

**MEDICAL STAFF BYLAWS AND POLICIES
OF
MUNSON HEALTHCARE**

**CADILLAC HOSPITAL
MEDICAL STAFF
ORGANIZATION MANUAL**

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Medical Staff Credentials Policy document.

1.B. DELEGATION OF FUNCTIONS

- (1) When an administrative function under this Manual is to be carried out by a member of Hospital management (i.e., the CEO or CMO), by a Medical Staff member or other practitioner, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a practitioner or Hospital employee (or a committee of such individuals). Any such designee is bound by all the terms, conditions and requirements of this Manual. However, the delegating individual or committee is responsible for ensuring the designee performs the function as required by this Manual. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.
- (2) When a Medical Staff member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

ARTICLE 2

CLINICAL DEPARTMENTS

2.A. CREATION AND DISSOLUTION OF CLINICAL DEPARTMENTS

- (1) Clinical departments shall be created and may be consolidated or dissolved by the MEC upon approval by the Board as set forth below.
- (2) The following factors shall be considered in determining whether a clinical department should be created:
 - (a) there exists a number of members of the Medical Staff who are available for appointment to, and are reasonably expected to actively participate in, the proposed new department (this number must be sufficiently large to enable the department to accomplish its functions as set forth in this Manual and in the Bylaws);
 - (b) the level of clinical activity that will be affected by the new department is substantial enough to warrant imposing the responsibility to accomplish departmental functions on a routine basis;
 - (c) a majority of the voting members of the proposed department vote in favor of the creation of a new department;
 - (d) it has been determined by the MEC and the CEO that there is a clinical and administrative need for a new department; and
 - (e) the voting Medical Staff members of the proposed department have offered a reasonable proposal for how the new department will fulfill all of the designated responsibilities and functions, including, where applicable, meeting requirements.
- (3) The following factors shall be considered in determining whether the dissolution of a clinical department is warranted:
 - (a) there is no longer an adequate number of members of the Medical Staff in the clinical department to enable it to accomplish the functions set forth in this Manual or in the Bylaws;
 - (b) there is an insubstantial number of patients or an insignificant amount of clinical activity to warrant the imposition of the designated duties on the members in the department;
 - (c) the department fails to fulfill all designated responsibilities and functions, including, where applicable, its meeting requirements;

- (d) no qualified individual is willing to serve as chair of the department; or
- (e) a majority of the voting members of the department vote for its dissolution.

2.B. LIST OF CLINICAL DEPARTMENTS

The following clinical departments are established:

- (1) Primary Care & Medical Specialties;
- (2) Surgical Services.

2.C. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS

The functions and responsibilities of departments and department chairs are set forth in the Medical Staff Bylaws.

ARTICLE 3

MEDICAL STAFF COMMITTEES

3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

- (1) This Article outlines the Medical Staff committees of the Hospital that carry out peer review and other performance improvement functions that are delegated to the Medical Staff by the Board.
- (2) Procedures for the appointment of committee chairs and members of the committees are set forth in Article 5 of the Medical Staff Bylaws.
- (3) This Article details the standing members of each Medical Staff committee. However, other practitioners or Hospital personnel may be invited to attend a particular Medical Staff committee meeting in order to assist such committee in its discussions and deliberations regarding the issues on its agenda. All such individuals are an integral part of the credentialing, quality assurance, and professional practice evaluation process and are bound by the same confidentiality requirements as the standing members of such committees.

3.B. EXPECTATIONS AND REQUIREMENTS FOR COMMITTEE MEMBERSHIP

To be eligible to serve on a Medical Staff committee, members must acknowledge and agree to the following:

- (1) have the willingness and ability to devote the necessary time and energy to committee service, recognizing that the success of a committee is highly dependent on the full participation of its members;
- (2) complete any orientation, training, and/or education related to the functions of the committee in advance of the first meeting;
- (3) come prepared to each meeting – review the agenda and any related information provided in advance so that the committee’s functions may be performed in an informed, efficient, and effective manner;
- (4) attend meetings on a regular basis to promote consistency and good group dynamics;
- (5) participate in discussions in a meaningful and measured manner that facilitates deliberate thought and decision-making, and avoid off-topic or sidebar conversations;
- (6) voice disagreement in a respectful manner that encourages consensus-building;

- (7) be willing to complete assigned or delegated committee tasks in a timely manner between meetings of the committee;
- (8) bring any conflicts of interest to the attention of the committee chair, in advance of the committee meeting, when possible;
- (9) if the individual has any questions about his or her role or any concerns regarding the committee functioning, seek guidance directly from the committee chair outside of committee meetings; and
- (10) maintain the confidentiality of all matters reviewed and/or discussed by the committee.

3.C. MEETINGS, REPORTS AND RECOMMENDATIONS

Meetings will be conducted in accordance with the provisions in Article 6 of the Medical Staff Bylaws. Unless otherwise indicated, each committee described in this Manual shall meet as necessary to accomplish its functions, and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely written report after each meeting to the MEC and to other committees and individuals as may be indicated in this Manual.

Credentials Committee:

- (1) Credentialing Officer (Past President)
- (2) Vice President of Medical Affairs (CMO);
- (3) Primary Care Department Chair;
- (4) Surgery Department Chair;
- (5) Medical Staff President Elect;
- (6) Vice President of Patient Care Services;
- (7) Director of Quality; and
- (8) Medical Staff Coordinator.

3.D. CREDENTIALS COMMITTEE

3.D.1. Composition:

- (a) The Credentials Committee shall consist of at least three members of the Medical Staff with preference given to individuals who have served as a Medical Staff leader and/or who have a particular interest in the credentialing functions.
- (b) To the fullest extent possible, Credentials Committee members shall serve staggered, three-year terms, so that the committee always includes experienced members. Members may be reappointed for additional, consecutive terms.
- (c) The CMO and representatives from Medical Staff Services shall serve as *ex officio* members, without vote, to facilitate the Credentials Committee's activities.

3.D.2. Duties:

The Credentials Committee shall:

- (a) in accordance with the Credentials Policy, review the credentials of all applicants for Medical Staff appointment, reappointment, and clinical privileges, conduct a thorough review of the applications, interview such applicants as may be necessary, and make written reports of its findings and recommendations;
- (b) review the credentials of all applicants seeking to practice as a Licensed Independent Practitioner, conduct a thorough review of the applications, interview such applicants as may be necessary, and make written reports of its findings and recommendations; and
- (c) perform all other functions outlined in the Credentials Policy.

3.F. MEDICAL EXECUTIVE COMMITTEE

The composition and duties of the MEC are set forth in Section 5.C of the Medical Staff Bylaws.

ARTICLE 4

ADVANCED PRACTICE PROVIDER LEADERSHIP

The Leadership Council shall appoint an APP At Large Representative to serve as a voting member of the MEC, which appointment shall be approved by the MEC. The APP At Large Representative may not serve on the peer review or credentials committees, chair any other Medical Staff committees or serve as an Officer of the MEC unless otherwise determined by the MEC. The APP At Large Representative may be removed by a majority vote of the MEC. The APP At Large Representative shall serve one-year terms and there is no limitation on the number of terms an individual may serve as the APP At Large Representative.

ARTICLE 5

AMENDMENTS AND ADOPTION

- (a) The amendment process for this Manual is set forth in Article 9 of the Medical Staff Bylaws.
- (b) This Manual is adopted and made effective upon approval of the Board, superseding and replacing any and all other bylaws, rules and regulations of the Medical Staff 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 will be undertaken pursuant to the requirements of this Manual.

Adopted by the Medical Staff: _____

Approved by the Board: _____