

**UNIVERSITY OF UTAH HOSPITAL AND CLINICS  
MEDICAL STAFF ORGANIZATIONAL MANUAL**

*November 22, 2000*

*Horty, Springer & Mattern, P.C.*

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ARTICLE 1  
CLINICAL DEPARTMENTS AND DIVISIONS

1.1 DESIGNATION

1.1.1 Clinical Departments

The clinical departments are:

- a. Anesthesiology
- b. Family and Preventive Medicine
- c. Dermatology
- d. Internal Medicine
- e. Neurology
- f. Neurosurgery
- g. Obstetrics and Gynecology
- h. Ophthalmology
- i. Orthopedics
- j. Pathology
- k. Pediatrics
- l. Psychiatry

- m. Radiation Oncology
- n. Radiology
- o. Surgery

### 1.1.2 Autonomous Divisions

#### Physical Medicine and Rehabilitation

### 1.1.3 Divisions Within Departments

- a. Each department will determine and specify in its departmental rules what, if any, subordinate divisions will exist as distinct organizational components within the department.
- b. Each department will promote administrative efficiency within the division and the department.
- c. Each subordinate division will be delegated responsibility by the department chairman.

## 1.2 REQUIREMENTS FOR AFFILIATION WITH DEPARTMENTS AND DIVISIONS

Each department and division is a separate organizational component of the Medical Staff, and every staff member must have a primary affiliation with the membership in the department and division which most closely reflects his professional training, experience, and current practice. A practitioner may be granted clinical privileges in one or more of the other departments or divisions, and his exercise of clinical privileges within the jurisdiction of any department or division is always subject to the rules and regulations of

that department and division and the authority of the department chairman and division chief.

### 1.3 FUNCTIONS OF CLINICAL DEPARTMENTS

The clinical departments fulfill certain clinical, administrative, quality/utilization/risk assessment. Through election to staff-wide offices and participation by department representatives on committees, the staff members affiliated with each department perform these same functions on a multi-disciplinary, staff and hospital-wide basis. Each department or its subordinate division must meet as required under the Bylaws for the purpose of receiving reports on the review and evaluation of the quality and efficiency of care provided to patients served by the department and for such other purposes as may be necessary to carry out the functions required in this Article.

#### 1.3.1 Clinical

Each department shall:

- a. establish, implement and monitor its members' adherence to quality standards, policies, procedures and practices relevant to the various clinical disciplines under its jurisdiction;
- b. provide an inter-specialty and inter-departmental forum for matters of clinical concern and for resolving clinical issues arising out of the interface between its members' activities and the activities of other patient care, research and administrative services;
- c. develop consistency in the patient care data, standards, policies, procedures and practices within the department and across any of its subordinate divisions;

- d. develop criteria for use in making credentials recommendations on initial appointments, granting of clinical privileges, and other credentialing matters. Recommendations on these matters will be made as necessary to the credentials committee of the Medical Staff; and
- e. specify the mechanisms by which its house staff are supervised by members of the Medical Staff in carrying out their patient care responsibilities.

### 1.3.2 Administrative

Each department shall:

- a. assure that its members contribute their professional views and insights to the formulation of the departmental, Medical Staff and hospital policies and plans;
- b. communicate formulated policies and plans back to its members for implementation;
- c. coordinate the professional services of its members with those of other departments and with hospital and Medical Staff support services; and
- d. make recommendations to the medical board, the vice president for health sciences and the hospital administrator, as appropriate.

### 1.3.3 Quality/Utilization/Risk Assessment

Each department shall:

- a. review quality improvement, utilization and risk management data and findings pertinent to the department, and make recommendations or take action as appropriate;
- b. conduct special studies of inputs, processes and outcomes of care, perform specified monitoring activities, and otherwise participate as required in the quality improvement, utilization and risk management program; and
- c. maintain records of and report all findings of studies and other activities performed under the quality improvement process and any other relevant staff committee.

### 1.3.4 Collegial and Educational

Each department shall serve as the most immediate peer group for:

- a. providing clinical and emotional support among and between peers;
- b. teaching and monitoring continuing education and sharing new knowledge relevant to the practice of department members;
- c. providing consultative advice in its area to member of other departments; and
- d. providing an environment for teaching medical students, interns, residents, fellows and others interested in the art and science of medicine and allied disciplines.

#### 1.4 FUNCTIONS OF DIVISIONS

When assigned by the department chairman or department governing committee, divisions perform the same type of clinical, administrative, quality improvement, utilization, risk assessment, and collegial and educational functions as are specified above for departments.

#### 1.5 DEPARTMENTAL MEETINGS

- a. Each department and/or division shall hold regular meetings at which time the medical care provided by the department or division shall be reviewed, including review of medical records for completeness and accuracy.
- b. Minutes of these meetings, including a record of attendance, shall be maintained.
- c. A clinicopathological, or similar, conference may be substituted for a departmental meeting provided an adequate review of the clinical work is covered in that meeting. In these cases, department/division chairmen or designees shall maintain records of cases reviewed and actions taken.
- d. All information, reports, statements, memoranda, records, minutes, documents or other data developed or maintained pursuant to this section are to be used solely in the course of study for the purpose of reducing morbidity and mortality and/or for the purpose of evaluation and improvement of the quality of Hospital and medical care rendered by the Hospital and/or the physicians.

ARTICLE 2  
DEPARTMENT OFFICERS

2.1 IDENTIFICATION AND QUALIFICATIONS

2.1.1 Identification

The officer positions in the clinical departments and divisions are:

- a. Department Chair
- b. Department Vice Chair or Associate Chair
- c. Division Chief or Division Director

2.1.2 Qualifications

Each department officer:

- a. acts pursuant to his or her School of Medicine academic administrative appointment, which is subject to the policies of the University of Utah;
- b. must be an active full-time attending or adjunct staff member, or be applying for aforementioned status, and be a member (in good standing) of the department or division and the UUMG;
- c. must be Board certified or possess comparable competence as demonstrated through the credentialing and privileging process;

## 2.2 REMOVAL

Loss of the academic administrative appointment automatically results in loss of the clinical departmental officer position.

## 2.3 RESPONSIBILITY, AUTHORITY AND REPORTING OBLIGATIONS

### 2.3.1 Responsibility and Authority

#### 2.3.1.1 DEPARTMENT CHAIR

A department chair has the responsibility and authority to do everything necessary to carry out the functions delegated to him and to the department by the hospital board, the medical board, the school of medicine and the University of Utah.

The department chair shall be responsible and accountable for:

- a. supervision of all full-time attending, clinical attending, temporary, and adjunct staff in the department;
- b. the effectiveness of the functions and department activities necessary for establishing routine procedures;
- c. formulation of department rules and regulations;
- d. general adherence to and monitoring of Medical Staff rules and regulations, institutional policies and

procedures, principles of clinical practice, and any regulations designed for patient protection and safety;

- e. coordination of patient care provided by the department's ancillary and administrative support staff;
- f. all professional and administrative activities within the department;
- g. continuing surveillance of the professional performance of all individuals who have clinical privileges in the department;
- h. recommending to the Medical Staff the criteria for clinical privileges in the department;
- i. recommending clinical privileges for each member of the department;
- j. assuring that the quality and appropriateness of patient care provided within the department are monitored and evaluated;
- k. participating on various committees and performing administrative functions such as the development of budgets and annual reports;
- l. serving as the department representative on the medical board; and

- m. teaching and research activities within the department.

#### 2.3.1.2 DEPARTMENT VICE/ASSOCIATE CHAIR

A department vice/associate chair assumes all the responsibility and authority of the chair when the latter is unable to carry out the duties of the office. He has such other responsibilities as are assigned by the department chair.

#### 2.3.1.3 DIVISION CHIEF

A division chief has the responsibility and authority to do everything necessary to carry out the functions delegated to him and to his division by the hospital board, the medical board, his department chairman or the department's governing committee. Each division chief shall appoint a qualified temporary chief to exercise all of his responsibility and authority in his temporary absence.

### 2.3.2 Reporting Obligations

#### 2.3.2.1 DEPARTMENT CHAIR

Each department chair shall report:

- a. when appropriate or necessary at all regularly scheduled meetings of the medical board, the department, the school of medicine, and the Medical Staff on the activities of the department and its subordinate divisions;

- b. to the president of the Medical Staff whenever necessary or requested on matters of some immediacy where action to coordinate clinical services, maintain quality or assure patient safety is necessary;
- c. to the hospital administrator or his designee on issues relating to the chairman's administrative duties, if any, for the supervision of hospital personnel, the proper functioning of equipment and efficient scheduling; and
- d. to the medical board, hospital administrator, dean of the school of medicine and the hospital board on issues relating to the acquisition of resources and their allocation to the various departments and divisions, budgetary items and similar concerns.

#### 2.3.2.2 DEPARTMENT VICE/ASSOCIATE CHAIR

The department vice/associate chair shall assume the reporting responsibilities of the department chair in his absence or when the department chair is unable to do so.

### 2.4 DEPARTMENT GOVERNING COMMITTEES

#### 2.4.1 Composition and Selection

Each department may have a governing committee. The department chair serves as chair of the department governing committee.

#### 2.4.2 Responsibility and Authority

Each department's governing committee meets as dictated by department business and is empowered to act for the department and to coordinate all activities and policies of the department. It shall also be responsible for establishing the rules of the department; providing professional standards for the control and classification of privileges within the department, which shall not be inconsistent with these rules and regulations; making recommendations to the Medical Staff on credentials matters concerning applicants to or members of the department; taking such action in response to quality improvement, utilization and risk management findings as necessary to resolve problems; and such other activities as necessary for the proper functioning of the department.

ARTICLE 3  
MEDICAL STAFF COMMITTEES

3.1 STANDING COMMITTEES ORGANIZATION

3.1.1 Membership and Composition

The chair of each committee shall be appointed by the president, except as may be otherwise provided. Appointees should ordinarily include members of the Medical Staff, house staff and administrative staff of the Hospital.

- (i) Appointment of Medical Staff members to standing committees will be for two-year terms. The president shall submit a list of medical staff committee appointments to the Medical Board for approval. He shall submit the list for his first year in office at the end of his term as president-elect, and for his second year in office at the end of his first year as president. Supplemental appointments to standing committees may be made at any time.
- (ii) All standing committees will meet on a regular basis and file written minutes with the Medical Board. Specific policy recommendations may be submitted to the Medical Board for action and, if approved, shall become a part of the rules and regulations of the staff.
- (iii) Fifty percent of the membership of the standing committees shall constitute a quorum and a simple majority of those present and voting shall be sufficient for committee action.
- (iv) When appropriate, representation on Medical Staff committees will be solicited from the hospital administration,

nursing services, or other hospital or health sciences center departments as is necessary to discharge the functions and purposes of the committees. In all such cases, a majority of committee members must be Medical Staff members.

### 3.1.2 Subcommittees

Any standing committee may elect to perform any of its specifically designated functions by constituting any number of its members as a subcommittee for that purpose, reporting such action in writing to the medical board. Any such subcommittee may include individuals in addition to or other than members of the standing committee.

Such additional members are appointed by the committee chairman after consultation with the president of the staff (in the case of Medical Staff appointees) and with the approval of the hospital administrator or his designee (in the case of administrative staff appointments).

### 3.1.3 Ad Hoc Committees

Ad hoc committees may be formed from time to time by the president of the Medical Board as may be required to carry out other duties of the Medical Staff. Such committees shall confine their work to the purposes for which they were appointed and shall report to the Medical Staff or Medical Board. They shall not have power of action unless such has been specifically granted by the motion creating the committee. Upon completion of their appointed tasks, the committees shall be dissolved.

### 3.1.4 Substitution

By resolution and upon approval of the hospital board or its designee, the medical board may, at any time it deems it necessary and desirable for the proper discharge of the functions required of the staff, eliminate or merge staff committees other than itself, change the functions of a staff committee, assign a function to another organizational component of the staff, or establish a new staff committee.

### 3.1.5 Functions

#### 3.1.5.1 Bylaws

The bylaws committee shall review the bylaws and rules and regulations of the Medical Staff at least every other year and make recommendations for revision as necessary.

#### 3.1.5.2 Credentials/Privileging

The credentials/privileging committee shall:

- a. review and evaluate applications for initial appointment and reappointment to the Medical Staff and/or for hospital privileges;
- b. review recommendations from departments regarding applications for initial appointment and reappointments to the Medical Staff; and/or for privileges, and

- c. make recommendations for initial appointment or reappointment, and/or delineation of privileges to the medical board.

#### 3.1.5.3 Ethics

The ethics committee shall:

- a. function in an advisory capacity and serve as a resource regarding ethical issues for patients, their families and health-care providers at the hospital;
- b. Develop and review ethical implications in policies and practices of the hospital;
- c. Promote education of hospital personnel in medical ethical issues;
- d. enhance the quality of medical care through the consideration of medical ethical issues; and
- e. offer clarity on medical ethical issues and advice on appropriateness of policies and practices in question.

#### 3.1.5.4 Infection Control

The infection control committee shall:

- a. develop and/or recommend policies and procedures to prevent, identify, and control infections acquired in the hospital or brought into the hospital from the community;

- b. monitor and evaluate the effectiveness of infection control policies and procedures, and the resolution of identified problems; and
- c. provide the organization and the community with epidemiological expertise in infection prevention and control that is founded on current scientific knowledge and is consistent with regulatory requirements.

#### 3.1.5.5 Laboratory/Blood Usage

The lab/blood usage committee shall:

- a. monitor the appropriate use of blood components;
- b. develop and/or recommend policies and procedures relating to the distribution, handling, use and administration of blood components;
- c. monitor transfusion reactions and transfusion transmitted diseases; and
- d. monitor recommendations of laboratory subcommittee.

### 3.1.5.6 Medical Records

The medical records committee shall:

improve the quality and accessibility of the medical records, involving

- a. development of policies and procedures regarding the quality, accessibility, format and timely completion of patient records; and
- b. monitoring indicators of quality for patient records.

### 3.1.5.7 Pharmacy and Therapeutics

The pharmacy and therapeutics committee shall:

- a. develop and/or recommend policies and procedures for drug use within the institution including drug selection, distribution, handling, use, administration, diagnostic testing materials and investigational drugs;
- b. develop and maintain a formulary list of drugs and nutrition care products approved for use at the hospital;
- c. monitor and review medication use, errors and adverse reactions in the hospital through a drug usage evaluation program. This includes a systematic, ongoing process of problem identification, criteria development, data collection and analysis, action to correct any problems, and follow-up on the problems.

3.1.5.8 Professional Grievance

To identify and facilitate the resolution of unprofessional disruptive behavior, and to create an atmosphere of mutual respect and cooperation that promotes the delivery of quality health care and collegial interaction within the hospitals and clinics.

3.1.5.9 Risk Management/Sentinel Events

To promote the continued human, physician, and financial integrity of the organization.

3.1.5.10 UM/Clinical Outcomes

The UM/Clinical Outcomes committee shall:

- a. provide oversight and direction to assure quality patient care is maintained throughout the University Health Science Center and School of Medicine;
- b. provide that patient focused care where there is demonstrated impact that best care has been provided through the most efficient process;
- c. measure quality and report through process of care; patient satisfaction results, indicator outcome monitors in relation to clinical care and cost.

## 3.2 MULTIDISCIPLINARY COMMITTEES

### 3.2.1 Ambulatory Care

The ambulatory care committee shall:

- a. inform clinic directors of current policies and procedures relating to the ambulatory care clinics;
- b. evaluate the optimal use of outpatient clinic space;
- c. monitor accessibility, appropriateness and quality of outpatient services provided by the University Clinics.

### 3.2.2 CPR Committee

The CPR Committee shall:

review and evaluate the quality/quantity of the CPR system and make recommendations to the Medical Board and Hospital Administration to maintain quality patient care during a cardiac arrest.

### 3.2.3 Cancer

The cancer committee shall:

- a. monitor and evaluate the entire spectrum of care provided to cancer patients admitted to the hospital. The spectrum shall include, but not be limited to, diagnosis, treatment, rehabilitation, follow-up and outcome reporting; and
- b. develop and/or recommend policies and procedures governing the care of cancer patients.

### 3.2.4 Critical Care

The critical care committee shall:

- a. develop policies and procedures which govern the functioning of the critical care units, their specialized services and equipment; and
- b. monitor and evaluate the quality and appropriateness of patient care provided in the critical care units and the resolution of identified problems.

### 3.2.5 ER Committee

The ER committee shall develop and/or recommend medical policy and procedure for the emergency services of the hospital, and monitor and evaluate the quality and appropriateness of patient care provided by the emergency department and the resolution of identified problems.

### 3.2.6 OR Executive

The operating room executive committee shall:

- a. develop and/or recommend policies and procedures that govern the functioning of the operating suites and their specialized services and equipment; and
- b. conduct surgical and other invasive procedure review which documents the justification for and quality of surgical and other invasive procedures performed by individual practitioners.

### 3.2.7. Trauma

The trauma committee shall:

- a. serve as the authority structure of trauma care delivery;
- b. provide direct oversight of quality assurance for all trauma patients; and
- c. better identify adverse outcomes and document resolution of outcome problems.

### 3.3 HEALTH SCIENCES CENTER COMMITTEES

The Medical Staff, through its officers and departmental chairs, vice chairs and division chiefs or their respective designees or through other organizational components, will be represented and participate in any University of Utah Health Sciences Center committee or deliberations affecting the discharge of Medical Staff responsibilities.

ARTICLE 4  
AMENDMENTS

4.1 AMENDMENT OF ORGANIZATIONAL MANUAL

This Medical Staff Organizational Manual may be amended or repealed by vote of the Medical Board at any regular or special meeting, provided that copies of the proposed amendments, additions or repeals are posted on the Medical Staff bulletin board and/or electronic information system, and/or delivered, either in person or by mail, to each Medical Staff appointee and made available to all members of the Medical Board at least fourteen (14) days before being voted upon, and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the Medical Board before the change is voted upon. When notice of proposed amendments, additions or repeals is mailed, it shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to committee members at their addresses as they appear on the records of the hospital. Such posting and mailing shall be deemed to constitute actual notice to the persons concerned. Adoption of and changes to this Medical Staff Organizational Manual shall become effective when approved by the Hospital Board.

4.2 ANNUAL REVIEW OF MEDICAL STAFF STRUCTURE

Each year, the Medical Board shall review the structure of the Medical Staff as set forth in this Organizational Manual with reference to appropriate legal guidelines and accrediting agency standards.

ARTICLE 5  
ADOPTION

This Medical Staff Organizational Manual is adopted and made effective upon approval of the Hospital Board, superseding and replacing any and all previous Medical Staff bylaws and rules and regulations pertaining to the subject matter herein, and henceforth all department and committee activities of the Medical Staff and of each individual serving as a member of a department or staff committee shall be undertaken pursuant to the requirements of this manual.

Adopted by the Medical Staff:

By: \_\_\_\_\_

\_\_\_\_\_  
(Date)

Approved by the Hospital Board:

By: \_\_\_\_\_

\_\_\_\_\_  
(Date)