ORGANIZATION AND FUNCTIONS MANUAL

OF THE MEDICAL STAFF OF

ADVENTIST HINSDALE HOSPITAL

AND

ADVENTIST LA GRANGE MEMORIAL HOSPITAL
Approval:
Medical Executive Committees:
  Adventist Hinsdale Hospital    July 28, 2000
  Adventist La Grange Memorial Hospital August 1, 2000
Medical Staff of HH/LMH       September 7, 2000
Board of Directors          September 14, 2000

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Board of Directors            3/27/08
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ORGANIZATION AND FUNCTIONS MANUAL

ARTICLE 1.
FUNCTIONS OF THE STAFF

1.1. GENERALLY

The required functions of the staff shall be as described in Section 1.2. below.

1.2. DESCRIPTION OF FUNCTIONS (amended: 8/3/06)

1.2.1. Governance, direction, coordination and action

1.2.1.1. Receive, coordinate and act upon, as necessary, the reports and recommendations from medical staff committees, departments, other groups, and officers concerning the functions assigned to them and the discharge of their delegated administrative responsibilities.

1.2.1.2. Account to the board of directors and to the staff by written reports for the quality and efficiency of patient care at the hospital.

1.2.1.3. Take reasonable steps to obtain professionally ethical conduct and competent clinical performance at the hospital on the part of staff members, including initiating investigations and initiating and pursuing corrective action, when warranted.

1.2.1.4. Take recommendations on medico-administrative and hospital management matters.

1.2.1.5. Inform the medical staff of the accreditation program and the accreditation and licensure status of the hospital.

1.2.1.6. Act on all matters of medical staff business and fulfill any local, state and federal reporting requirements.

1.2.2. Performance improvement activities as outlined in the performance improvement plan at hospital sites.

1.2.3. Credentials review in accordance with the bylaws and the credentials policy and procedure manual

1.2.4. Information management in accordance with medical staff policies and procedures

1.2.5. Environment of care

1.2.5.1. Provide assistance to the administration in developing, periodically reviewing and implementing appropriate environment of care plans.

1.2.6. Planning

1.2.6.1. Participate in evaluating annually existing programs, services, and facilities of the hospital and its medical staff.
1.2.6.2. Participate in evaluating the clinical and organizational 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.

1.2.6.3. Submit written reports, as necessary or required, to relevant staff organizational components and to the board of directors of appropriate committees thereof through the president of the medical staff with findings and recommendations for action.

1.2.7. Bylaws review

1.2.7.1. Conduct biennial reviews of the bylaws and the related manuals and forms promulgated in connection with them.

1.2.7.2. Conduct periodic review of staff policies and procedures.

1.3. RESPONSIBILITIES OF MEDICAL STAFF OFFICERS

1.3.1. President of the Medical Staff

The president of the medical staff shall be the primary elected officer of the staff, and the staff’s advocate and representative in its relationships to others within the hospital. The president of the medical staff, jointly with the medical executive committee, shall provide direction to and oversee medical staff activities related to assessing and promoting continuous improvement in the quality of clinical services provided and all other functions of the medical staff as outlined in the medical staff bylaws and related manuals. Specific responsibilities and authority shall be to:

1.3.1.1. Call and preside at all general and special meetings of the medical staff.

1.3.1.2. Serve as chair of the medical executive committee and as ex-officio member of all other medical staff committees without vote and of specified hospital or board committees.

1.3.1.3. Enforce medical staff bylaws, rules and regulations, policies and procedures, and appropriate hospital rules and policies.

1.3.1.4. Appoint the chairs and all members of medical staff standing and ad hoc committees.

1.3.1.5. Appoint the medical staff members to board committees when those are not designated by position or by specific direction of the board of directors.

1.3.1.6. Support and encourage medical staff leadership and participation on clinical performance improvement activities.

1.3.1.7. Report to the board of directors the medical executive committee’s recommendations concerning appointment/affiliation, reappointment/reappraisal, delineation of clinical privileges or specified services, and
corrective action with respect to practitioners or allied health professionals who apply for appointment/affiliation or privileges/services, or who are appointed to or affiliated with the hospital.

1.3.1.8. Continuously evaluate and periodically report to the CEO and the medical executive committee on the effectiveness of the practitioners exercising privileges or providing services in the hospital.

1.3.1.9. Review and enforce compliance with standards of ethical conduct and professional demeanor among the members of the medical staff in their relations with each other, the board of directors, management, other professional and support staff, patients, and the community.

1.3.1.10. Communicate and represent to the chief executive officer, the medical executive committee, and the board of directors the opinions and concerns of the medical staff and its individual members on organizational and individual matters affecting operations.

1.3.1.11. Attend meetings of the board of directors, and upon invitation, other board committees.

1.3.1.12. Ensure that the decisions of the board of directors are carried out within the medical staff.

1.3.1.13. Perform such other duties and exercise such authority commensurate with the office as are set forth in the medical staff bylaws and by the board of directors.

1.3.2. Vice President of the Medical Staff (amended 3/23/06)

1.3.2.1. In the absence of the president, assume all the responsibilities and authority of the president of the medical staff.

1.3.2.2. Perform such other duties and exercise such authority as directed by the president of the medical staff, or the medical executive committee or the board.

1.3.3. Secretary/Treasurer of the Medical Staff (amended 3/23/06; 3/27/08)

1.3.3.1. Provide oversight for medical staff secretarial and finance responsibilities.

1.3.3.2. In the absence of the president and vice president, assume all the responsibilities and authority of the president of the medical staff.

1.3.3.3. Perform such other duties and exercise such authority as directed by the president of the medical staff, the medical executive committee or the board.

1.3.3.4. Serve as Vice Chair of the Bylaws Committee and as a member of the Credentials Committee and the Peer Review Committee.
1.3.4. Medical staff officers shall be bonded in connection with the exercise of their offices.

1.4 **RESPONSIBILITIES OF DEPARTMENT CHAIRS** (amended 03/28/02)

The chair of each department shall be certified by an appropriate specialty board, or affirmatively establishes comparable competence, through the credentialing process.

Each department director is responsible for the following:

1.4.1 The quality of all clinically related activities of the department;
1.4.2 All administratively related activities of the department, unless otherwise provided for by the hospital;
1.4.3 Continuing surveillance of patient care and the professional performance of all individuals in the department who have delineated clinical privileges and shall present written reports as requested to the appropriate Medical Staff, Quality Improvement Committees and/or one of its subcommittees, and the Medical Executive Committee concerning patterns or situations affecting patient care;
1.4.4 Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;
1.4.5 Recommending clinical privileges, appointment, reappointment, and corrective action for each member of the department;
1.4.6 Assessing and recommending to the relevant hospital authority off-site sources for needed patient care services not provided by the department or the organization;
1.4.7 Providing consultation to the utilization review/management staff when issues of appropriate medical necessity are involved. This consultation is provided in the context of their responsibilities to oversee the quality and appropriateness of medical care provided by members of their department; (Utilization Management Plan)
1.4.8 Serving on the Medical Executive Committee, giving guidance of the overall development and implementation of medical policies of the Hospital, and making specific recommendations and suggestions regarding the Department to the Medical Executive Committee, Hospital management, and the Board;
1.4.9 Reserves the authority to require a physician on backup ER coverage to provide consultation to inpatients; (MEC 3-01)
1.4.10 Enforcing within the department the Hospital and Medical Staff Bylaws, rules and regulations;
1.4.11 The integration of the department or service into the primary functions of the organizations;
1.4.12 The coordination and integration of interdepartmental and intradepartmental services;
1.4.13 The development and implementation of policies and procedures that guide and support the provision of services;
1.4.14 The recommendations for a sufficient number of qualified and competent persons to provide care or service;
1.4.15 The determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care services;
1.4.16 The continuous assessment and improvement of the quality of care and services provided;
1.4.17 The maintenance of quality control programs, as appropriate;
1.4.18 The orientation and continuing education of all persons in the department or service;
1.4.19 Recommendations for space and other resources needed by the department or service;
1.4.20 Delegating to the vice chairman of the department such duties as deemed appropriate;
1.4.21 Performing such other duties commensurate with the office as are set forth in the Medical Staff Bylaws or any of the related manuals, and where applicable, in a contract with the Hospital and as may from time to time be reasonably requested by the President of the Medical Staff, the Medical Executive Committee, the Hospital President, or the Board.

1.5 RESPONSIBILITIES OF THE VICE CHAIR (amended 03/28/02)

1.5.1 Whenever the chairman of the department is unable to fulfill the responsibilities of his office by reason of illness, absence or other temporary incapacity, the vice chairman shall exercise all of the responsibilities and authority of the chairman.
1.5.2 The Vice Chair shall be a member of the Peer Review Committee.
1.5.3 The Vice Chair shall provide consultation to the utilization review/management staff when issues of appropriate medical necessity are involved. This consultation is provided in the context of their responsibilities to oversee the quality and appropriateness of medical care provided by members of their department (Util Mgmt Plan)
1.5.3 The vice chairman is also responsible for other tasks that may be assigned to him by the chairman.

ARTICLE 2.
PROFESSIONAL STAFF COMMITTEES

2.1. MEDICAL EXECUTIVE COMMITTEE

There shall be a medical executive committee. The composition, duties and terms of the medical executive committee shall be as set forth in the bylaws. In addition, the medical executive committee shall supervise overall medical staff compliance with accreditation and other regulatory requirements applicable to the medical staff or any of its clinical units. The medical executive committee may establish other standing and ad hoc committees as are necessary to further the functions and responsibilities of the medical staff.

2.2. THE CREDENTIALS COMMITTEE

The responsibilities and composition of the credentials committee shall be set forth in the credentialing policy and procedures manual.

2.3. THE NOMINATING COMMITTEE (amended 11/21/02; 12/22/04)

2.3.1. The nominating committee shall meet annually or when called to identify nominees for election to the positions of president, vice-president, secretary/treasurer, department chair and vice chair.

2.3.2. Composition of the committee shall be the president of the medical staff; the two immediate past presidents of the medical staff who are able to serve and are current members of the medical staff and two at-large members elected by the active staff the chief medical officer (voting member) and the CEO of the AHS Midwest Region (non-voting member). The nominating committee shall choose its own chair. All elected members of the nominating committee shall serve two-year terms.
2.4. **THE PHYSICIAN HEALTH AND ADVOCACY COMMITTEE** (amended 11/21/02)

2.4.1. The physician health and advocacy committee shall consist of at least three members of the staff who are appointed by the medical staff president to serve a term of four years. Every effort shall be made to include an addictionologist and psychiatrist on the Physician Health and Advocacy Committee.

2.4.2. The physician health and advocacy committee shall meet when called to consider issues related to physician impairment in accordance with Section 1.8 of the medical staff bylaws and medical staff policy.

2.4.3. The processes for addressing physician impairments include the following mechanisms:

2.4.3.1 Education of the medical staff and other organization staff about illness and impairment recognition issues specific to physicians

2.4.3.2 Self-referral by a physician and referral by other organization staff.

2.4.3.3 Referral of the affected physician to the appropriate professional internal or external resources for diagnosis and treatment of the condition or concern;

2.4.3.4 Maintenance of the confidentiality of the physicians seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened;

2.4.3.5 Evaluation of the credibility of the complaint, allegation or concern;

2.4.3.6 Monitoring of the affected physician and the safety of patients until the rehabilitation or any disciplinary process is complete; and

2.4.3.7 Reporting to the medical staff leadership instances in which a physician is providing unsafe treatment.

The committee’s focus is on assistance, rather than disciplining a physician in retaining or regaining optimal professional functioning.

2.5. **QUALITY COMMITTEES** (amended 01/18/01)

Medical staff oversight of quality shall be carried out through the Clinical Performance Improvement Committee (CPIC) of Adventist Hinsdale Hospital and the Clinical Performance Improvement Committee (CPIC) of Adventist La Grange Memorial Hospital and their associated committees with functions as outlined in the Performance Improvement Plan at each hospital site.

2.7. **CLINICAL DOCUMENTATION COMMITTEE** (amended 05/24/01; 3/23/06; 3/27/08)

2.7.1. The purpose of the committee is to address issues regarding medical record incomplete and delinquency issues, medical record documentation audits, medical record chart formats and forms approval, IS (information system) issues/support for clinical documentation, and regulatory/compliance issues relating to clinical documentation (PRO/JCAHO/IDPH/HCFA).

2.7.2. Composition of the clinical documentation committee shall consist of the Chief Medical Officer who presides as chair, two co-facilitators: Regional Director, Health Information Management and Regional Director, Quality Management, four members of the Medical Staff, (one member from four Medical Staff Departments), one Administrative representative, two Nursing representatives, (one Director from each hospital), one Risk Management representative,
(Regional Director or designee), two Information Systems representatives, (one representative for Clinical Browser and one representative for Nursing Information Systems), and one Health Information Management representative.

The meetings will be held as needed.

2.8. **PEER REVIEW COMMITTEE** (amended 05/24/01)

2.8.1. The purpose of the committee is to oversee the peer review process, including the timeliness of the process, address cases that are referred to the committee by the department chairs (following initial identification, screening and review) evaluate cases using appropriate peer input and physician response, assign final levels to all cases that are addressed by the committee and recommend follow-up action to the Medical Executive Committee for all cases which are leveled at a 3 or 4.

2.8.2. Composition of the peer review committee shall consist of the Vice President of the Medical Staff who presides as chair, the Vice Chairs of the Departments of the Medical Staff will act as members for the period of their office, and three “at-large” members. The Chief Medical Officer and the Executive Medical Director for Quality Improvement will act as Advisory Members to the Committee. An RN from the Quality Management function will act as the key staff support for the chair of the committee.

2.8.3. A quorum shall be present when 7 members of the Committee are present.

2.8.4. The Committee shall meet as specified in the Quality Plan of Adventist Hinsdale Hospital and the Quality Plan of Adventist La Grange Memorial Hospital.

2.9. **BYLAWS COMMITTEE** (amended 12/06/01; 1/19/06)

2.9.1. The Bylaws Committee shall consist of six or more physician representatives, the Chief Medical Officer (CMO), who presides as Chair, and the Secretary/Treasury who shall serve as Vice Chair.

2.9.2. The Bylaws Committee shall meet as often as necessary. It shall conduct a biennial review of the Medical Staff Bylaws and associated manuals and will submit written recommendations to the Medical Executive Committee for changes in these documents as deemed necessary. This Committee shall also review department rules and regulations and other policies as deemed necessary.

### ARTICLE 3.
**MEETING PROCEDURES**

Meeting procedures shall be defined in the medical staff bylaws.

### ARTICLE 4.
**AMENDMENT**

4.1. All proposed amendments to the organization and functions manual shall be presented to the medical executive committee at a meeting for review at least 21 days before the committee’s vote
on the amendments. In addition, notice of all proposed amendments shall be posted on the medical staff bulletin board at least 14 days prior to the medical executive committee vote, and any medical staff member shall have the right to submit written comments to the medical executive committee regarding the same. Proposed amendments may be further modified or secondarily amended by the medical executive committee during the meeting at which the voting occurs. These secondary amendments, or changes to the amendments that were previously posted and received comment, shall not require notification of the medical staff. No amendment shall be effective unless and until it has been approved by the board.

4.2. This policy may also be amended by the board on its own motion provided that any such amendment (a) is first submitted to the medical executive committee for review and comment at least 30 days prior to any final action by the Board on such amendment and (b) is required to comply with:

4.2.1. changes in any laws that affect the Hospital;

4.2.2. requirements imposed by the Hospital’s general and professional liability or Director’s and Officer’s insurance carriers; or

4.2.3. state licensure requirements, JCAHO Accreditation Standards, and Medicare/Medicaid Conditions of Participation for Hospitals.
ORGANIZATION & FUNCTIONS MANUAL

CERTIFICATION OF ADOPTION AND APPROVAL

ADOPTION:

Adopted by the medical staff on ___September 7, 2000____
     Date

_________________________________________
Joseph C. McConaughy, M.D.
President, Medical Staff

APPROVAL:

Approved by the Board of Directors on ___September 14, 2000____
     Date

______________________________________________
Thomas L. Werner
Chairman, Board of Directors
ORGANIZATION & FUNCTION MANUAL
APPENDIX A (amended: 7/26/07)

DEFINITION of terms used in bylaws and associated manuals.

ADVERSE DECISION means an action or recommendation to reduce, restrict, suspend, revoke, deny or not renew medical staff membership or clinical privileges or failure to terminate the provisional period (described in Section 5.1 of the credentialing policy and procedural manual) or to grant an extension thereof at the end of 12 months.

ALLIED HEALTH PROFESSIONAL or AHP is an individual, not a member of the medical staff, who can provide specified patient care services within the scope of their professional skills and abilities. Their degree of participation in patient care shall be determined according to limits established by the governing board and applicable state practice acts.

APPELLATE REVIEW BODY means the body which is designated to hear a request for appellate review properly filed and pursued by a practitioner.

BOARD means the board of directors of Adventist Hinsdale Hospital/Adventist La Grange Memorial Hospital.

CHIEF EXECUTIVE OFFICER (CEO) means the individual appointed by the board to serve as the chief executive officer and/or senior executive officer and to act on its behalf in the overall administrative management of the hospital, or his/her authorized representative.

CHIEF MEDICAL OFFICER (CMO) means the administrative physician functioning on behalf of the medical staff and the hospital.

CLINICAL PRIVILEGES means permission to provide medical or other patient care services and permission to use hospital resources, including equipment, facilities and personnel, that are necessary to effectively provide medical or other patient care services.

DENTIST means an individual with a DDS or DMD degree licensed to practice other than oral and maxillofacial/surgery/dentistry in Illinois.

DEPARTMENT CHAIR means the medical staff member elected in accordance with these bylaws to serve as the head of a clinical department.

GOOD STANDING means that a medical staff member is not under suspension or any restriction regarding staff appointment or admitting or clinical privileges at the hospital.

HEARING COMMITTEE means a review committee appointed under the fair hearing plan to conduct an evidentiary hearing properly requested, filed and pursued by a practitioner.

HOSPITAL means Adventist Hinsdale Hospital/Adventist La Grange Memorial Hospital.

JOINT CONFERENCE COMMITTEE means an ad hoc committee appointed by the quality council of the board consisting of equal board and medical staff representation and chaired by the chief executive officer who may vote only to break a tie.
**MEDICAL EXECUTIVE COMMITTEE (MEC)** means the medical executive committee of the medical staff.

**MEDICAL STAFF** or **STAFF** means all Illinois licensed physicians, dentists, and podiatrists have been appointed to the hospital’s medical staff.

**MEDICAL STAFF YEAR** means the period from January 1 to December 31 of each year.

**ORAL** or **MAXILLOFACIAL SURGEON** means an individual with a DDS or DMD degree who is board certified or board eligible to practice oral or maxillofacial surgery, whose credentials have been approved by the hospital board to perform such procedures.

**PARTIES** mean the practitioner who requested the hearing or appellate review and the body or bodies upon whose adverse action or recommendation for a hearing or appellate review request is predicated.

**PHYSICIAN** means an individual with an MD degree or DO degree who is licensed to practice medicine in the State of Illinois.

**PODIATRIST** means an individual with a diploma or certificate of graduation from a school or college of podiatry approved by the Illinois State Board of Medical Examiners and who is currently licensed to practice podiatry in Illinois.

**PRACTITIONER** means, unless otherwise expressly limited, any physician, dentist, or podiatrist who is applying for medical staff membership and/or clinical privileges, or who is a medical staff member and who exercises clinical privileges in this hospital or a medical staff member against whom an adverse action has been recommended or taken.

**PREROGATIVE** means a participatory right granted, by virtue of staff category or otherwise, to a medical staff member, which is exercisable subject to, and in accordance with, the conditions imposed by these bylaws and by other hospital and medical staff rules, regulations, or policies.

**PRESIDENT OF THE MEDICAL STAFF** means the chief elected officer of the medical staff.

**SPECIAL NOTICE** means written notification delivered in person or by facsimile, courier or certified mail/return receipt requested, which shall be deemed to have been given and have become effective (a) upon receipt if delivered in person or by courier or facsimile, or (b) be received two days after mailing regardless of actual receipt if properly addressed to (i) the practitioner as set forth on the application or the Hospital’s records or (ii) to the CMO acting on behalf of the hospital.

**VOLUNTARY OR AUTOMATIC RELINQUISHMENT** of medical staff appointment and/or clinical privileges means a lapse in appointment and/or clinical privileges deemed to automatically occur as a result of stated conditions.