

# MEDICAL EXECUTIVE COMMITTEE MEETING SUMMARY

## September, 2018

Following is a summary of Medical Executive Committee recommendations to the Medical Staff and Board of Trustees:

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### A. MEDICAL STAFF RESIGNATIONS:

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Natalie Sessions, DO, effective 8/3/2018  
Joseph Pulvirenti, MD, effective 8/30/2018  
Nerses Sanossian, MD, effective immediately

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### B. APPOINTMENTS TO THE MEDICAL/AHP STAFF:

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Amjad Syed, MD, cardiothoracic surgery  
Laura Cavadini, MD, ophthalmology  
Ravi Patel MD, gastroenterology  
Emily Gilmore, MD, tele-neurology  
Janis Rosenfeld Barbash, MD, tele-radiology  
Shawn Robertson, DO, emergency department extender  
Douglas Gibson, RN

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### C. MEDICAL STAFF:

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1. Review proposed amendments to Section H Emergency Care and Coverage of the Medical Staff Rules & Regulations to allow a Nurse Practitioner or Physician Assistant under the supervision of an Emergency Medicine Medical Staff Privilege Holder to determine whether an Emergency Medical Condition exists:
2. Any person presenting to the hospital, either at the Emergency Department or elsewhere, and requesting treatment or accompanied by another requesting his/her treatment, must be examined by a Physician who is a Medical Staff Privilege Holder, or by a member of the Resident Staff under the supervision of a Physician who is a Medical Staff Privilege Holder or by an appropriately Credentialed and Privileged Nurse Practitioner or Physician Assistant under the supervision of an Emergency Medicine Medical Staff Privilege Holder, to determine whether an Emergency Medical Condition exists. If the individual has an Emergency Medical Condition, the attending Practitioner shall (a) provide or arrange for the provision of such available treatment as may be necessary to stabilize the individual's condition, or (b) arrange for an appropriate transfer if the medical benefits of transfer outweigh the risks and such transfer is medically necessary. A person has an Emergency Medical Condition if he/she presents with acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could be reasonably expected to result in: (a) serious jeopardy to the health of the person (or another individual in the case of a psychiatric disturbance) or the person's unborn child, (b) serious impairment to bodily functions; or (c) serious dysfunction of any body organ or part. With respect to a pregnant woman who is having contractions, an Emergency Medical Condition exists if (a) there is inadequate time to effect a safe transfer to another hospital before delivery or (b) the transfer may pose a threat to the health or safety of the woman or unborn child. Notwithstanding the above, nothing shall prohibit OB Nurses or unsupervised members of the Residency Staff from performing, as Qualified Medical Personnel, labor checks on pregnant women experiencing contractions who present to the Hospital Obstetrics Department. The Hospital shall separately identify any special training or experience required as a prerequisite to being identified as Qualified Medical Personnel.

2. Review proposed amendment to Section H Emergency Care and Coverage of the Medical Staff Rules & Regulations to add changes that must occur due to the new Granger Hospital.

1. The Medical Staff shall adopt a method of providing medical care in each distinct the Emergency Department Care Center (ECC) of Memorial Hospital, including the Emergency Care Centers at 615 North Michigan Street, South Bend (South Bend ER) and XXX Beacon Boulevard, Mishawaka (Granger ER). When this method consists of a group practice of physicians, the Hospital will enter into ~~an~~ agreements specifying the duties and responsibilities of the Hospital and the group(s). Requests for Emergency Department Clinical Privileges shall specify the distinct practice location and delineate specific privileges for which the eligible practitioner is intending to practice. Clinical Privileges shall be granted to members of the Emergency Department ~~members~~ in accordance with the Medical Staff Bylaws and Related Manuals.
2. Any person presenting to the hospital, either at the Emergency ~~Department Care Centers~~ or elsewhere, and requesting treatment or accompanied by another requesting his/her treatment, must be examined by a Medical Staff Privilege holder, or a member of the Resident Staff under the supervision of a Medical Staff Privilege holder, to determine whether an Emergency Medical Condition exists. If the individual has an Emergency Medical Condition, the attending Practitioner shall (a) provide or arrange for the provision of such available treatment as may be necessary to stabilize the individual's condition, or (b) arrange for an appropriate transfer if the medical benefits of transfer outweigh the risks and such transfer is medically necessary. A person has an Emergency Medical Condition if he/she presents with acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could be reasonably expected to result in: (a) serious jeopardy to the health of the person (or another individual in the case of a psychiatric disturbance) or the person's unborn child, (b) serious impairment to bodily functions; or (c) serious dysfunction of any body organ or part. With respect to a pregnant woman who is having contractions, an Emergency Medical Condition exists if (a) there is inadequate time to effect a safe transfer to another hospital before delivery or (b) the transfer may pose a threat to the health or safety of the woman or unborn child. Notwithstanding the above, nothing shall prohibit OB Nurses or unsupervised members of the Residency Staff from performing, as Qualified Medical Personnel, labor checks on pregnant women experiencing contractions who present to the Hospital Obstetrics Department. The Hospital shall separately identify any special training or experience required as a prerequisite to being identified as Qualified Medical Personnel.
3. Medical Staff Members and Privilege holders have the obligation to provide specialty back-up coverage to the Emergency ~~Department Care Centers~~. Each Department Chief is responsible for producing a Departmental call schedule which must be delivered to the Medical Staff Office in a timely fashion. It is the responsibility of each on-call Practitioner to make arrangements for coverage if he or she will be unavailable for the scheduled time.
4. When a Practitioner has been scheduled to provide specialty back-up coverage, it is that Practitioner's responsibility to provide consultation for care of patients in the Emergency ~~Department Care Centers~~ for whom he/she is called within the realm of his/her specialty regardless of the patient's financial resources.
5. When a Practitioner is scheduled to provide specialty back-up coverage, it is the duty of and the responsibility of that Practitioner to ensure that he/she is immediately available, at least for telephone consultation, to the ~~ED Emergency Care Center~~ physician for the scheduled on-call period and can arrive at the ~~ED South Bend ER~~ within a reasonable time period. The on-call Practitioner may secure a qualified alternate (same specialty level of training) in the event he or she is temporarily unavailable.
6. When, during a telephone consultation, an Emergency ~~Department Care Center~~ Physician's proposed disposition of an ED patient is inconsistent with a consulting Practitioner's treatment plan, and no mutually agreeable compromise can be met, the following will occur:
  - a. At the South Bend ER location:

The consulting Practitioner must physically arrive to the ~~ED Emergency Care Center~~ to evaluate and assume care of the patient. This should occur within a reasonable time period. The consulting Practitioner may be represented by an alternate who possesses at least the same level of knowledge and skills, but it is the consulting Practitioner's responsibility to secure the services of that individual. Should the consulting Practitioner refuse to fulfill this responsibility, the Chief of the Consulting Practitioner's Department will be notified and will assign care for the patient. The case will be reviewed by the Practitioner's Department and the Department of Emergency Medicine, and the Medical Staff President will be notified.
  - b. At the Granger ER location:

The consulting Practitioner or designated alternate must physically arrive to the Emergency Care Center to evaluate and assume care of the patient or physically arrive at the South Bend ER to evaluate the patient after transfer. Should the consulting Practitioner refuse to fulfill this responsibility, the Chief of the Consulting Practitioner's Department will be notified and will assign care for the patient. The case will be reviewed by the Practitioner's Department and the

Department of Emergency Medicine, and the Medical Staff President will be notified.

7. The Medical Staff will provide care for a person with an Emergency Medical Condition in accordance with the Hospital's EMTALA/Patient Transfers Policy.
8. When there is more than one Practitioner involved in the care of a patient who is being admitted, or when there is a lack of agreement as to which Practitioner will be the admitting Practitioner of record, the admitting Practitioner of record will be the Practitioner whose specialty concerns the principal reason for admission.

9. Responsibilities of the Emergency Care Center:

a. At the South Bend ER location:

The emergency physician is not responsible for inpatient care, only for care while the patient is physically present in the ECC, prior to the assignment of an admitting Practitioner. The admitting Practitioner is responsible for the care of the patient after they have accepted responsibility for admission, regardless of the patient's physical location within the Hospital. For patients who have ongoing needs, especially in the case of an emergency, prior to moving to the inpatient unit, the emergency physician will continue to reasonably provide and facilitate care of the patient in support of the admitting Practitioner.

b. At the Granger ER location:

The emergency physician may provide care both in the Emergency Care Center and as an inpatient admitting/attending physician, if clinically privileged to do so. Medical Staff Members, other than Emergency Care Center physicians, are able to care for patients at the Granger facility in accordance with their privileges, but are not required to do so. The Hospital will arrange for care of patients admitted or in observation status at the Granger location unless a Medical Staff Member chooses to care for assigned patients at the Granger location. If appropriate care cannot be arranged at the Granger facility, the patient will be transferred to another facility.

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## **C. BOARD OF TRUSTEES:**

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1. Approve proposed amendments to Part One Application Procedures and Part Two Reappointment Procedures of the Credentialing Procedures Manual to include the requirement for applicants to comply with Beacon Health System immunization requirements.
  - 1.3 **EFFECT OF APPLICATION**

The Applicant must sign the application and in so doing:

    - 1.3-3 agrees to abide by the terms of the Bylaws, Rules, Regulations, Policies, and Procedures of the Medical Staff and those of the Hospital (including the Beacon Health System Immunization Requirements for all Persons Working in a Healthcare Setting) if granted Membership and/or Clinical Privileges, and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not Membership and/or Privileges are granted;
  - 2.1 **INFORMATION COLLECTION AND VERIFICATION**
    - 2.1-2(K) compliance with all applicable Bylaws, Rules, Regulations, Policies, and Procedures of the Hospital and Medical Staff; including compliance with the Beacon Health System Immunization Requirements for all Persons Working in a Healthcare Setting.
2. Approve proposed amendments to Section 1.2 Responsibilities and Authority of the Vice President and Section 2.8 Medical Staff Peer Review Committee of the Organizational Manual as the Quality Assessment Committee was replaced by the Peer Review Committee.
  - 1.2 **RESPONSIBILITIES AND AUTHORITY OF THE VICE PRESIDENT**

As the second ranking Medical Staff officer, the Vice President has the following responsibilities and authority:

    - A. Assume all of the duties and responsibilities and exercise all of the authority of the Medical Staff President when the Medical Staff President is unable--temporarily or permanently--to accomplish the same by reason of illness, absence, other incapacity or unavailability, or refusal.
    - B. Serve as a member of the MEC and as Chair of the Medical Staff Peer Review Quality Assessment Committee (PRC) (MSQA). ~~As Chair of the MSQA Committee, fulfill the responsibilities of Chief~~

Quality Assessment Officer including the following:

- ~~1. Direct the development, implementation, and overall functioning and organization of the Medical Staff components of the Quality Assessment (QA) program, and assure that they are clinically and professionally sound and accomplish their objectives and are in compliance with regulatory and accrediting agency requirements.~~
  - ~~2. Advise the Board, Hospital President, MEC, and other relevant Medical Staff and Hospital individuals and groups on the functioning of the QA program.~~
  - ~~3. Consult with and report to the Board on the findings of Medical Staff Quality Assessment activities, provide recommendations for actions that are required, and with the assistance of the Hospital President, assure that any Board decisions are carried out by the Medical Staff.~~
- C. Perform such additional duties as may be assigned by the Medical Staff President, the MEC, or the Board.

#### **2.8-2 COMPOSITION**

The Medical Staff Peer Review Committee (PRC) includes at least 5 physicians practitioners appointed by the Medical Staff President representing the diverse medical specialties contained within the Memorial Hospital Medical Staff. The current elected Vice President of the Medical Staff is also a standing member of the Committee. The Vice President for Medical Affairs, acting as an Administrative representative, and the Director of Quality Management personnel also attend without vote. Refer to the Medical Staff Peer Review Policy for further information regarding the function of the committee.

#### **2.8-3 FUNCTION**

- ~~A. Adopt, modify, and supervise the conduct of specific programs and procedures for the assessment and improvement of the quality and efficiency of medical care provided at the Hospital, subject to the approval of the MEC and the Board.~~
- ~~B. Formulate and act upon specific recommendations to correct any identified improvable situations with subsequent follow-up on any actions taken.~~
- ~~C. Coordinate the Medical Staff's performance improvement activities with those of other health care disciplines.~~
- ~~D. Send quarterly reports to the Medical Executive Committee that include findings, action taken, and follow-up.~~

#### **2.8-4 MONITORING ACTIVITIES**

- ~~A. Supervise and coordinate the conduct of, and review the findings of, clinical care monitoring activities.~~
- ~~B. Review on a continuous basis other general indicators of the quality of care and of clinical performance including unexpected clinical occurrences.~~
- ~~C. Review the Concurrent Medical Record Reviews that are conducted at the point of care by a multidisciplinary hospital team for presence, timeliness, legibility, accuracy, authentication, and completeness of the medical record.~~

### **3. Approve the following Medical Staff Policies:**

Assessment of Practitioners Over the Age of 72  
Guidelines for Practitioners Supervising Medical, NP or PA Students in the Acute Care Setting  
Medical Staff Executive Fund

### **4. Rescind the following Medical Staff policies:**

Autopsy Information for Medical Professionals Policy / a Hospital policy has been created for "Autopsy: Ordering, Law and Consent  
Medical Staff Code of Professional Behavior / replace with Beacon policy for Mutual Respect as it was updated to include Clinical Guidelines  
Recommended Disciplinary Action for Wrong Site Procedures /this is now addressed in the recently revised Peer Review Policy