WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

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Medical Staff Departments and Sections

Department of Anesthesiology
  Pain Management

Department of Behavioral Medicine and Psychiatry
  Psychiatry
  Psychology
  Social Work

Department of Community Medicine
  Institute of Occupational and Environmental Health
  Prevention Research Center
  Office of Health Services Research
  Office of Social Environmental and Health Research
  Office of Drug Addiction Intervention Service

Department of Dentistry
  Dental Practice and Rural Health
  Diagnostic Services
  Oral & Maxillofacial Pathology
  Oral & Maxillofacial Surgery & Hospital Dentistry
  Orthodontics
  Pediatric Dentistry
  Periodontics
  Dental Hygiene
  Restorative Dentistry
  Dental Materials
  Endodontics
  Maxillofacial Prosthodontics
  Operative Dentistry
  Fixed & Removable Prosthodontics

Department of Emergency Medicine

Department of Family Medicine

Department of Medicine
  Cardiology
  Dermatology
  Endocrinology/Metabolism
  Gastroenterology
  General Internal Medicine
  Geriatrics
  Hematology/Oncology
  Infectious Diseases
  Nephrology
  Pulmonary
  Rheumatology

Department of Neurology
  Pediatric Neurology
  Neuropsychiatry

Department of Neurosurgery

Department of Obstetrics and Gynecology
Gynecology Oncology
Maternal Fetal
Reproductive Endocrinology

Department of Ophthalmology

Department of Orthopedics
Adult Reconstruction
Hand and Upper Extremity
Foot and Ankle Surgery
Sports Medicine and Shoulder Surgery
Muscular Skeletal Oncology
Muscular Skeletal Rehabilitation
Pediatric Orthopedics
Spine
Trauma Surgery

Department of Otolaryngology
Audiology
Speech Pathology

Department of Pathology
Diagnostic Pathology

Department of Pediatrics
Allergy & Immunoinology
Neonatology/Pediatric Critical Care
Adolescent Medicine
Cystic Fibrosis/Infectious Diseases
Endocrinology
Genetics
Pediatric Hematology/Oncology
Pediatric Nephrology
Pediatric Cardiology
General Pediatrics
Child Development

Department of Radiology
Radiation Therapy
Diagnostic Radiology
Nuclear Medicine

Department of Surgery
Cardiothoracic Surgery
General Surgery/Trauma
Pediatric Surgery
Plastic Surgery
Vascular Surgery
Oncology
Urology
Medical Staff Committees

Peer Review Language: At the top of the first page of all minutes the following should be stated:

“All documents generated for use in peer review and in evaluating and improving the quality of healthcare, reducing morbidity and mortality and establishing and enforcing guidelines designed to keep within reasonable bounds the cost of healthcare. These documents are not to be copied or reproduced and the contents are not to be transformed to anyone outside the peer review process”

Nominating Committee.

Composition.
The Nominating Committee shall be chaired by the Vice Chief of Staff and shall consist of the Chief of Staff, the Vice President of Medical Affairs, and the Office Manager of Medical Staff Affairs.

Duties of the Nominating Committee shall include:
The Committee shall formulate a mail ballot before the first Monday in May containing two (2) qualified nominees each for the offices of Chief of Staff and Vice Chief of Staff (as defined in Article VIII, 8.2 of these bylaws) and each vacant at-large membership on the Medical Executive Committee. Provision for write-in candidates shall be made.

Membership for all other Medical Committees will be decided based upon recommendations from the Clinical Chairs of each Department.

Meetings.
The Nominating Committee shall meet as often as necessary to fulfill its duties.

Reporting.
The Nominating Committee reports to the Medical Staff at Large.

Quality and Patient Safety Medical Staff Appointment Subcommittee

Composition.
Membership shall consist of the President, the Chief of Staff, the Vice Chief of Staff, the Vice President of Medical Affairs, and the Vice President of Nursing.

Duties of the Quality and Patient Safety Medical Staff Appointment Subcommittee shall include:
The subcommittee shall review all credentials of all applicants for membership or reappointment.

Meetings.
The Quality and Patient Safety Medical Staff Appointment Subcommittee shall meet on a bimonthly basis or when the full Board does not convene following the Medical Executive Committee meeting.

Reporting.
As a subcommittee of the Quality and Patient Safety Committee, it reports to the full Board.

Quorum.
A quorum shall consist of at least two (2) committee members.

Pharmacy, Nutrition, and Therapeutics Committee.

Composition.
Membership shall consist of at least seven (7) members of the Medical Staff, two (2) representatives from the Hospital Pharmacy Department, who shall serve with vote. Additional membership shall consist of at least one (1) representative from Nursing Services, one (1) representative’s from Nutrition and Dietetics, and one (1) representative from Hospital Administration, who shall serve without vote.

Duties of the Pharmacy, Nutrition and Therapeutics Committee shall include:
a. To serve as an advisory group to the Hospital Pharmacy on matters pertaining to the choice of drugs and on policies on utilization and administration of all drugs for the Hospital and its affiliated programs.
b. To assume responsibility for the continuous improvement of the medication use process;
c. To recommend or assist in the formulation of programs to meet the needs of the professional staff for complete and current knowledge on matters related to drugs and drug use, including the Drug Use Evaluation (DUE) program and similar programs for all aspects of the medication use process;
d. To maintain and regularly update a formulary of drugs accepted for use in the Hospital and provide for its regular revision. The selection of drugs to be included in the Formulary will be based on objective evaluation of their therapeutic merit, safety and cost. The Committee should minimize duplication of the same basic drug type, drug entity, or drug product;
e. To measure usage processes to include
   (1) prescribing or ordering medication,
   (2) preparing and dispensing,
   (3) administering and
   (4) monitoring the medications’ effects on patients.
f. To analyze all significant adverse drug reactions and significant medication errors.
g. To review drug utilization for efficiency and cost effectiveness.
h. To assist in the selection of enteral and parenteral nutritional products.
i. To oversee issues related to the effects of food upon medications.

Meetings.
The Pharmacy, Nutrition and Therapeutics Committee shall meet as often as necessary to fulfill its duties, but in no event less than quarterly.

Reporting.
The Pharmacy, Nutrition and Therapeutics Committee reports to the Medical Executive Committee.

Quorum.
A quorum shall consist of at least two (2) medical staff members.

Infection Control Committee.

Composition
Membership shall consist of a minimum of the five (5) members, including three (3) members of the Medical Staff, two (2) representatives from Hospital Administration, Nursing Services or other appropriate Hospital Department and selected on an ad hoc basis by the Chairperson who shall be appointed by the Chief of Staff as set forth in these Bylaws.

Duties of the Infection Control Committee shall include:

a. To investigate and monitor compliance with Medical Staff and Departmental policies related to Infection Control among patients, staff and students at West Virginia University Hospitals. To request reports from Medical Staff or Hospital Departments regarding infection control issues where appropriate to investigate or monitor compliance.
b. To review the rate of infection within the West Virginia University Hospitals.
c. To consider, make recommendations, and initiate remedial-measures on all matters related to Infection Control.

Meetings.
The Infection Control Committee shall meet as often as necessary to fulfill its duties.

Reporting.
The Infection Control Committee shall report to the Medical Executive Committee.

Quorum.
A quorum shall consist of at least two (2) medical staff members.
Legal Electronic Health Record Committee.

Composition
Membership shall consist of seven (8) members, including the Vice President of Medical Affairs, four (4) members of the Medical Staff with no more than two (2) from the same Department and including, the Director of Medical Records, a representative from Nursing Services, and Risk Management.

Duties of the HIM Committee shall include:

a. To investigate and monitor compliance with Medical Staff and Department Policies and Procedures related to Medical Records,
b. including the clinical applications of the Hospital Information System, and to recommend the format of the Medical Record and all forms to be used.
c. To review Medical Records for their timely completion, clinical pertinence and overall accuracy.
d. To document reviews of Medical Records and other quality and performance improvement activities conducted by the Committee. These reports shall be stored for Committee use by the Director of Medical Records. Whenever reviews reveal instances of inadequate practices, procedures or documentation of appropriate data, the Committee shall confer with the appropriate members of the Medical or Housestaff and/or their Clinical Chiefs and develop plans of corrective action.

Meetings
The Committee shall meet as often as necessary to fulfill its duties.

Reporting
The results of the Committee's activities, including a summary of all Medical Record reviews and any subsequent corrective action plans, shall be transmitted to the Medical Executive Committee.

Quorum
A quorum shall consist of at least two (2) medical staff members.

Blood Utilization Committee

Composition
Membership shall consist of nine (9) members, including six (6) members of the Medical an Dental Staff with no more than two (2) from any one Department, a representative from Hospital Administration, a representative from Nursing Services, and the Director of the Blood Bank.

Duties of the Transfusion Review Committee shall include:

a. To review blood transfusions for proper utilization, including the use of whole blood versus component blood elements.
b. To review all actual or suspected transfusion reactions.
c. To review blood transfusions at least quarterly and take into account the amount used and the amount not used. Reviews must be performed through the used of retrospective audit, medical record review or other patient specific methods of evaluation.
d. To approve policies and procedures relating to the distribution, handling, use and administration of blood and blood components.
e. To review ordering practices for blood and blood products. Aftercare monitoring and supervision where appropriate.

Meetings
The committee shall meet as often as necessary, but not less than quarterly.

Reporting
The Transfusion Review Committee shall report to the Executive Committee

Quorum
A quorum shall consist of at least two (2) medical staff members.
Cancer Review Committee.

Purpose
The Cancer Committee is responsible and accountable for the cancer program activities to WVUH and MBRCC.

Composition
Membership shall consist of at least eleven (11) members, including members from the Medical Staff representing Surgery, Medical Oncology, Radiation Oncology, Diagnostic Radiology, and Pathology. In addition, membership shall also consist of representatives from the Cancer Liaison Program, Administration, Nursing Services, Social Services, Cancer Registry and Utilization Management.

Duties of the Cancer Review Committee shall include:

a. Develops and evaluates the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer and promotes a coordinated, multidisciplinary approach to patient management.

b. Ensures that educational and consultative cancer conferences cover all major sites and related issues.

Serves as the Medical Staff’s liaison to the Tumor Board.

c. Ensures that an active supportive care system is in place for patients, families, and staff. Monitors quality management studies that focus on quality, access to care and outcomes.

d. Promotes clinical research.

e. Actively supervises the cancer registry in abstracting, staging, and follow-up reporting. Ensures quality control and usage of the data.

f. Encourages data usage and regular reporting.

g. Ensures content of the annual report meets requirements and is published the following year.

Meetings
The Committee shall meet as often as necessary to fulfill its duties.

Reporting
The Cancer Review Committee shall report to the Medical Executive Committee.

Quorum
A quorum shall consist of at least two (2) medical staff members.

CRH Utilization Review Committee.

Composition
Membership shall consist of at least five (5) members of the Medical Staff, the Director of Utilization Management and Utilization Management Healthcare Analysts.

Duties of the Utilization Review Committee shall include:

a. To continuously evaluate patient care issues and determine which activities related to patient care and services are high priority and to recommend appropriate actions and follow-up.

b. The Committee shall review actions and follow-up documentation of all Hospital and Medical Staff utilization review activities as appropriate. The Committee may also review other Committee work as assigned by the Medical Executive Committee.

c. The Committee will conduct an ongoing program of utilization review that is applicable to all patients regardless of payment source and to coordinate the results of these reviews with fiscal intermediaries.

d. The Committee will consider and make recommendations on all matters related to the utilization of Hospital resources.

e. The Committee will continuously evaluate utilization review activities. If inappropriate utilization of the Hospital’s resources is identified, corrective action will be taken and follow-up studies conducted to demonstrate improvement.

Meetings
The Committee shall meet as often as necessary to fulfill its duties, but no less frequently than quarterly.

Reporting
The Committee shall report to the Medical Executive Committee, and also make reports to the Quality and Patient Safety Committee of the Hospital Board as requested.
Quorum
A quorum shall consist of at least two (2) medical staff members.

Ethics Committee.

Composition.
Membership of the Ethics Committee shall consist of at least, five (5) members of the Medical Staff, one (1) of whom should be a Pediatrician, one (1) Registered Nurse, one (1) Social Worker, one (1) Hospital Chaplain and the Hospital Patient Representative. The Chair of the Committee must demonstrate an active interest in medical ethics.

Duties of the Ethics Committee shall include:

a. Assisting in the resolution of difficult medical/ethical problems faced by patients, family members, physicians or hospital staff involved in the care of a patient.
b. Serving in an educational capacity with respect to families, physicians, nurses, or other personnel.
c. Reviewing and making recommendations regarding hospital policies including, but not limited to, Do Not Resuscitate orders.
d. Protecting the integrity of clinical decision making and to ensure that the impact on patient care is considered in all business and financial decisions.
e. Considering all requests for consultation made by any members of the Medical Staff or Hospital personnel. Such requests shall be made to the Chairperson of the Ethics Committee or his designee.
f. All opinions of the Ethics Committee shall be advisory in nature.

Meetings
The Ethics Committee shall meet on an as-needed basis, but no less often than quarterly.

Reporting
The Ethics Committee shall report to the Medical Executive Committee.

Quorum
A quorum shall consist of at least two (2) medical staff members.

Voting
All members of the Ethics Committee shall be entitled to vote on matters before the Committee.

Practitioner Health Committee

Composition.
Membership on the Practitioner Health Committee shall consist of at least three (3) members of the Medical Staff with special expertise regarding the health care needs of physicians and dentists and the use/abuse of controlled substances. The Chairperson, who shall be selected by the Nominating Committee, shall select the other two (2) members of the Committee to serve on an ad hoc basis.

Duties of the Practitioner Health Committee:

Duties of the Practitioner Health Committee shall include, but not be limited to:

a. Education regarding health issues pertinent to the practice of Medical Staff members;
b. Assessment of the health care needs of individual Medical Staff members;
c. Intervention as necessary to protect the health and safety of Medical Staff members and patients;
d. Developing and monitoring contracts of treatment for Medical Staff members as necessary;
e. Monitoring of the physical and mental status and needs of Medical Staff members;
f. Aftercare monitoring and supervision where appropriate.

Meetings
The Committee shall meet as often as necessary to fulfill its duties.

Reporting
The Practitioner Health Committee reports to the Vice President, Medical Affairs of WVUH.

Quorum
A quorum shall consist of at least two (2) medical staff members.
Care Management Steering Committee

Composition
Membership shall consist of physician liaisons from high volume inpatient departments/services, the Medical Director of Care Management, the Director of Care Management, the Vice President/Chief Nursing Officer, the Vice President of Finance, and Nursing Directors of these high volume departments/services, and a decision support representative.

Duties of the Care Management Steering Committee shall include:

a. To continuously evaluate patient care issues and determine which activities related to patient care and services are high priority and to recommend appropriate actions and follow-up.

b. The Committee shall review actions and follow-up documentation of all Hospital and Medical Staff quality and utilization review activities as appropriate. The Committee may also review other Committee work as assigned by the Medical Executive Committee.

c. The Committee will conduct an ongoing program of utilization review that is applicable to all patients regardless of payment source and to coordinate the results of these reviews with fiscal intermediaries.

d. The Committee will consider and make recommendations on all appropriate matters related to the utilization of Hospital resources.

e. The Committee will continuously participate and evaluate and conduct improvement activities related to:
   • Necessity of admission and level of care based upon clinical criteria
   • Level of care requirements during patient hospitalization
   • Discharge planning
   • Reimbursement and quality issues
   • Physician education related to care management and payor issues
   • Denial management
   • Inappropriate utilization of the Hospital's resources.

f. The Committee members will provide continuous education and feedback to appropriate physicians and hospital staff in regards to improvement activities and outcomes data.

g. The Committee members will also provide feedback to this Committee from their peers to assist with improvement activities and care coordination.

Meetings

The Committee shall meet as often as necessary to fulfill its duties, but no less frequently than quarterly.

Reporting

The Committee shall report to the Medical Executive Committee, and also make reports to the Quality and Patient Safety Committee of the Hospital Board as requested.

Special Committees.

Such special, temporary Committees as may be necessary to support the functions of the Medical Staff may be appointed from time to time by the Chief of Staff any time he/she sees the need for data gathering or problem solving. Each Special Committee shall have a specific written charge from the Chief of Staff. The special Committees shall operate within the bounds of the written charge and shall automatically dissolve when said charge is carried out to the satisfaction of the Chief of Staff.
Participation of Resident Physicians on Committees.
WVUH Resident physicians may be appointed as ex-officio members to each standing Committee, except as otherwise provided by these Bylaws, at the discretion of the Chief of Staff. Attendance at Committee meetings shall be required of such representatives on the same basis as attendance of the Medical Staff.

Agenda for Meetings. The agenda at Committee meetings of the Medical Staff as a whole shall be:

a. Call to order
b. Acceptance of the minutes and reports from the last regular meeting and of all special meetings
c. New Business
d. Old Business

Pain Management Committee

Composition
Membership shall consist of at least five members of the medical staff including the Vice President of Nursing, and a physician representation from a medical and surgical specialty. In addition, ad hoc members may be asked to attend meeting(s) to provide specific expert opinion as necessary. The Vice President of Nursing will be responsible to selecting additional membership as needed.

Duties of the Pain Management Committee shall include:
1. Review charts to determine if physicians are adequately medicating patients as needed, assessing pain, and addressing pain issues when identified.
2. Identifying nursing administration of medications to ensure that nursing staff are following through with pain medication as ordered.
3. Identifying educational needs of the medical staff, nursing, residents, and other treating practitioners to ensure appropriate pain management is provided to patients that require such care.

Meetings
The committee shall meet as often as necessary to fulfill its duties.

Reporting
The Pain Management Committee reports to the Medical Executive Committee.

Quorum
A quorum shall consist of at least two (2) physicians.

Carotid Angioplasty and Stenting Committee

Composition
Membership shall consist of those individuals seeking and obtaining privileges at WVUH to perform carotid angioplasty and stenting including the Director of Cardiology. The Vice President of Medical Affairs will be responsible for selecting additional membership as needed.

Duties of the Carotid Angioplasty and Stenting Committee shall include:
1. To review all cases scheduled and/or performed by a physician privileged to perform carotid angioplasty and stenting.
2. To assist in ensuring that carotid angioplasty and stenting procedures being performed by the physicians privileged to do so are appropriate.
3. To ensure education of the procedure being performed is of appropriate standards and meets the guidelines identified by the American Society of Cardiology.

Meetings
The committee shall meet quarterly or as often as needed to fulfill its duties. Committee members must maintain a 75% attendance requirement yearly in order to maintain privileges who perform carotid angioplasty and stenting at WVUH.

Reporting
The Carotid Angioplasty and Stenting Committee reports to the Medical Executive Committee.

Quorum
A quorum shall consist of at least two (2) physicians.
CardioPulmonary Resuscitation (CPR) Committee

Composition
Membership shall consist of representatives from each discipline of the code team including physician staff (Chair), anesthesia, chaplain, education and training, materials management, nursing, pharmacy, respiratory therapy, and Center for Quality Outcomes staff.

Duties of the Committee shall include:
1. To review and monitor ongoing trends in survival following code events
2. To determine level of response and location for code team coverage
3. To ensure appropriate equipment, medications, and supplies are maintained in the code cart
4. Recommend changes for performance improvement

Meetings
The committee shall meet monthly.

Reporting
The CardioPulmonary Resuscitation Committee reports to the Medical Executive Committee.

Quorum
A quorum shall consist of at least two (2) physicians.
Professional Practice Review Committee

Composition
Membership on the Professional Practice Review Committee shall consist of the Chief of Staff, Vice Chief of Staff, the Vice President of Medical Affairs and one medical staff member at large. The Chairperson shall be the Chief of Staff.

Duties of the Professional Practice Review Committee:

Duties of the Professional Practice Review Committee shall include, but not be limited to:

a. Notify adverse professional practice trends that may impact quality of care and patient safety.

b. Provide written reports to the physician(s) whose trends/patterns were identified and work with that physician to determine what avenue should be taken to ensure that quality and patient safety is maintained.

c. Develop recommendations for the Medical Executive Committee regarding the actions required to correct the adverse practice trends.

Meetings
The Committee shall meet as quarterly to fulfill its duties.

Reporting
The Professional Practice Committee reports to the Medical Executive Committee.

Peer Review Committee

Membership shall consist of at least five members including the Vice President of Medical Staff Affairs, the Vice Chief of Staff, Vice President of Quality and Patient Safety, Director of Risk Management, Director of Quality and Patient Safety, and the Manager of Medical Staff Affairs and physician representation from a medical and surgical specialty. In addition, ad hoc members may be asked to attend meeting(s) to provide specific expert opinion as necessary. The Vice President of Medical Staff Affairs will be responsible for selecting additional membership as needed. The Vice Chief of Staff will chair this committee.

Duties of the Peer Review Committee shall include:

1. To review individual cases where quality of care and the safety of the patient is identified whether it be through the hospital review during Root Cause Analysis or a Sentinel Event or the Morbidity and Mortality Conferences through all West Virginia University School of Medicine Department.

2. Review all adverse professional practice trends that have impacted quality of care and patient safety.

3. Develop recommendations for the Medical Executive Committee regarding the actions required to correct the adverse practice trends as it relates to specific practitioners.

Meetings
The committee shall meet as often as necessary to fulfill its duties.

Reporting
The Peer Review Committee reports to the Medical Executive Committee.

Quorum
A quorum shall consist of at least three (3) physicians including the Vice President of Medical Staff Affairs.
Operating Room Committee

Membership shall consist of voting and non-voting members. The following shall be the voting members: Chairs of the surgical departments (surgery, ophthalmology, otolaryngology, orthopaedics, neurosurgery, OB/GYN, oral and maxillofacial surgery) or their designees, Chair of anesthesiology, OR medical director, Medical Director of endoscopy and a resident selected annually by a vote of the committee. The nonvoting members shall be the WVUH President and CEO, Chief Nursing Officer, Director of Surgical Services and others as needed or identified. The Chair of the committee shall be determined annually by a vote of the committee.

Duties of the Council of Surgical Chairs Committee shall include:

4. Reviewing and discussing Operating Room (OR) operations at West Virginia University Hospitals (WVUH) which includes, but is not limited to, creating and reviewing a performance dashboard, reviewing block time utilization, scheduling and other operational issues.
5. Reviewing, developing and making recommendations regarding policies and procedures.
6. Creating and monitoring performance improvement goals and processes.
7. Conducting peer review by evaluating and improving the quality of care rendered, reducing morbidity and mortality and establishing and enforcing guidelines designed to keep within reasonable bounds the cost of health care.

Meetings

The committee shall meet as often as necessary to fulfill its duties, but no less than monthly. Minutes shall be kept, maintained and reported at least quarterly to the Medical Executive Committee.

Reporting

The Operating Room Committee reports to the Medical Executive Committee.

Quorum

A quorum shall consist of a majority of the voting members plus one.