



MEDICAL STAFF ORGANIZATION MANUAL

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All approvals are documented in the official meeting minutes.

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ARTICLE 1: GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Medical Staff Bylaws and Credentials Manual documents.

1.B. DELEGATION OF FUNCTIONS

- a. When a function is to be carried out by a Medical Staff Leader, a Medical Staff committee, or a member of administration, the individual, or the committee through its chair, may delegate performance of the function to one or more designees. 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.
- b. When a member of the Medical Staff is unavailable or unable to perform an assigned function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

ARTICLE 2: MEDICAL STAFF COMMITTEES

2.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

- a. 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.
- b. Procedures for the appointment of committee chairs and members of the committees are set forth in Article 5 of the Medical Staff Bylaws.
- c. This Article details the standing members of each Medical Staff committee. However, other individuals (e.g., other Medical Staff members, Advanced Practice Providers, Hospital personnel, legal counsel, etc.) 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. These individuals shall be present only for the relevant agenda item and shall be excused for all others. 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.
- d. Quorum to be defined as thirty-three percent (33%) of the Voting Members of the committee. Voting members of each committee are defined below.

2.B. MEETINGS, REPORTS AND RECOMMENDATIONS

- a. 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 Medical Executive Committee and to other committees and individuals as may be indicated in this Manual.

2.C. MEDICAL EXECUTIVE COMMITTEE

- a. The composition and duties of the Medical Executive Committee are set forth in Article 5 of the Medical Staff Bylaws.

2.D. CRITICAL ACCESS HOSPITAL PHYSICIAN QUALITY COMMITTEE (“CAH-PQC”)

- a. Defined in policy

2.E. EMERGENCY ROOM (“ER”) COMMITTEE

- a. The committee shall meet as often as needed to fulfill the duties, but no less than bi-monthly.

2.E.1. Composition:

- a. The Committee Chair shall be selected in accordance with the Bylaws Article 5.B.1. The Chair’s term will be effective from February 1st through February 1st.
 - I. Voting Members:
 - i. Members of the Active Medical Staff who primarily practice in the Emergency Room
 - ii. Administrator, *ex officio*, with vote (as necessary to constitute a quorum or in the event there is a tie)
 - II. Non-voting members:
 - i. Senior Nurse Manager; and/or
 - ii. Assistant Nurse Manager of the ER; and/or
 - iii. Director of Nursing;
 - iv. Manager of Clinical Operations;
 - v. Manager of Quality Regulatory Services
 - vi. Sr. Manager of Medical Staff Services and/or delegate
 - vii. Peer Review Nurse;
 - viii. Administrative Coordinator of Medical Staff Services; and
 - ix. Other Medical Staff members or Hospital personnel may be invited to attend a particular meeting (as guests, without vote) in order to assist the committee in its discussions and deliberations regarding any issues on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others.
 - III. Committee Closed Session Attendance will be limited to include only:
 - i. Voting members of the committee
 - ii. Peer Review Nurse
 - iii. Administrative Coordinator of Medical Staff Services
 - iv. Additional individuals may attend upon approval by the chair of the committee as non- voters.

2.E.2. Duties

- a. To develop policies for the E.R. and review and update policies as needed.
- b. To conduct review of care provided in the ER and recommend action when necessary to improve the quality of patient care.
- c. Send and review peer review cases to the Alaska Critical Access Hospital Medical Staff Peer Review Committee as needed.
- d. Assist in the development and maintenance of emergency management plans for PKIMC
- e. To evaluate the need for new or additional equipment and/or privileges in the ER and make recommendations to the Medical Staff and Administration based on these evaluations.

2.F. GENERAL MEDICINE, PEDIATRICS, & ICU COMMITTEE

- a. The committee shall meet as often as needed to fulfill the duties, but no less than quarterly.

2.F.1. Composition:

- a. The Committee Chair shall be selected in accordance with the Bylaws Article 5.B.1. The Chair's term will be effective from February 1st through February 1st.
 - I. Voting Members:
 - i. Members of the Active Medical Staff who provide services on the inpatient floor
 - ii. Other members of Medical Staff as voted in and approved by both the committee and Medical Executive Committee
 - iii. Administrator, *ex officio*, with vote (as necessary to constitute a quorum or in the event there is a tie)
 - II. Non-voting members:
 - i. Senior Nurse Manager; and/or
 - ii. Assistant Nurse Manager of the Med/Peds and/or;
 - iii. Manager of Clinical Operations;
 - iv. Manager of Quality Regulatory Services
 - v. Sr. Manager of Medical Staff Services and/or delegate
 - vi. Peer Review Nurse;
 - vii. Administrative Coordinator of Medical Staff Services; and
 - viii. Other Medical Staff members or Hospital personnel may be invited to attend a particular meeting (as guests, without vote) in order to assist the committee in its discussions and deliberations regarding any issues on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others.
 - III. Committee Closed Session Attendance will be limited to include only:
 - i. Voting members of the committee
 - ii. Peer Review Nurse
 - iii. Administrative Coordinator of Medical Staff Services
 - iv. Additional individuals may attend upon approval by the chair of the committee as non- voters.

2.F.2. Duties

- a. To develop and review, as needed, policies for ICU, General Medicine, and pediatric patient care.
- b. To conduct review of care provided to inpatients at PKIMC, and take or recommend action when necessary to improve the quality of patient care.
- c. Send and review peer review cases to the Alaska Critical Access Hospital Medical Staff Peer Review Committee as needed.
- d. To evaluate the need for new or additional equipment and/or privileges and make recommendations to the Medical Staff and Administration based on these evaluations.

2.G. OBSTETRICAL (“OB”) COMMITTEE

- a. The committee shall meet as often as needed to fulfill the duties, but no less than monthly.

2.G.1. Composition:

- a. The Committee Chair shall be selected in accordance with the Bylaws Article 5.B.1. The Chair’s term will be effective from February 1st through February 1st.
 - I. Voting Members:
 - i. Members of the Active Medical Staff who provide services in Labor and Delivery and voted into this committee;
 - ii. Anesthesia Medical Director; or CRNA delegate
 - iii. Administrator, *ex officio*, with vote (as necessary to constitute a quorum or in the event there is a tie)
 - II. Non-voting members:
 - i. Senior Nurse Manager; and/or
 - ii. Assistant Nurse Manager of Labor and Delivery and/or;
 - iii. Director of Nursing;
 - iv. Supervisor of Surgical Services;
 - v. Certified Registered Nurse Anesthetists;
 - vi. Manager of Quality Regulatory Services;
 - vii. Sr. Manager of Medical Staff Services and/or delegate
 - viii. Peer Review Nurse;
 - ix. Administrative Coordinator of Medical Staff Services; and
 - x. Other Medical Staff members or Hospital personnel may be invited to attend a particular meeting (as guests, without vote) in order to assist the committee in its discussions and deliberations regarding any issues on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others.
 - III. Committee Closed Session Attendance will be limited to include only:
 - i. Voting members of the committee
 - ii. Peer Review Nurse
 - iii. Administrative Coordinator of Medical Staff Services
 - iv. Additional individuals may attend upon approval by the chair of the committee as non- voters.

2.G.2. Duties

- a. To develop and review, as needed, policies for the O.B. Department.
- b. To conduct review of care provided in the department and take or recommend action when necessary to improve the quality of patient care.
- c. Send and review peer review cases to the Alaska Critical Access Hospital Medical Staff Peer Review Committee as needed.

- d. To evaluate the need for new or additional equipment and/or privileges in Labor and Delivery and make recommendations to the Medical Staff and Administration based on these evaluations.

2.H. PHARMACY & THERAPEUTICS (“P&T”) COMMITTEE

- a. The committee shall meet as often as needed to fulfill the duties, but no less than quarterly.

2.H.1. Composition:

- a. The Committee Chair shall be selected in accordance with the Bylaws Article 5.B.1. The Chair’s term will be effective from February 1st through February 1st.
 - I. Voting Members:
 - i. Members as selected by the relevant committee, with approval of the MEC
 - ii. Administrator, *ex officio*, with vote (as necessary to constitute a quorum or in the event there is a tie)
 - II. Non-voting members:
 - i. Senior Nurse Manager; and/or;
 - ii. Director of Nursing;
 - iii. Manager of Clinical Pharmacy;
 - iv. Manager of Laboratory Services;
 - v. Director of Nursing, Elder House
 - vi. Manager of Quality Regulatory Services
 - vii. Sr. Manager of Medical Staff Services and/or delegate
 - viii. Peer Review Nurse;
 - ix. Administrative Coordinator of Medical Staff Services; and
 - x. Other Medical Staff members or Hospital personnel may be invited to attend a particular meeting (as guests, without vote) in order to assist the committee in its discussions and deliberations regarding any issues on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others.
 - III. Committee Closed Session Attendance will be limited to include only:
 - i. Voting members of the committee
 - ii. Peer Review Nurse
 - iii. Administrative Coordinator of Medical Staff Services
 - iv. Additional individuals may attend upon approval by the chair of the committee as non- voters.

2.H.2. Duties:

- a. To review and approve antimicrobial stewardship reports
- b. Committee is responsible for selecting medications for inclusion in the Drug Formulary based on an objective evaluation of therapeutic efficacy, safety, cost and

the needs of patients served by the hospital. Formulary to be approved no less than annually.

- c. To provide oversight and take action on issues related to the medication use process, to formulate and review policies, guidelines and procedures related to the medication management process including selection, regulation, compliance, distribution, storage, administration and safe use of drugs at PKIMC

2.I. SURGERY & ANESTHESIA COMMITTEE

- a. The committee shall meet as often as needed to fulfill the duties, but no less than quarterly.

2.I.1. Composition:

- a. The Committee Chair shall be selected in accordance with the Bylaws Article 5.B.1. The Chair's term will be effective from February 1st through February 1st.
 - I. Voting Members:
 - i. Members of the Active Medical Staff who provide surgical and anesthesia services;
 - ii. Administrator, *ex officio*, with vote (as necessary to constitute a quorum or in the event there is a tie)
 - II. Non-voting members:
 - i. Senior Nurse Manager; and/or delegate
 - ii. Supervisor of Surgical Services
 - iii. Manager of Clinical Operations;
 - iv. Manager of Quality Regulatory Services
 - v. Sr. Manager of Medical Staff Services and/or delegate
 - vi. Peer Review Nurse;
 - vii. Administrative Coordinator of Medical Staff Services; and
 - viii. Other Medical Staff members or Hospital personnel may be invited to attend a particular meeting (as guests, without vote) in order to assist the committee in its discussions and deliberations regarding any issues on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others.
 - III. Committee Closed Session Attendance will be limited to include only:
 - i. Voting members of the committee
 - ii. Peer Review Nurse
 - iii. Administrative Coordinator of Medical Staff Services
 - iv. Additional individuals may attend upon approval by the chair of the committee as non- voters.

2.I.2. Duties:

- a. To develop and review, as needed, policies for Surgery and /Anesthesia.
- b. To conduct review of care provided in the department and recommend action when necessary to improve the quality of patient care.

- c. Send and review peer review cases to the Alaska Critical Access Hospital Medical Staff Peer Review Committee as needed.
- d. Review of, and recommendation to assist the MEC, when requested, regarding appropriateness of requests for privileges when applicant requests surgical privileges. This shall include, but not be limited to, evaluating recent and past surgical experience.
- e. To evaluate the need for new or additional equipment and/or privileges in the department and make recommendations to the Medical Staff and Administration based on these evaluations.

2.J. TRAUMA COMMITTEE AND CHAIR AUTHORITY

- a. The committee shall meet as often as needed to fulfill the duties, but no less than quarterly.

2.J.1. Composition:

- a. Trauma Systems and Process Committee (TSPC): Open Sessions. TSPC oversees the operational components of the trauma program. The TSPC addresses, assesses, and corrects global trauma program and system issues
 - I. Voting Members:
 - i. Trauma Medical Director: serves as chair, must attend 60% of TSPC meetings.
 - ii. General Surgery Active Medical Staff members who provide trauma care;
 - iii. Emergency Medicine Active Medical Staff members who provide trauma care;
 - iv. Anesthesia/CRNA
 - v. Emergency Medical Services (EMS) Medical Director
 - II. Non-voting members:
 - i. Trauma Program Manager/Trauma Coordinator;
 - ii. Nursing Manager of the OR, or delegate;
 - iii. Nursing Manager of the Emergency Room, or delegate;
 - iv. Manager of Respiratory Care Services, or delegate;
 - v. Manager of Radiology Services, or delegate;
 - vi. Manager of Laboratory Services, or delegate;
 - vii. Manager of Therapy Services, or delegate;
 - viii. Manager of Pharmacy Services, or delegate;
 - ix. Trauma Registrar
 - x. Inpatient Medical Director, and/or hospitalist designee;
 - xi. Sr. Manager of Medical Staff Services and/or delegate
 - xii. Peer Review Nurse;
 - xiii. Administrative Coordinator of Medical Staff Services; and
 - III. TSPC Duties:
 - i. To develop or maintain criteria for the establishment of a trauma service;

- ii. To develop and/or assist in the development and monitoring of trauma protocols, guidelines, policies and procedures;
 - iii. Establish and oversee a trauma quality improvement program consistent with the overall hospital QI program;
 - iv. Oversee the operations of the hospital trauma registry and, at least on an annual basis, report outcomes and trend data to the Medical Executive Committee; and
 - v. Facilitate communication between the trauma program staff, the medical staff, the medical center administration, and other relevant medical center departments.
- a. Adult/Pediatric Trauma Multidisciplinary Peer Review Committee (TMPRC) reviews adult and pediatric trauma care of selected cases through objective audit filter identification, provisions of trauma care, and patient outcomes.
- I. Voting Members:
 - i. Trauma Medical Director: serves as chair, must attend 60% of TSPC meetings.
 - ii. General Surgery Active Medical Staff members who provide trauma care;
 - iii. Emergency Medicine Active Medical Staff members who provide trauma care;
 - iv. Anesthesia/CRNA
 - v. Ad Hoc: Other physician members are invited to attend at the discretion of the committee chair to assist in the activities of the committee.
 - II. Non-voting members:
 - i. Trauma Program Manager/Trauma Coordinator;
 - ii. Peer Review Nurse;
 - iii. Administrative Coordinator of Medical Staff Services; and
 - III. TMPRC Duties:
 - i. Reviews trauma cases with opportunity for improvement, quality concerns, mortalities, transfers, or those selected for review by Trauma Medical Director.
 - ii. Provide appropriate leveling of cases;
 - iii. Use ACS nomenclature in the leveling of mortalities;
 - iv. Recommend corrective action when performance does not meet expectations; and
 - v. Demonstrate process loop closure, examples:
 - 1. Focused review for a specified period of time;
 - 2. Additional Committee or Department review with determination;
 - 3. Formal education e.g., Case presentation, verification of competency;
 - 4. Practice review;
 - 5. Process review;
 - 6. Equipment and/or Supplies: Availability and safety;

7. Resource review: adequate staffing and/or plan to meet the standard of care;
8. Policy or Protocol review: development or revision to meet the standard of care; and
9. Privileging issues, changes, or mandated issues may be elevated to MEC.

ARTICLE 3: AMENDMENTS

This Manual shall be amended in accordance with Article 8 of the Medical Staff Bylaws.

ARTICLE 4: ADOPTION

This Manual is adopted and made effective upon approval of the Board, superseding and replacing any and all other Bylaws, Rules and Regulations of the Medical Staff or Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Staff: 01/14/2026

Approved by the Board: 01/20/2026