WAKEMED RALEIGH
&
WAKEMED CARY

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 Appendix A of the Medical Staff Bylaws.

1.B. DELEGATION OF FUNCTIONS

(1) When a function under this Manual is to be carried out by a member of Hospital management, by a Medical Staff member, 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 must treat and maintain all credentialing, privileging, and peer review information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws and related policies. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. 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 AND SECTIONS

2.A. LIST OF DEPARTMENTS AND SECTIONS

The following clinical departments are established:

WakeMed Cary Clinical Departments

Anesthesiology
Emergency Services
Medicine
Obstetrics/Gynecology
Orthopedics
Pathology
Pediatrics
Radiology
Surgery

WakeMed Raleigh Clinical Departments

Anesthesiology
Emergency Services
Medicine
Obstetrics/Gynecology
Orthopedics
Pathology
Pediatrics
Radiology
Surgery

2.B. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS AND SECTIONS

The functions and responsibilities of departments, department chairs, sections, and section chiefs are set forth in Article 4 of the Medical Staff Bylaws.

2.C. CREATION AND DISSOLUTION OF CLINICAL DEPARTMENTS AND SECTIONS

(1) Clinical departments and sections shall be created and may be consolidated or dissolved by the MEC as set forth below.

(2) The following factors shall be considered in determining whether a clinical department or section 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 or section (this number must be sufficiently large to enable the department or section to accomplish its functions as set forth in the Bylaws);

(b) the level of clinical activity that will be affected by the new department or section 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 or section vote in favor of the creation of a new department or section;

(d) it has been determined by the Medical Staff leadership and the Hospital President that there is a clinical and administrative need for a new department or section; and

(e) the voting Medical Staff members of the proposed department or section have offered a reasonable proposal for how the new department or section 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 or section is warranted:

(a) there is no longer an adequate number of members of the Medical Staff in the clinical department or section to enable it to accomplish the functions set forth in the Bylaws and related policies;

(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 or section;

(c) the department or section 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 chief of the section; or

(e) a majority of the voting members of the department or section vote for its dissolution.

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 Medical Staff members 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 upon 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) understand and strive for "consensus" decision-making, thereby avoiding the majority vote whenever possible;

(8) speak with one voice as a committee and support the actions and decisions made (even if they were not the individual's first choice);

(9) be willing to complete assigned or delegated committee tasks in a timely manner between meetings of the committee;

(10) bring any conflicts of interest to the attention of the committee chair, in advance of the committee meeting, when possible;

(11) 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;

(12) participate in the development of an annual committee work plan and ensure that committee plans are in alignment with the strategic goals of the Hospital and Medical Staff; and

(13) MAINTAIN THE CONFIDENTIALITY OF ALL MATTERS REVIEWED AND/OR DISCUSSED BY THE COMMITTEE.

3.C. MEETINGS, REPORTS AND RECOMMENDATIONS

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.

3.D. MEDICAL EXECUTIVE COMMITTEE

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

3.E. WAKEMED ANESTHESIA AND SEDATION COMMITTEE

3.E.1. Composition:

The WakeMed Anesthesia and Sedation Committee shall consist of a Chair and vice chair who are anesthesiologists appointed to be representative of WakeMed Raleigh and WakeMed Cary alternately, as well as, when possible, Medical Staff members selected to be representative of the Emergency Department, Pediatric Intensivists, Adult Intensivists, Anesthesiology, and others as may be deemed necessary. *Ex officio*, non-voting members shall include the CMO, Vice President of Patient Safety and Quality, a CRNA representative, and representatives from Nursing, Surgery, Endoscopy, Invasive Cardiology, Radiology, and Pharmacy.

3.E.2. Duties:

The WakeMed Anesthesia and Sedation Committee shall:

(a) review and make recommendations regarding improvements to all policies, including Medical Staff Bylaws and Rules and Regulations, regarding anesthesia or sedation practices;

(b) review and make recommendations to the WakeMed Credentials Committee regarding development of or revisions to credentialing criteria;

(c) review and report to the MEC patterns of issues concerning administration of anesthesia and sedation and make recommendations regarding identified areas or processes when improvements in the care provided may be made;

(d) serve as consultant to other Medical Staff committees regarding issues related to anesthesia/sedation; and

(e) make recommendations to the MEC where the results of ongoing monitoring have identified areas when improvements in the care provided may be made.

3.F. WAKEMED COMMITTEE FOR PROFESSIONAL ENHANCEMENT ("CPE")

3.F.1. Composition:

(a) The CPE shall consist of the following voting members:

(1) The vice chair of each of the following departments of WakeMed Cary:
- Medicine;
- Obstetrics/Gynecology;
- Orthopedics; and
- Surgery.

(2) The vice chair of each of the following departments of WakeMed Raleigh:
- Medicine;
- Obstetrics/Gynecology;
- Orthopedics; and
- Surgery.

(3) The vice chair of the following departments of either WakeMed Cary or WakeMed Raleigh, as determined by the Leadership Council:
- Anesthesiology;
- Emergency Services;
- Pathology;
- Pediatrics; and
- Radiology.

The Leadership Council's selection of members will strive for balance between WakeMed Cary and WakeMed Raleigh. If a department does not

have a vice chair, the Leadership Council shall select another member of the department, other than a department chair, who is interested or experienced in credentialing, privileging, professional practice evaluation (“PPE”)/peer review, or other Medical Staff affairs.

(4) An Advanced Practice Professional (“APP”) appointed by the Leadership Council.

(5) Other designated peer review committee chairs as determined by the CPE Co-Chairs.

(6) Two Co-Chairs appointed by the Leadership Council who are Past Presidents of the Medical Staff, or who have other significant leadership experience. One Co-Chair shall be from WakeMed Cary and one shall be from WakeMed Raleigh. In the effort to minimize the overlap between the composition of the CPE and the MEC, the Co-Chairs of this committee may not also be serving as department chairs.

(b) The following individuals shall serve as non-voting members to facilitate the CPE’s activities:

- Chief Medical Officer, WakeMed Cary;
- Chief Medical Officer, WakeMed Raleigh;
- Chief Medical Officer, North Hospital;
- Senior Vice President of Quality/System Chief Medical Officer; and
- PPE Support Staff representative(s) appointed by the Leadership Council.

(c) If a vacancy occurs on the CPE as a result of a vacancy in an underlying office or position, the Leadership Council may appoint another individual who is experienced in credentialing, privileging, PPE/peer review, or Medical Staff matters to serve on the CPE until the vacancy in the underlying office or position is filled.

(d) To the fullest extent possible, CPE members who are not *ex officio* members shall serve staggered, two-year terms, so that the committee always includes experienced members. Such members may be reappointed for additional, consecutive terms. The Co-Chairs may serve multiple, consecutive terms as Co-Chairs.

(e) Before any CPE member begins serving, the member must review the expectations and requirements of the position and affirmatively accept them. Members must also participate in periodic training on professional practice evaluation, with the nature of the training to be identified by the Leadership Council or CPE.

(f) Other Medical Staff members or Hospital personnel may be invited to attend a particular CPE meeting (as guests, without vote) in order to assist the CPE in its discussions and deliberations regarding an issue on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others. Such individuals are an integral part of the professional practice evaluation process and are bound by the same confidentiality requirements as the standing members of the CPE.

3.F.2. Duties:

The CPE shall perform the following functions:

(a) oversee the implementation of the Professional Practice Evaluation Policy (Peer Review) ("PPE Policy") and ensure that all components of the process receive appropriate training and support;

(b) review reports showing the number of cases being reviewed through the PPE Policy, by department or specialty, in order to help ensure consistency and effectiveness of the process, and recommend revisions to the process as may be necessary;

(c) review, approve, and periodically update Ongoing Professional Practice Evaluation ("OPPE") data elements that are identified by individual departments and sections, and adopt Medical Staff-wide data elements;

(d) review, approve, and periodically update the specialty-specific quality indicators identified by the departments that will trigger the professional practice evaluation/peer review process;

(e) identify those variances from rules, regulations, policies, or protocols which do not require physician review, but for which an Informational Letter may be sent to the practitioner involved in the case;

(f) review cases referred to it as outlined in the PPE Policy;

(g) develop, when appropriate, Performance Improvement Plans for practitioners, as described in the PPE Policy;

(h) monitor and determine that system issues that are identified as part of professional practice evaluation activities are successfully resolved;

(i) work with department chairs to disseminate educational lessons learned from the review of cases pursuant to the PPE Policy, either through educational sessions in the department or through some other mechanism; and

(j) perform any additional functions as may be set forth in applicable policy or as requested by the Leadership Council, the MEC, or the Board.

3.F.3. Meetings, Reports, and Recommendations:

The CPE shall meet as often as necessary to perform its duties and shall maintain a permanent record of its findings, proceedings, and actions. The CPE shall submit reports of its activities to the MEC and the Board on a regular basis. The CPE's reports will provide aggregate information regarding the PPE process (e.g., numbers of cases reviewed by department or specialty; types and numbers of dispositions for the cases; listing of education initiatives based on reviews; listing of system issues identified). These reports will generally not include the details of any reviews or findings regarding specific practitioners.

3.G. WAKEMED CREDENTIALS COMMITTEE

3.G.1. Composition:

(a) The WakeMed Credentials Committee shall consist of the following voting members:

- a chair and a vice chair, one who is a member of the WakeMed Cary Active Staff and the other who is a member of the WakeMed Raleigh Active Staff;
- at least nine additional members of the Medical Staffs selected to be representative of the various specialties of the Medical Staffs and with preference given to individuals who have served in Medical Staff leadership positions and/or who have a particular interest in the credentialing functions; and
- one Advanced Practice Provider.

(b) The chair and the vice chair of the Committee shall be appointed by the Leadership Council such that one is a member of the WakeMed Raleigh Medical Staff and the other is a member of the WakeMed Cary Medical Staff. The current vice chair shall assume the position of the chair at the end of the chair's term. Once the vice chair moves to the position of chair, the Leadership Council will appoint a new vice chair of the Committee to be representative of the respective Medical Staff.

(c) To the fullest extent possible, WakeMed Credentials Committee members shall serve staggered, two-year terms, so that the committee always includes experienced members. Members may be reappointed for additional, consecutive terms.

(d) The CMOs, the SVP/CMQO, and Medical Staff Support Staff representatives shall serve as *ex officio* members, without vote, to facilitate the WakeMed Credentials Committee's activities.

3.G.2. Duties:

The WakeMed 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) in accordance with the Advanced Practice Providers Policy, review the credentials of all applicants seeking privileges, conduct a thorough review of the applications, interview such applicants as may be necessary, and make written reports of its findings and recommendations;

(c) review, as may be requested, all information available regarding the current clinical competence and behavior of persons currently appointed to the Medical Staff or as

Advanced Practice Providers and, as a result of such review, make a written report of its findings and recommendations;

(d) review and approve specialty-specific data elements for ongoing professional practice evaluation and specialty-specific triggers for focused professional practice evaluation that are identified by each department; and

(e) review and make recommendations regarding appropriate threshold eligibility criteria for clinical privileges within the Hospital, including specifically as set forth in Section 4.A.2 pertaining to the development and ongoing review of privilege delineations, Section 4.A.3 ("Clinical Privileges for New Procedures"), and Section 4.A.4 ("Clinical Privileges That Cross Specialty Lines") of the Credentials Policy.

3.H. WAKEMED LEADERSHIP COUNCIL

3.H.1. Composition:

(a) The Leadership Council shall be comprised of the following voting members:

- President of the Medical Staff, WakeMed Cary, who shall serve as Co-Chair;
- President of the Medical Staff, WakeMed Raleigh, who shall serve as Co-Chair;
- President-Elect of the Medical Staff, WakeMed Cary;
- President-Elect of the Medical Staff, WakeMed Raleigh; and
- Co-Chairs of the Committee for Professional Enhancement ("CPE").

(b) The following individuals shall serve as non-voting members to facilitate the Leadership Council's activities:

- Chief Medical Officer, WakeMed Cary;
- Chief Medical Officer, WakeMed Raleigh;
- Chief Medical Officer, North Hospital;
- Senior Vice President of Quality/System Chief Medical Officer;
- Executive Vice President/Chief Physician Executive; and
- PPE Support Staff representative(s) appointed by the Leadership Council.

(c) If a vacancy occurs on the Leadership Council as a result of a vacancy in an underlying office or position, the remaining voting members may appoint another individual who is experienced in credentialing, privileging, professional practice evaluation ("PPE")/peer review, or Medical Staff matters to serve on the Leadership Council until the vacancy in the underlying office or position is filled.

(d) Other individuals may attend Leadership Council meetings as follows:

(1) Other Medical Staff members or Hospital personnel may be invited to attend a particular Leadership Council meeting (as guests, without vote) in order to assist the Leadership Council in its discussions and deliberations

regarding an issue on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others.

(2) All individuals attending a Leadership Council meeting are an integral part of the Leadership Council review process. They are bound by the same confidentiality requirements as the standing members of the Leadership Council.

3.H.2. Duties:

The Leadership Council shall perform the following functions:

(a) review and address concerns about practitioners' professional conduct as outlined in the Medical Staff Professionalism Policy;

(b) review and address possible health issues that may affect a practitioner's ability to practice safely as outlined in the Practitioner Health Policy;

(c) review and address issues regarding practitioners' clinical practice as outlined in the Professional Practice Evaluation Policy (Peer Review);

(d) meet, as necessary, to consider and address any situation involving a practitioner that may require immediate action;

(e) serve as a forum to discuss and help coordinate any quality or patient safety initiative that impacts any or all services within the Hospital;

(f) identify and nominate a slate of qualified individuals for elected Medical Staff positions;

(g) solicit input from departments, then recommend to the departments one or more qualified individuals to serve as department chairs and vice chairs, which individuals shall then be elected by the relevant departments;

(h) solicit input from sections, then recommend to the department chairs one or more qualified individuals to be selected by the department chairs as section chiefs;

(i) appoint the chairs of all Medical Staff committees, except as otherwise provided in the Medical Staff Bylaws or applicable policy;

(j) cultivate a physician leadership identification, development, education, and succession process to promote effective and successful Medical Staff Leaders at present and in the future; and

(k) perform any additional functions as may be requested by the CPE, the MEC, or the Board.

3.H.3. Meetings, Reports, and Recommendations:

The Leadership Council shall meet as often as necessary to perform its duties and shall maintain a permanent record of its findings, proceedings, and actions. The Leadership Council shall report to the CPE, the MEC, and others as described in the Policies noted above.

3.I. WAKEMED PHARMACY AND THERAPEUTICS (“P&T”) COMMITTEE

3.I.1. Composition:

The WakeMed P&T Committee will consist of a chair and vice chair who are appointed by the Leadership Council and additional members of the Medical Staff recommended to the Leadership Council by the P&T Chair who are, to the extent possible, representative of the following specialties/services: anesthesiology, emergency medicine, cardiology, hospitalists, pediatric hospitalist, office pediatrics, intensivists, OB/GYN, pathology, surgery, Advanced Practice Providers, imaging, psychiatry, and ad hoc, as needed, infectious diseases, neonatology, and oncology. If recommendations are approved by Leadership Council, the P&T Chair will officially make the appointments. *Ex officio*, non-voting members shall include the SVP/CMQO, VP Hospital Administration, and Nursing Administration and representatives from Infection Control, Clinical Nutrition, Imaging Services, Clinical Analysis, Patient Safety/Risk Management, Accreditation Services, and Pharmacy.

3.I.2. Duties:

The WakeMed P&T Committee shall:

(a) maintain a formulary of drugs approved for use by the Hospital;

(b) create treatment guidelines and protocols in cooperation with medical and nursing staff, including review of clinical and prophylactic use of antibiotics;

(c) monitor and evaluate the efforts to minimize drug misadventures (adverse drug reactions, medication errors, drug/drug interactions, drug/food interactions, pharmacist interventions);

(d) perform drug usage evaluation studies on selected topics;

(e) perform medication usage evaluation studies as required by the Joint Commission;

(f) perform practitioner analysis related to medication use;

(g) approve policies and procedures related to pertinent accreditation standards to include the review of nutrition policies and practices, including guidelines/protocols on the use of special diets and total parenteral nutrition; pain management; procurement; storage; distribution; use; safety procedures; and other matters relating to medication use within the Hospital;

(h) develop and measure indicators for the following elements of the patient treatment functions:

(1) prescribing/ordering of medications;

(2) preparing and dispensing of medications;

(3) administrating medications; and

(4) monitoring of the effects of medication;

(i) analyze and profile data regarding the measurement of patient treatment functions by service and practitioner, where appropriate;

(j) provide routine summaries of the above analyses and recommend process improvement when opportunities are identified;

(k) serve as an advisory group to the Hospital and Medical Staff pertaining to the choice of available medications; and

(l) establish standards concerning the use and control of investigational medication and of research in the use of recognized medication.

3.J. WAKEMED UTILIZATION MANAGEMENT COMMITTEE

3.J.1. Composition:

The composition of the Utilization Management Committee shall be as set forth in the Utilization Management Plan. Any physician who holds a financial interest in any WakeMed Hospital is not eligible for appointment to the committee.

3.J.2. Duties:

The Utilization Management Committee shall:

(a) study recommendations from Medical Staff members, quality assessment coordinators and others to identify problems in utilization and the review program;

(b) monitor the effectiveness of the review program and perform retrospective review in cases identified through the utilization management process;

(c) forward all unjustified cases in any review category to the appropriate committee for review and action;

(d) review case-mix financial data and any other internal/external statistical data; and

(e) upon review of any data, conduct further studies, perform education or refer the data to the quality improvement committee for its review and action.

ARTICLE 4

AMENDMENTS

(a) Proposed amendments to this Manual shall be presented to the MECs of both WakeMed Raleigh and WakeMed Cary.

(b) This Manual may then be amended by a majority vote of the members of each MEC present and voting at any meeting of that Committee where a quorum exists. Notice of all proposed amendments shall be provided to each voting staff member of the Medical Staff at least 14 days prior to the MEC meeting, and any voting staff member may submit written comments to the MEC.

(c) If there is any disagreement between the MECs for the two Hospitals with respect to an amendment(s), a joint meeting shall be scheduled to discuss and resolve the disagreement.

(d) No amendment shall be effective unless and until it has been approved by both MECs.

ARTICLE 5

ADOPTION

This Medical Staff Organization Manual is adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws and policies 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 shall be undertaken pursuant to the requirements of this Manual.

WakeMed Raleigh

Medical Executive Committee: June 16, 2021

Board of Directors: August 3, 2021

WakeMed Cary

Medical Executive Committee: June 16, 2021

Board of Directors: August 3, 2021