of the Hospital.
- C. be responsible for overall supervision of the clinical teaching and medical research work within the Department or Section and accountable to the Chief Medical Officer for the overall performance of the Department or Section.
- D. participate in Medical Staff peer review and professional practice evaluation activities to evaluate the quality and appropriateness of patient care rendered by, and the clinical performance of, Practitioners and APPs with delineated Clinical Privileges in the Department and Section.
- E. provide guidance on the overall clinical policies of the Hospital and make specific recommendations and suggestions regarding the Department or Section in order to assure quality patient care.
- F. maintain continuing surveillance of the professional performance of all persons with Privileges in the Department or Section including, but not

limited to, monitoring adherence to Medical Staff, Hospital, and Department and Section policies and procedures for obtaining consultation, alternate coverage, unexpected patient care management events, patient safety, and adherence to sound principles of clinical practice.

- G. address concerns regarding a Practitioner's or APP's conduct or clinical competence in accordance with the applicable procedure set forth in the Medical Staff Bylaws, the APP Policy, or the Practitioner/APP Effectiveness Policy.
- H. enforce Hospital policies, the Medical Staff Bylaws and Policies and rules and regulations within the Department or Section.
- I. be responsible for implementation within the Department or Section of actions taken by the Medical Executive Committee.
- J. recommend revisions to Department or Section rules and regulations for approval by the Medical Executive Committee.
- K. recommend revisions to Department or Section Delineation of Privileges in accordance with the applicable procedure set forth in the Credentials Policy.
- L. transmit to the Medical Executive Committee, via the Chief Medical Officer, recommendations regarding, as applicable, Medical Staff appointment reappointment, and/or Clinical Privileges for all Practitioners/APPs in the Department or Section.
- M. participate in every phase of administration of the Department or Section through cooperation with the President of the Medical Staff, Chief Medical Officer, Chief Nursing Officer, and the Chief Operating Officer in matters affecting patient care including personnel, supplies, special requirements, and techniques.
- N. be responsible for the preparation of reports pertaining to the Department or Section as may be required by the President of the Medical Staff, the Chief Medical Officer, the Chief Operating Officer, or the Board.
- O. assist with closure of medical records on behalf of deceased Practitioners/APPs.

2.6. Assignment to Departments/Sections

- 2.6.1 Each Practitioner shall be assigned to the Medical Staff Department and Section that most clearly reflects his/her professional training and experience in the clinical area in which his/her practice is concentrated.

ARTICLE III MEDICAL STAFF COMMITTEES

3.1. Standing Medical Staff Committees

3.1.1 The standing Medical Staff committees are the:

- A. Medical Executive Committee
- B. Nominating Committee
- C. Provider Review & Effectiveness Committee

3.1.2 The Medical Staff Office shall provide administrative support to Medical Staff committees as needed.

3.2. Scope and Authority of Medical Staff Committees

3.2.1 The composition, duties, and meeting requirements with respect to the MEC are set forth in the Medical Staff Bylaws.

3.2.2 The composition, duties, and meeting requirements with respect to the Nominating Committee are set forth in the Medical Staff Bylaws.

3.2.3 The composition, duties, and meeting requirements with respect to the Provider Review & Effectiveness Committee are set forth in the Scope and Authority document attached hereto, as such document may be modified from time to time.

3.2.4 Peer Review Privilege

- A. Each Medical Staff committee provided for in the Medical Staff Bylaws and Policies is hereby designated as a peer review committee as that term is defined in Ohio Revised Code §2305.25 *et seq.*
- B. In carrying out his/her duties under the Medical Staff Bylaws and Policies, whether as a committee member or chair, Medical Staff officer, Department Chair, Section Chief, or otherwise, each Practitioner shall be acting in his/her capacity as a peer review committee member and/or as a designated agent on behalf of a peer review committee.
- C. Such peer review committees, their members, and designated agents may, from time to time and/or as provided in the Medical Staff Bylaws or Policies, designate APPs and/or Hospital administration/leadership personnel as their agent in carrying out such peer review duties.

3.3. Appointment to Medical Staff Committees

- 3.3.1 Medical Staff Members may serve on, or chair, a Medical Staff committee if permitted to do so pursuant to the Prerogatives set forth in the Medical Staff category to which each such Practitioner is appointed and subject to satisfaction of the applicable qualifications set forth in the committee composition or elsewhere in the Medical Staff governing documents.
- 3.3.2 Unless otherwise provided in the Medical Staff Bylaws or Policies, the chair and members of standing Medical Staff committees shall be appointed by the President of the Medical Staff.
- 3.3.3 Advanced Practice Providers are not Members of the Medical Staff but may serve on a Medical Staff committee, with or without the right to vote, as specified in the composition of the applicable Medical Staff committee or as designated by the Medical Staff President at the time of creation of a(n) special or *ad hoc* Medical Staff committee pursuant to Section 3.3.4.
- 3.3.4 Special or *ad hoc* Medical Staff committees may be created by the Medical Executive Committee at the request of the President of the Medical Staff, the Chief Medical Officer, or the Chief Operating Officer to perform specified tasks and shall be dissolved automatically upon completion of its assignment.
 - A. Special or *ad hoc* Medical Staff committees shall report to the Medical Executive Committee. Recommendations from special or *ad hoc* committees that affect medical practice shall be reviewed and approved by the Medical Executive Committee.
 - B. The chair and members of special or *ad hoc* Medical Staff committees shall be appointed, and may be removed, by the Medical Staff President.
- 3.3.5 The Chief Operating Officer, CMO, and Medical Staff President (unless otherwise designated as a voting member of a committee) shall serve as *Ex Officio* (non-voting) members of all Medical Staff committees and be entitled to attend all meetings (including executive sessions) of any Medical Staff committee at their discretion.
- 3.3.6 The Chief Operating Officer or CMO may recommend to the President of the Medical Staff administrative, nursing, and other Hospital representatives to serve as *Ex Officio* (non-voting) members of Medical Staff committees.

3.4. Term of Medical Staff Committee Members/Chairs

- 3.4.1 Unless otherwise provided in the Medical Staff Bylaws or Policies, members and chairs of Medical Staff committees shall be appointed for a term of two (2) years and shall serve until the end of this period or until a successor is

selected, unless the member or chair sooner resigns or is removed from the committee. Committee member terms may be staggered.

- 3.4.2 Unless otherwise provided in the Medical Staff Bylaws or Policies, members and chairs of Medical Staff committees may be removed at any time by the President of the Medical Staff, in consultation with the other Medical Staff officers, if good cause exists. A successor may be selected, at the discretion of the President of the Medical Staff, in the same manner in which the original Medical Staff committee member or chair was selected. Otherwise, vacancies on the Medical Staff committee shall be filled during the next committee member/chair selection process.

3.5. Integrated Committees (Hospital Committees with Medical Staff Representatives)

- 3.5.1 The Chief Medical Officer and the Chief Operating Officer shall be responsible for keeping the Medical Staff officers apprised of the formation and activities of Hospital committees which may directly impact the Medical Staff.
- 3.5.2 The following integrated Hospital committees are under the jurisdiction of the Chief Medical Officer:
 - A. Infection Control
 - B. Quality Improvement Program (including Utilization Review)
 - C. Pharmacy and Therapeutics
- 3.5.3 Recommended actions by integrated Hospital committees that affect Practitioners and APPs are shared with the Medical Executive Committee for review and input, as applicable and time permitting.
- 3.5.4 Integrated Hospital committee chairs may also be asked to attend a Medical Executive Committee meeting and/or provide information (which may be set forth in meeting minutes) to the Medical Executive Committee as requested by the Chief Medical Officer or the Medical Staff President.
- 3.5.5 Integrated Hospital committees shall be chaired by a Physician (and may also have a non-Physician co-chair) who is appointed for a term of two (2) years by the Chief Medical Officer and who shall serve until the end of this period or until a successor is appointed unless the chair sooner resigns or is removed from the committee.
- 3.5.6 The Physician chair/non-Physician co-chair of integrated Hospital committees (with input from the Medical Staff officers and approval of the Chief Medical Officer regarding committee members who are Practitioners or APPs and with approval of the Chief Operating Officer regarding

committee members who are Hospital staff) is responsible for appointment of committee members for a term of two (2) years. Such members shall serve until the end of this period or until a successor is appointed unless the member sooner resigns or is removed from the committee.

3.5.7 All committee members present at a meeting of an integrated Hospital committee have the right to vote at that meeting provided a quorum is present.

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

3.5.9 The chair(s), with support from the Chief Medical Officer as needed, shall arrange administrative support (e.g., scheduling, minutes, etc.) for the integrated Hospital committees.

3.6. Board Joint Conference Committee

3.6.1 The Joint Conference Committee shall serve in an advisory capacity to the Medical Staff, Hospital administration, and the Board.

3.6.2 The duties of the Joint Conference Committee include providing recommendations with respect to resolution of conflicts among the Medical Staff, Hospital administration, and the Board. The Joint Conference Committee shall fulfill such other duties as set forth in the Medical Staff Bylaws and Policies and as the Board may otherwise direct from time to time.

3.6.3 The members of the Joint Conference Committee shall, at all times, consist of an equal number of members from the Board and from the Medical Staff. The Joint Conference Committee shall consist of:

- A. the President of the Board and two (2) additional Board members selected by the Board chair; and
- B. the Medical Staff President, the Medical Staff Vice President, and the Immediate Past Medical Staff President.

3.6.4 If the Chief Operating Officer is not one of the Board representatives, the Chief Operating Officer may also attend meetings of the Joint Conference Committee.

3.6.5 The Joint Conference Committee shall be co-chaired by the Board chair and Medical Staff President.

3.6.6 The Joint Conference Committee shall meet as needed at the call of the committee co-chairs and shall maintain minutes of its meetings.

- 3.6.7 Should the Board revise the Hospital's governing documents to provide for a standing Joint Conference Committee then Section 3.6 will be deemed likewise automatically amended as well.

ARTICLE IV MEETINGS

4.1. Medical Staff Meetings

- 4.1.1 A regular Medical Staff meeting must be scheduled at least annually and otherwise at the discretion of the Medical Staff President.

4.2. Department/Section Meetings

- 4.2.1 Each Medical Staff Department and Section shall establish a regular meeting schedule as determined by the Department Chair or Section Chief.

4.3. Medical Staff Committee Meetings

- 4.3.1 Medical Staff committee meetings shall be held as described in the applicable Scope and Authority document.

4.4. Special Meetings

- 4.4.1 Special meetings of the Medical Staff, a Medical Staff Department/Section, or Medical Staff committees may be called at any time by the President of the Medical Staff, by the Department Chair or a Section Chief, by a Medical Staff committee chair, or by written request of one-fourth of the applicable voting members, specifying the purpose of the meeting.
- 4.4.2 At any special meeting no business shall be transacted except that stated in the notice calling the meeting.

4.5. Notice

- 4.5.1 Notice of the date, time, and place of each regular and special meeting shall be given, in writing, by mail/email to all individuals entitled to attend such meeting at least one week prior to the date set for the meeting; provided, however, that notice of special meetings to be held in less than one week's time must be given, in writing, by mail/email at least 24 hours prior to the meeting date.

4.6. Quorum

- 4.6.1 Action may be taken at any meeting only when a quorum is present.
- 4.6.2 Unless otherwise provided in the Medical Staff Bylaws or Policies:
 - A. The presence of at least twenty percent (20%) of the voting Members shall constitute a quorum for the transaction of business at a regular or special meeting of the Medical Staff.

- B. With respect to a Medical Staff Department/Section meeting, the presence of at least twenty percent (20%) of the voting members of the Department or Section shall constitute a quorum.
- C. With respect to Medical Staff committee meetings, the presence of at least fifty percent (50%) of the voting members of the Medical Staff committee shall constitute a quorum.

4.7. Minutes

- 4.7.1 Minutes of each regular and special meeting of the Medical Staff, a Medical Staff committee, or a Medical Staff Department/Section shall be prepared and shall include a record of attendance, discussion/action items, and the vote taken on each matter.
- 4.7.2 Documentation of peer review activities shall be kept separately in a peer review committee's meeting minutes and materials. Such peer review committee minutes and materials are designated and maintained as protected peer review documents.
- 4.7.3 The Medical Executive Committee receives and acts on reports and recommendations (which may be set forth in meeting minutes) from Medical Staff committees and Departments/ Sections, as required.
- 4.7.4 The Medical Staff and each Medical Staff Department, Section, and committee shall maintain a file of the minutes of each of its meetings in accordance with the Hospital record retention policy, as such policy may be amended from time to time.
 - A. Minutes of all regular and special Medical Staff meetings shall be maintained in the Medical Staff Office.
 - B. Department/Section minutes shall be maintained by the respective Department Chair or Section Chief.
 - C. Medical Staff committee minutes shall be maintained in the Medical Staff Office.

4.8. Voting

- 4.8.1 Unless otherwise specified in the Medical Staff Bylaws or Policies, voting may occur in any of the following ways as determined by the chair of the respective committee, the Department Chair or Section Chief; or, for voting by the Medical Staff, as determined by the Medical Staff President:
 - A. By hand or voice ballot at a meeting at which a quorum is present.
 - B. By written ballot at a meeting at which a quorum is present.

- C. Without a meeting by written or electronic ballot provided such votes are received by the deadline date set forth in the notice advising of the purpose for which the vote is to be taken.

4.8.2 Voting by proxy is not permitted.

4.8.3 Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote provided that such individual is eligible to vote.

4.9. Manner of Action with a Meeting

4.9.1 Unless otherwise specified in the Medical Staff Bylaws or Policies:

- A. The action of a majority of the voting members present at a Medical Staff, Department/Section, or Medical Staff committee meeting at which a quorum is present shall be the action of the applicable group.
- B. Individuals may participate in and act at any meeting by video conference, conference call or other communication equipment through which all persons participating in the meeting can communicate with each other. Participation by such means shall constitute attendance and presence in person at the meeting.

4.9.2 Conduct of meetings shall be carried out in a respectful and orderly manner. Common sense, as determined by the Medical Staff President, the Department Chair or Section Chief, or chair of the Medical Staff committee, as applicable, shall be applied in the conduct of meetings.

4.10. Manner of Action without a Meeting

4.10.1 Except as otherwise provided in the Medical Staff Bylaws or Policies, any action that may be taken or authorized at a meeting of the Medical Staff, a Department/Section, or a Medical Staff committee may, at the discretion of the presiding officer, be taken or authorized without a meeting provided a majority of the ballot responses received from voting members by the deadline date set forth in the notice advising of the purpose for which the vote is to be taken are in favor of the proposed action.

4.10.2 Notwithstanding the above, the Medical Executive Committee may not make recommendations on applications for Medical Staff appointment and/or Privileges without holding a meeting in the manner set forth in Section 4.9.1.

4.10.3 Further, a recommendation by the MEC with respect to a summary suspension or a formal corrective action investigation cannot be made by the MEC without holding a meeting in the manner set forth in Section 4.9.1.

4.11. *Ex-Officio* Members & Guests of Medical Staff Committees

4.11.1 *Ex-Officio*

- A. *Ex-Officio* members of Medical Staff committees may not vote and are not counted for purposes of determining a quorum unless otherwise specified in the Medical Staff Bylaws or Policies.
- B. *Ex-Officio* members of Medical Staff committees are entitled to stay for the entire meeting.

4.11.2 Guests

- A. Guests may be invited to attend all, or part, of a Medical Staff meeting (by the Medical Staff President), a Medical Staff Department/Section meeting (by the Department Chair/Section Chief), or a Medical Staff committee meeting (by the committee chair) in order to make a requested presentation or provide requested information after which such guests are excused.
- B. Guests may not vote and are not counted for purposes of determining a quorum.

ARTICLE V PROCEDURE FOR DISBURSEMENTS FROM THE MEDICAL STAFF ACTIVITIES FUND

5.1. Medical Staff Activities Fund

5.1.1 The Medical Staff Activities Fund is a Hospital account that is the responsibility of the Medical Staff officers and Medical Executive Committee.

5.2. Medical Staff Dues/Application Fee

5.2.1 Current Medical Staff Members who are required to pay dues will be charged \$200 for annual Medical Staff dues.

5.2.2 The fee for processing new Practitioner applications for Medical Staff appointment and/or Privileges is \$200.

5.2.3 Funds are deposited into the Medical Staff Activities Fund.

5.2.4 Advanced Practice Providers do not pay an initial application fee or annual dues as APPs are not Medical Staff Members.

5.3. Expenditures

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

- A. Stipend for Medical Staff officers or other Medical Staff leadership positions as approved by the Medical Executive Committee.
- B. Charitable donations to the community (e.g., non-profit organizations).
- C. Reimbursement of Medical Staff leadership for attending Medical Staff development conferences.
- D. Annual contribution to continuing medical education programs.
- E. Special projects to support Hospital programs.
- F. Medical Staff Office access to the Council for Affordable Quality Healthcare (CAQH) service, a uniform online application for Practitioners and Advanced Practice Providers.
- G. Gifts such as flowers or donations for Medical Staff Members, their family members, and/or other non-Medical Staff individuals who are hospitalized or deceased. Standard contributions to charities and/or floral arrangements for funerals are made at the discretion of the Medical Staff President.

- H. Other expenditures as are consistent with these guidelines and approved by the Medical Executive Committee

5.4. Approvals

- 5.4.1 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 e-mail.
- 5.4.2 The Medical Staff Office manager will automatically process disbursements for charitable donations or for flowers/remembrances up to \$500 for individuals listed in Section 5.3.1 (G) without prior approval from the Medical Executive Committee.
- 5.4.3 The Medical Executive Committee shall have the authority to determine the amount of Medical Staff application fees and annual Medical Staff dues.
- 5.4.4 The Medical Executive Committee will prospectively approve the Medical Staff annual budget.
- 5.4.5 An annual report of all expenses paid through the Medical Staff Activities Fund will be provided to the Medical Executive Committee.

5.5. Compliance Rules

- 5.5.1 Expenditures that are for the reimbursement of individual Medical Staff officers or Members of the Medical Staff shall be approved in the following manner:

Request: Individual expenditures below \$250, with supporting documentation (*i.e.*, a receipt), 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 of \$250 or more, with supporting documentation, for any Member of the Medical Staff.

Approval Process: Written approval of a Medical Staff officer (other than the Medical Staff officer requesting reimbursement for the expenditure) and a disinterested Hospital executive.

- 5.5.2 General expenditures for or to support continuing medical education activities or charitable contributions (other than referred to in Section 5.3.1) shall be approved in the following manner:

Request: Expenditures less than \$2,500.

Approval Process: Written approval by any two (2) Medical Staff officers not directly associated with the expenditure request.

Request: Expenditures of \$2,500 or more.

Approval Process: Medical Executive Committee.

5.6. Expense Reporting

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

ARTICLE VI ADOPTION & AMENDMENT

6.1. Procedure

- 6.1.1 This Medical Staff Organization Policy shall be adopted and amended by the Medical Executive Committee and Board in accordance with the applicable procedure set forth in the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION AND APPROVAL

Adopted by the Medical Executive Committee on October 30, 2024.

Approved by the Board on October 31, 2024.

PROVIDER REVIEW & EFFECTIVENESS COMMITTEE SCOPE AND AUTHORITY

Composition

The Provider Review & Effectiveness Committee (PREC) will be composed of the following members:

Voting

- Chief Medical Officer
- Medical Staff President
- Medical Staff Vice President
- Department Chair of Pediatrics
- The applicable Section Chief (who shall participate when the matter involves a Practitioner or APP with Clinical Privileges in that chief's Section)
- The applicable Practitioner medical director, if any (who shall participate when the matter involves a service for which the medical director is responsible)
- A Psychiatrist or Psychologist (as selected on a case-by-case basis by the Medical Staff President and Chief Medical Officer)
- The CNO (who will be invited to participate when the matter involves an APP).

Ex Officio (non-voting)

- Chief Operating Officer (may attend at his/her discretion)

Duties

The PREC shall:

- Address Practitioner/APP impairment matters in accordance with the procedure set forth in the Practitioner/APP Impairment Policy.
- Address Practitioner/APP conduct matters in accordance with the procedure set forth in the Practitioner/APP Conduct Policy.

Meetings

The PREC shall meet as needed, at the call of the committee chair, to carry out its duties. The committee shall maintain meeting minutes and report to the Medical Executive Committee.