MAINE MEDICAL CENTER
MEDICAL STAFF

ORGANIZATIONAL MANUAL

MAINE MEDICAL CENTER
ORGANIZATIONAL MANUAL

TABLE OF CONTENTS

MAINE MEDICAL CENTER
ORGANIZATIONAL MANUAL

PART 1: DEPARTMENTS AND DIVISIONS

1 ORGANIZATION OF CLINICAL DEPARTMENTS AND DIVISIONS

The medical staff shall be divided into clinical departments. A department may be further divided, as appropriate, into divisions which shall be directly responsible to the department within which it functions.

1-1 CLINICAL DEPARTMENTS

The Medical Staff is organized into the following clinical departments and divisions:

A. Anesthesiology and Pain Management

B. Critical Care Medicine

C. Emergency Medicine

D. Family Practice

- Division of Osteopathic Manipulative Medicine

E. Medicine
- Division of Allergy/Immunology
- Division of Cardiology
- Division of Dermatology
- Division of Endocrinology
- Division of Gastroenterology
- Division of General Internal Medicine
- Division of Gerentology
- Division of Hematology / Oncology
- Division of Infectious Disease
- Division of Nephrology
- Division of Neurology
- Division of Occupational Health
- Division of Pulmonary/Critical Care Medicine
- Division of Rheumatology

F. Obstetrics And Gynecology
- Division of GYN Oncology
- Division of Maternal-Fetal Medicine

G. Pathology And Laboratory Medicine
- Division of Clinical Pathology
- Division of Anatomic Pathology

H. Pediatrics
- Division of Child & Adolescent Psychiatry
- Division of Developmental and Behavioral Pediatrics
- Division of General Pediatrics & Adolescent Medicine
- Division of Genetics
- Division of Neonatology
- Division of Pediatric Allergy/Immunology

- Division of Pediatric Cardiology
- Division of Pediatric Critical Care
- Division of Pediatric Endocrinology
- Division of Pediatric Hematology/Oncology
- Division of Pediatric Infectious Disease
- Division of Pediatric Nephrology
- Division of Pediatric Neurology
- Division of Pediatric Nutrition & Gastroenterology
- Division of Pediatric Pulmonology
- Division of Pediatric Surgery

I. Psychiatry
- Division of Acute Psychiatry
- Division of Child & Adolescent Psychiatry
- Division of Geriatrics

J. Radiology
- Division of Body Computed Tomography
- Division of Body Magnetic Resonance Imaging
- Division of Diagnostic Radiology
- Division of Neuroradiology
- Division of Nuclear Medicine
- Division of Pediatric Radiology
- Division of Ultrasound
- Division of Vascular/Interventional Radiology
- Division of Radiation Oncology

K. Surgery
- Division of Dentistry/Oral & Maxillofacial Surgery
- Division of General Surgery
- Division of Neurosurgery
- Division of Ophthalmology
- Division of Orthopedic Surgery
- Division of Otolaryngology
- Division of Pediatric Surgery
- Division of Plastic Surgery
- Division of Surgical Oncology
- Division of Trauma & Surgical Critical Care
- Division of Urology
- Division of Vascular Surgery

L. Cardiac Services
- Division of Cardiology
- Division of Cardiac Surgery

PART 2: MEDICAL STAFF FUNCTIONS

2 GENERALLY

The required functions of the Medical Staff are as described below. The Staff official(s) and/or organizational component(s) responsible for each of the activities to be accomplished in fulfilling a function are identified in parentheses following the description of the activity.

2-2 ADMINISTRATIVE FUNCTIONS

2-2.1 Governance, Direction, Coordination, and Action

A. Receive, coordinate and act upon as necessary the written reports and recommendations from Departments, committees, other groups and officers concerning the functions assigned to them and the discharge of their delegated administrative responsibilities. (Executive Committee)

B. Account to the Board, through the Board Quality Committee, and to the Staff by written reports for the overall quality and efficiency of patient care in the Medical Center. (Staff President and Executive Committee, jointly)

C. Take responsible steps to obtain ethical conduct and competent clinical performance on the part of Staff members, including initiating investigations and initiating and pursuing corrective action, when warranted.

D. Inform the Medical Staff of the accreditation program and the accreditation status of the Medical Center. (Executive Committee)

E. Make recommendations on medico-administrative and Medical Center management matters. (Medical Staff Leadership and Medical Administrative Staff)

2-2.2 Bylaws and Related Manuals Review and Revision

A. Conduct periodic review of the Bylaws and the related manuals and forms promulgated in connection with them. (Bylaws Committee, Executive Committee)

B. Conduct periodic review of the clinical policies and rules. (Bylaws Committee, Executive Committee)

C. Submit written recommendations to the Executive Committee and to the Board for changes in these documents. (Bylaws Committee and Executive Committee)

2-2.3 Nominating

A. Identify nominees for election to general Staff offices and to other elected positions in the Staff organizational structure. (Nominating Committee)

2-2.4 Utilization Review

A. Participate in development, periodically reviewing, and implementing a Utilization Review Plan for the Medical Center in accordance with applicable accreditation and regulatory requirements for approval by the Executive

Committee, the CEO and the Board (Medical Staff representation on the Utilization Review Committee).

B. Monitor utilization to evaluation over-utilization, under-utilization, and the efficient use of the Medical Center's resources, including the review of cases deemed to be outliers as defined by the U.R. Plan; and
C. Evaluate the medical necessity for professional services for patients where appropriate and make recommendations on the same to the Attending physician. No physician shall have review responsibility for any case in which that physician was professionally involved.
D. Periodically provide reports to the Medical Executive Committee, including summaries of findings and specific recommendations resulting from the program.

2-2.5 Credentials Review

A. Review, evaluate and transmit written reports as required by the Medical Staff Bylaws, Credentialing Procedures Manual or other protocols on initial appointments, concluding or extending the provisional period, reappointments, modifications of appointment, clinical privileges, and the performance of specified services by allied health professionals. (Executive Committee; Credentials Committee; Department Chiefs)

B. Supervise maintenance of a credentials file for each member of the Staff, including records of participation in Staff activities and results of quality review, monitoring and utilization activities. (Credentials Committee and Medical Administrative Staff)

2-2.6 Education and Library

A. Plan, implement, supervise, and evaluate training programs for residents. (Vice President for Medical Affairs; Associate Vice President for Medical Education; Department Chiefs; and Program Directors)

B. Participate in developing, planning, implementing, and evaluating programs of, and requirements for, continuing education that are relevant to the type and scope of patient care services delivered in the Medical Center, designed to keep the Medical Staff informed of significant new developments and new skills in medicine, and responsive to quality review, risk management, infection control and utilization management findings. (Department Chiefs)

C. Provide medical direction and advice to the Medical Center's medical library services. (Medical Education Committee)

D. Maintain a written record of education activities and participation in them as received by the Medical Staff Office. (Medical Administrative Staff)

2-2.7 Research

A. Plan, implement, supervise and evaluate research projects and clinical investigations. (Associate Vice President for Research; and Institutional Review Board)

B. Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs. (Associate Vice President for Research; and Institutional Review Board)

2-2.8 Medical Records

A. Develop, review, enforce and maintain surveillance for enforcement of Staff and Medical Center policies and rules relating to medical records, including medical records completion, preparation, forms, formats, filing, indexing, storage, destruction, and availability and recommend methods of enforcement thereof and changes therein. (Executive Committee; Medical Records Committee)

B. Provide liaison with Medical Center administration, nursing service and medical records professionals in the employ of the Medical Center on matters relating to medical records practices. (Medical Records Committee)

2-2.9 Pharmacy and Therapeutics

A. Assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs in the Medical Center. (Pharmacy and Therapeutics Committee)

B. Review periodically a formulary for use in the Medical Center prepared and maintained by the Department of Pharmacy, prescribe the necessary operating rules for its use, and assure that said rules are available to and observed by all Staff members. (Pharmacy and Therapeutics Committee)

C. Evaluate clinical data concerning new drugs or preparations requested for use in the Medical Center. (Pharmacy and Therapeutics Committee)

2-2.10 Infection Control

A. Maintain surveillance over the Medical Center infection control program. (Medical Staff representation on the Infection Control Committee)

B. Develop and implement a system for reporting, identifying and analyzing the incidence and cause and reviewing the proper management and epidemic potential of infections among patients. (Infection Control Committee)

C. Develop and implement a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing and evaluating aseptic, isolation and sanitation techniques. (Infection Control Committee)

D. Develop, evaluate and review preventive, surveillance and control policies and procedures relating to all phases of the Medical Center's activities, including: operating rooms, delivery rooms, special care units; central service, housekeeping and laundry; sterilization and disinfection procedures by heat, chemicals, or otherwise; isolation procedures; prevention of cross-infection by anesthesia apparatus or inhalation therapy equipment; testing of Medical

Center personnel for carrier status; disposal of infectious material; food sanitation and waste management; and other situations as requested. (Infection Control Committee)

E. Conduct on a periodic basis statistical/prevalence studies of antibiotic usage and susceptibility/resistance trend studies. (Infection Control Committee)

F. Submit periodic written reports to the Executive Committee and Department Chiefs on the progress and results of the activity. (Infection Control Committee)

2-2.11 Emergency Preparedness

A. Participate in developing, periodically reviewing, and implementing a fire plan for the Medical Center. (Medical Staff representation to Vice Presidents' Group)

B. Assist the Medical Center administration in developing, periodically reviewing and implementing an emergency preparedness plan that addresses disasters both external and internal to the Medical Center. (Medical Staff representation to Vice Presidents' Group)

2-2.12 Planning

A. Participate in evaluating on an annual basis existing programs, services and facilities of the Medical Center and Medical Staff and recommend continuation, expansion, abridgment, or termination of each. (Executive Committee; Staff President; Department Chiefs; Vice President for Medical Affairs; and Credentials Committee)

B. Participate in evaluating the financial, personnel, and other resource needs for beginning a new program or service, for constructing new facilities, or for acquiring new or replacement capital equipment, and assess the relative priorities of services and needs and allocation of present and future resources. (Executive Committee; Staff President; Department Chiefs; Vice President for Medical Affairs; and Credentials Committee)

C. Submit written reports as necessary or required to relevant Staff organizational components and to the Board of Trustees or appropriate committees thereof through the President with findings and recommendations for action. (Executive Committee)

2-3 QUALITY IMPROVEMENT FUNCTIONS

Any committee, whether designated Medical Staff, Department or other clinical unit based or whether standing or special, that is carrying out all or any portion of a function or activity required by these Bylaws and the related manuals pertaining to the maintenance or improvement of the quality or efficiency of patient care in the Medical Center is deemed a duly appointed and authorized review committee of the Medical Staff and Medical Center.

A. Adopt and modify, subject to the approval of the Executive Committee and the Board, an annual written plan of specific programs and procedures for assessing, maintaining

and improving, as required, the quality and efficiency of medical care provided in the Medical Center. (Medical Quality Council)

B. Implement the procedures required under (A) by developing criteria and identifying data needs for the various activities, by identifying patterns of performance within or outside the acceptable range, by receiving and evaluating explanations for patterns significantly different from the norm, and by reporting these findings and explanations. (Utilization Management Committee; Transfusion Review Committee; Medical and Surgical Audit Committee; Medical Record Committee; Infection Control Committee; Pharmacy and Therapeutics Committee; Department Chiefs.)

C. Formulate and act upon specific recommendations to correct identified improvable situations. (Executive Committee and Medical Staff Leadership)

D. Follow-up on action taken. (Executive Committee)

E. Coordinate the Staff's quality review activities with those of other health care disciplines. (Staff President; Executive Committee; Institutional Quality Council; Medical Quality Council.)

F. Conduct monthly review of mortalities, including analysis of autopsy reports when available. (Medical and Surgical Audit Committees)

G. Conduct monthly surgical case review, including tissue review, evaluation and comparison of preoperative and postoperative diagnosis, indications for surgery, actual diagnosis of tissue removed, and situations in which no tissue was removed. (Department of Surgery.)

H. Conduct periodic blood usage reviews, including evaluation of appropriateness of all transfusions (whole blood and blood components), review of all confirmed transfusion reactions, and review of ordering practices for blood and blood products (including the amount requested, the amount used and the amount wasted.) (Transfusion Review Committee)

I. Periodically review and evaluate drug therapy practices and drug utilization including review of the appropriateness of empiric and therapeutic use of drugs. (Pharmacy and Therapeutics Committee).

J. Develop a mechanism to identify, review, and report on all unexpected drug reactions. (Pharmacy and Therapeutics Committee)

K. Review and evaluate on an ongoing basis the appropriateness, safety and effectiveness of the prophylactic, empiric, and therapeutic use of antibiotics in the Medical Center, reporting conclusions, recommendations, actions taken, and action results. (Pharmacy and Therapeutics Committee)

L. Review and evaluate timeliness and clinical pertinence of medical records. (Medical Records Committee)

M. Review of the appropriateness and medical necessity of admissions, continued hospital stays, the use of clinical support services, and discharge planning. (Utilization Management Committee)

N. Develop and implement mechanisms to monitor and evaluate the care provided in or by the intensive care and other special care units, the operating and recovery rooms, and hospital patient care support services (diagnostic and therapeutic). (Department Chiefs)

O. Conduct any other special studies of the inputs, processes or outcomes of care that may be required to determine the appropriateness of clinical performance. (Executive Committee or appointed ad hoc committees)

P. Review on a continuous basis other general indicators of the quality of care and of clinical performance, including unexpected patient care management events. (Department Chiefs)

Q. Participate in annually evaluating the overall quality review program for its comprehensiveness, integration, effectiveness and cost efficiency. (Medical Quality Council; Executive Committee; Board of Trustees)

R. Those responsible for conducting any of these activities shall submit written reports of results (including findings, action taken and follow-up) and progress, as required, to the Medical Quality Council, and for information purposes to any other Staff organizational entity or official with an official need to know. The Medical Quality Council reports similarly to the Institutional Quality Council and the Executive Committee, and for information to any other Staff organizational entity or official with a need to know. (All Medical Staff Committees and Clinical Departments)

PART 3: COMMITTEES

3 COMMITTEES

The Committees described in this Article shall be standing Committees of the Medical Staff. Special Ad hoc committees may be created to perform specified tasks. All Medical Staff Committees shall report to the Executive Committee of the Medical Staff. Unless otherwise stated, the Committee Chairman shall be appointed by the President of the Medical Staff.

3-1 BYLAWS COMMITTEE

A. Composition: The Bylaws Committee shall consist of:

1. Five (5) members of the Attending Medical Staff;

2. The Vice President for Medical Affairs; and

3. The Hospital General Counsel, with vote.

B. Duties: The duties of the Bylaws Committee shall include, but not be limited to, the following:

1. To meet at the call of the Chairman as often as necessary, but at least annually;

2. To conduct a continual review of the Medical Staff Bylaws and related manuals;

3. To submit recommendations to the Executive Committee for changes in these documents as necessary; and

4. To evaluate suggestions for modification of such Bylaws and related manuals.

3-2 CREDENTIALS COMMITTEE

A. Composition: The Credentials Committee shall consist of:

1. The President-Elect of the Medical Staff, who will serve as Chairman;

2. The four (4) most recent available Past Presidents of the Medical Staff who are still members of the Attending Staff;

3. Three (3) members At Large from the Attending Medical Staff;

4. The President of the Medical Staff;

5. The Vice President for Medical Affairs;

6. The Chief Nursing Officer or designee;

7. The Hospital General Counsel;

8. One (1) member of the Allied Health Practitioner Staff, with vote, and;

9. One (1) member of the Board of Trustees appointed by its Chairman, with vote.

B. Duties:

1. To meet at the call of the Chairman as often as necessary, but at least ten (10) times per year;

2. To review each application and make appropriate recommendations concerning appointment or reappointment to the Medical Staff;

3. To review the qualifications and make recommendations for each medical staff application for initial and renewed clinical privileges;

4. To review and make recommendations on applications for appointment, reappointment and delineation of clinical privileges for

Allied Health Practitioners.

C. Quorum

A quorum of not less than a majority of the voting members shall be required at any meeting at which business is transacted.

3-3 MEDICAL QUALITY COUNCIL

A. Composition: The Medical Quality Council shall consist of:

1. The AVP, Medical Quality, who shall serve as Chair
2. The President of the Medical Staff
3. The Chief of Each Department
4. The VPMA
5. The AVP, Medical Affairs

B. Duties: The duties of the Medical Quality Council will include, but not be limited to, the following:

1. To meet an often as necessary at the call of the Chairman, but at least six (6) times per year;
2. Review and approve the quality improvement plan and annual appraisal.
3. Review and evaluate periodic reports of medical staff monitoring activities
4. Report to the Executive Committee and to the Board, through the Institutional Quality Council, on the quality improvement activities of the medical staff.

3-4 MEDICAL RECORDS COMMITTEE:

A. Composition: The Medical Records Committee shall consist of:

1. At least six (6) members of the Attending Medical Staff;
2. At least one (1) member of Nursing Services;
3. At least one (1) member of the House Staff Association;
4. The Director of the Medical Records Department

B. Duties: The duties of the Medical Records Committee will include, but not be limited to, the following:

1. To meet an often as necessary at the call of the Chairman, but at least six (6) times per year.

2. To review all proposed elements of the medical record, approving those forms considered by the committee to be appropriate and necessary.

3. To conduct periodic reviews of the medical records of patients treated at the Maine Medical Center to determine the timeliness and clinical pertinence of documentation by those making entries in the record.

3-5 NOMINATING COMMITTEE

A. Composition: The Nominating Committee shall consist of:

1. The Immediate Past President who shall serve as Chair and the next available past president, who is still a member of the Attending Staff;

2. The President of the Medical Staff;

3. The President - Elect of the Medical Staff;

4. Three (3) Attending Medical Staff members; and

5. At the invitation of the Nominating Committee, the President of the Medical Center may attend meetings without vote.

B. Duties: The duties of the Nominating Committee shall include, but not be limited to, the following:

1. To nominate every second year at the Annual Meeting of the Medical Staff candidates for the offices of President-Elect, and Secretary-Treasurer of the Medical Staff;

2. To nominate at least four (4) members for the four (4) At Large positions on the Executive Committee which are elected at each Annual Meeting for the following two (2) years; and

3. To nominate four (4) Department Chiefs to serve for the following two (2) years.

3-6 PHARMACY AND THERAPEUTICS COMMITTEE

A. Composition: The Pharmacy and Therapeutics Committee shall consist of the following, all with vote:

1. One (1) member of the Attending Medical Staff from at least five of each of the following specialties: Anesthesiology, Critical Care, Medicine, Emergency Medicine, Obstetrics-Gynecology, Pediatrics, Psychiatry, and Surgery;

2. The Director of the Pharmacy, and at least one (1) Clinical Pharmacologist;

3. At least one (1) Representative from Nursing Services; and

4. At least one (1) Representative from Administration.

5. Other members of the medical and administrative staff as deemed appropriate by the President of the Medical Staff or his/her designee

B. Duties: The duties of the Pharmacy and Therapeutics Committee shall include, but not be limited to, the following:

1. To meet as often as necessary at the call of the Chairman, but at least six (6) times per year;

2. To initiate and review regularly policies regarding the use of pharmacologic agents at Maine Medical Center;

3. To make recommendations to the Executive Committee as to which items, including proprietary medications, shall be included in the Medical Center Formulary maintained by the Department of Pharmacy;

4. To coordinate the systematic and ongoing review of the appropriateness and effectiveness of drugs used in the Medical Center;

5. To review adverse drug events and interactions; and

6. To coordinate the systematic and ongoing review of the medication delivery system, including dispensing and administration processes.

3-7 TRANSFUSION COMMITTEE

A. Composition: The Transfusion Committee shall consist of:

1. Seven (7) members of the Attending Medical Staff;

2. The Director of the Blood Bank;

3. The Blood Bank Supervisor;

4. One (1) representative from Nursing Services; and

5. One (1) representative from Administration.

B. Duties: The duties of the Transfusion Committee shall include, but not be limited to, the following:

1. To meet as often as necessary at the call of the Chairman, but at least six (6) times a year;

2. To assure that written policies and procedures for the blood transfusion services conform to the current American Association of Blood Banks' "Standards for Blood Banks and Transfusion Services"

3. To coordinate the systematic and ongoing review of the appropriate use of blood and blood products by:

    a) conducting periodic audits of the use of blood and blood components;

    b) reviewing all confirmed transfusion reactions; and

    c) reviewing the blood usage statistics.

3-8 MMC PROVIDER HEALTH & RESILIENCE COMMITTEE

A. Purpose:
The Provider Health and Resilience Committee (PHC) will create a supportive and confidential environment to address the physical and mental health needs of the Medical, Allied Health Professional Staffs and residents. Emphasis will be on prevention and education. The committee will also provide individualized assistance to providers who are concerned about their physical, mental health. When needs are identified a provider will be offered assistance and directed to appropriate resources.

All disciplinary actions and oversight of providers will be managed through the Medical Staff Professional Conduct Policy, Medical Staff Bylaws, Graduate Medical Education Committee and Associated Manuals. The Credentials and Medical Executive Committees may request advice from the PHC regarding evaluative or corrective programs.

B. Membership:

The Provider Health & Resilience Committee shall consist of:

1. Three (3) members of the Staff, one of whom shall be an Attending psychiatrist and one of whom shall be a member of the Allied Health Professional Staff, and another member from the Attending Medical Staff.
2. Two Clinical Chiefs of Service or Service Line Chiefs
3. The VP for Medical Affairs/CMO
4. The current President of the Medical Staff
5. The chair of the MMC Credentials Committee
6. The immediate Past President of the Medical Staff
7. The VP for Medical Education (or designee)
8. One house-staff member
9. The hospital Ethicist
10. A representative from the Spiritual Care Department.

The committee Chair shall be a physician on the MMC Attending Medical Staff. The Chair will be appointed by the Medical Staff President in consultation with the Medical Executive Committee.

C. Authority:

The Committee shall have the authority to conduct its affairs within the constraints of the Medical Staff Bylaws, Graduate Medical Education Committee policies and the Definitive Governance Agreement with Maine Health, by law and/or regulatory standards.

The committee will be a standing committee of the Medical Staff, reporting to the Medical Executive Committee.

D. Responsibilities:

The responsibilities of the Provider Health and Resilience Committee shall focus on prevention, education and providing individual assistance to members of the MMC Medical, residents and Allied Health Professional Staffs. Specific actions shall include, but not be limited to, the following:

1. To recommend to the Credentials Committee, the Medical Executive Committee, the Graduate Medical Education Committee, and the Chief Executive Officer, appropriate educational materials and programs to address provider health and well-being, to emphasize prevention while facilitating referral for diagnosis or treatment of providers with more significant dysfunction.

2. To review and approve forms pertaining to provider health assessment that may be developed by the Medical Staff President and/or the VPMA/CMO including, but not limited to: Consent for Release of Information Pertaining to Evaluation; Consent for Release of Information from Treating Physician; and Health Status Assessment/Confirmation of Fitness for Duty.

3. To recommend mechanisms of appropriate referral for providers who request assistance, while maintaining appropriate confidentiality, attending to the appropriate laws, ethical obligations or any concerns for the safety of a patient.

4. To advise regarding appropriate referral for those providers who are suspected of impairment.

5. To maintain close ties with the Maine Professionals Health Program (MPHP), Maine Board of Licensure in Medicine (BOLIM), the Osteopathic Board of Medicine, and others to foster collaboration in prevention and education or assistance in referrals for treatment.

6. This committee shall not be engaged in any disciplinary or monitoring activities other than assisting with any resulting referrals as outlined in (4) above.

E. Meetings:

The Provider Health Committee will meet as often as necessary, at the call of the Chairman, but at least four (4) times per year. A majority of the members, which must include the Chair, will constitute a quorum. A record will be kept of actions taken at the meetings and the Committee shall make regular reports to the Medical Executive Committee on its activities.

3-9 PHYSICIAN PEER REVIEW COMMITTEE

A. Composition: The Physician Peer Review Committee shall consist of:

1. Five (5) members of the attending Medical Staff who shall be appointed to staggered terms of up to five (5) years; and

2. The Vice President for Medical Affairs may be invited to attend meetings but shall not be a member of the committee.

B. Duties: The duties of the Physician Peer Review Committee shall include the following:

1. To conduct at the request of the Vice President for Medical Affairs an informed investigation into one or more incidents or the activities, outcomes, or other quality measures relating to a medical staff member whose clinical practice or professional conduct has given the Vice President for Medical Affairs reason to request such review.

2. To recommend upon completion of a physician peer review that based upon the facts and assessments made from such review that: (a) no action be taken (b) informal measures be undertaken by and with consent of the staff member to address issues identified or (c) referral t the Medical Executive Committee be made with a recommendation for a formal investigation of the staff members in accordance with Article 7 of the Medical Staff Bylaws.

3-10 UTILIZATION REVIEW COMMITTEE

A. Composition: The Utilization Review Committee shall consist of:

1. Three (3) members of the Attending Medical Staff
2. The Director of Care Coordination
3. Two (2) Inpatient Unit Nurse Managers, as determined by the VP of Nursing
4. One (1) Finance Department representative
5. One (1) Health Information Management/Coding representative
6. One (1) Social Work representative.

B. Duties: The duties of the Utilization Review Committee shall include the following:

1. To meet as often as necessary at the call of the Chairman, but at least four (4) times per year.
2. To assure that the Utilization Review Plan is in accordance with applicable accreditation and regulatory standards and is approved annually by the Medical Executive Committee, the CEO, and the Board of Trustees.
3. To coordinate the systematic and ongoing review of the medical necessity of professional services and utilization of services, including over-utilization, under-utilization and the efficient use of hospital resources.
4. To develop periodic reports for the Medical Executive Committee of findings and recommendations related to Utilization Review activities.

PART 4: AMENDMENT

This Organizational Manual may be amended, or repealed, in whole or in part by a resolution of the Executive Committee recommended to and adopted by the Board.

Revised MEC 3-1-02
Revised Full Medical Staff 4-1-02
Revised Board of Trustees 4-11-02
Revised MEC 9-3-04
Revised Board of Trustees 11-3-04
Revised MEC 4-1-05
Revised MEC 3-21-07
Revised Board of Trustees 4-3-07
Revised MEC 2-18-11
Revised Board of Trustees 3-2-11
Revised MEC 2-15-13
Revised Medical Staff 3-27-13
Revised Board of Trustees 4-3-13