



MACOMB

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(formerly Mount Clemens Regional Medical Center)

MEDICAL STAFF

MANUAL of

PROFESSIONAL STAFF

REQUIRED FUNCTIONS

July 2015

PREFACE

In accordance with the Healthcare Facilities Accreditation Program Requirements Requirements for Healthcare Facilities (HFAP):

*"There are three (3) required Committees: Medical Executive Committee, Utilization Review Committee, & Utilization of Osteopathic Methods & Concepts Committee."
(HFAP 3-31; Feb 2005)*

*"Other Required Activities: Although no other committees are required, all accredited hospitals must establish credentials, joint advisory, medical records, mortality review, tissue, tumor, disaster and infection control committee (functions)."
(HFAP 3-40; Feb 2005)*

THEREFORE, this MANUAL identifies the required FUNCTIONS of the Professional Staff as fulfilled through various "committees," and they are subject to "Designation, Structure and Function," an entitled to "Board Indemnification" as outlined in the Medical Staff Bylaws.

MEDICAL STAFF BYLAWS: ARTICLE XII: COMMITTEES

12.1 DESIGNATION, STRUCTURE AND FUNCTION

There shall be such standing and special committees of the staff as may from time to time be necessary and desirable to perform the functions of the staff required by these bylaws or necessarily incidental thereto. All staff members to serve on committees and committee chairmen shall be appointed by the President of the Staff except as otherwise provided in these Bylaws. All hospital personnel, other than staff members, to serve on committees shall be appointed by the Chief Executive Officer (CEO). The CMO is ex-officio on all committees. Committee appointments are for the Medical Staff year.

All committees shall:

1. Maintain a record of attendance at their meetings;
2. Maintain a record of their activities;
3. Submit timely reports of their activities and copies of the minutes of their meetings to the Staff Executive Committee.

The Standing Committees of the Medical Staff are set forth below and also recognized in the Manual of Professional Staff Required Functions

12.2 BOARD INDEMNIFICATION

All Medical Staff appointees who act on behalf of the hospital in professional activities pursuant to these Bylaws are indemnified to the fullest extent permitted by law.

Those Medical Staff Standing Committees contained within the Bylaws (Article XII) are noted below:

- Staff Executive Committee
- Credentials Committee
- Medical Education Committee
- Osteopathic Principles and Methods Committee
- Quality Assessment / Improvement Committee
- Utilization Review Committee

12.10 OTHER COMMITTEES

All other committees of the Medical Staff are set forth in the Manual of Professional Staff Required Functions.



PROFESSIONAL STAFF REQUIRED FUNCTIONS

The following **COMMITTEES** fulfill the ‘**REQUIRED FUNCTIONS**’ of the **Professional Medical Staff**.

The Chief of the Medical Staff shall appoint the members and Chairpersons of the following Committees (**functions**) unless such appointments are already mandated by regulatory or policy.

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I. **BYLAWS COMMITTEE**

A. Membership & Meetings

This committee shall be staffed at the discretion of the Chief of Staff.

The Bylaws Committee shall meet no less often than every three (3) years for review of the Medical Staff Bylaws, Rules and Regulations.

B. Functions

The Bylaws Committee shall carry out a review and study of the Medical Staff Bylaws and recommend such changes and modifications, including departmental rules and regulations, which may be indicated in the best interest of continually updating such bylaws in order that the affairs of the medical staff may flow more purposefully and effectively to the ultimate goal of providing the care in accordance with applicable and prevailing standards of professional practice.

2. **CANCER COMMITTEE***

**American College of Surgeons Commission on Cancer –
Cancer Program Standards – 2012*

A. Membership and Meetings

The cancer committee membership is multidisciplinary, representing physicians from the diagnostic and treatment specialties, and nonphysicians from administrative and supportive services.

Required members for all categories are as follows:

Physicians: Diagnostic Radiologist, Pathologist, Surgeons, Medical Oncologist, Radiation Oncologist, Cancer Liaison Physician.

Non-Physicians: Cancer Program Administrator who is responsible for the administrative oversight who has budget authority for the Cancer program, Oncology Nurse, Social Worker or Case Manager, Certified Tumor Registrar (CTR), Performance improvement or quality management representative, Clinical research representative, Rehabilitative representative.

Individual members of the committee are appointed to coordinate important aspects of the Cancer Program. An individual cannot fulfill more than one coordinator role.

The Coordinators are as follows:

- Cancer Conference Coordinator
- Quality Improvement Coordinator
- Cancer Registry Quality Coordinator
- Community Outreach Coordinator
- Clinical Research Representative or Coordinator
- Psychosocial Services Coordinator

Appointment of Members: Chief of Staff shall appoint the Cancer Committee Chair , physician members, and the Cancer Liaison physician from committee membership.

The Chief Executive Officer shall appoint non-physician members.

Meetings: Cancer Committee shall meet at least quarterly, and reports via minutes to the Medical Staff Executive Committee.

The committee reports quality improvement plan and results to the Medical Staff QAI Committee.

Attendance: Each required member attends at least 75% of the Cancer Committee meetings held during any given year.

B. Functions of Committee

The Committee abides by and fulfills all standards set forth by the American College of Surgeons Commission on Cancer, Cancer Program Standards 2012: Ensuring Patient – Centered Care, to achieve continuous accreditation and commendation as an Academic Comprehensive Cancer Program.

Monitoring, assessing, and identifying changes that are needed to maintain compliance with the eligibility criteria. When appropriate, the Cancer Committee may delegate this responsibility to a specified individual, subcommittee, or department. The assessment is documented in cancer committee minutes. The Cancer Committee is responsible for goal setting, planning, initiating, implementing, evaluating, and improving all cancer-related activities in the program, i.e. Cancer Conference (Tumor Boards), Cancer Registry, quality improvement, clinical research, education and community outreach.

3. **CRITICAL CARE ADVISORY COMMITTEE ***

** Reference document entitled "MCGH: Critical Care Units, Plan of Organization, Function and Management" originally approved Board of Trustees 1972; revised 2002*

A. Membership & Meetings

The Board of Trustees shall appoint upon recommendation of the Medical Staff Executive Committee the following individuals:

- i.. Surgical (two representatives from the Department of Surgery, exclusive of the Director,
- ii.. Medical (two representatives from the Department of Medicine exclusive of the Director
- iii. Emergency Medicine representative
- iv. Pediatrician (representative from the Dept of Pediatrics, as needed)
- v. Nursing Director of Critical Care Services
- vi. Critical Care Unit Associate Directors (Medicine / Surgery: *ex-officio*)
- vii. Chief Medical Officers (*ex-officio*)
- viii. Medical Director, Respiratory Care Services (*ex-officio*)

- ix.. Clinical Managers of respective Critical Care units, as needed
(*ex-officio*)
- x. ER Physician (representative from the Dept. of Emergency Medicine, as needed; *ex-officio*)

Meetings: The committee shall meet annually, and more often as needed.

B. Functions:

The Critical Care Advisory Committee will be available for consultation with the Co-Directors. In general, the committee's function shall be as follows:

- i. Establish, implement and coordinate all basic policies and techniques of the unit,
- ii. To assist the Co-Directors in educational functions
- iii. To serve as a mediator in serious problem situations which may arise.
- iv. To assist the Co-Directors in any way they deem necessary.
- v. To review and approve the creation of all special care units.

4. INFECTION CONTROL COMMITTEE

A. Membership & Meetings

The Chief of Staff shall appoint the physician members, and the Chairperson shall be a physician member of the Active Medical Staff. Representatives from clinical departments or services will be appointed by the Chief Executive Officer, and should include representation from the admitting office, housekeeping, nursing service, dietary, maintenance, operating room, obstetrics, nursery, pharmacy, laboratory, critical care units, and emergency room.

Meetings shall be held at lease every two months.

B. Functions

- 1. Develop an infection control plan for the hospital. Review and revise, if necessary, the hospital's infection control plan at least annually.
- 2. Furnish written reports to the medical staff and governing body of the committee's activities and findings;
- 3. Institute, at any time, control measures to protect patients, employees, visitors, and other persons;
- 4. Evaluate and make recommendations regarding any change in chemical solutions for sterilization and other cleaning procedures;
- 5. Review at each meeting nosocomial infections.

5. JOINT CONFERENCE COMMITTEE

A. Membership & Meetings

The Joint Conference Committee shall be composed of six members; three lay members to be appointed from the Board of Trustees and three physicians from the Staff Executive Committee who are not members of the Board of Trustees. The Chairperson of this committee will be appointed by the President of the Board of Trustees.

This committee shall meet at the call of the President of the Board of Trustees or upon written request of any two members of this committee with at least 48 hours notice to all committee members.

B. Functions

1. to serve as an official means of liaison between the Medical Staff, the Governing Body and the Chief Executive Officer (CEO).
2. to keep the Governing Body, Medical Staff and Administration cognizant of pertinent actions taken or contemplated by one or the other including the following:
 - a. consideration of plans for growth,
 - b. consideration of issues affecting medical care which arise in the operation and affairs of the hospital.
 - c. provide a forum for conflict resolution between the Medical Staff, Administration and/or Governing Body.

6. LIBRARY COMMITTEE

A. Membership & Meetings

1. Membership shall include representatives who frequently utilize the hospital's library.
2. Vice President of Medical Education and Medical Librarian shall be members ex-officio.
3. The Library Committee shall meet at least annually, but more often if necessary.

B. Functions

1. Assist the medical librarian to establish rules and regulations for use of the medical library,
2. Recommend the acquisition, purchase or discarding of educational materials.

7. MEDICAL RECORDS COMMITTEE

A. Membership & Meeting

Membership shall represent a cross section of clinical services. The Director of Health Information Management will serve in an advisory (ex-officio) capacity.

The committee shall meet on a quarterly basis.

B. Functions

1. Review and constructively criticize current medical records at frequent intervals.
2. Ensure the maintenance of medical records at an acceptable standard of completeness.
3. Recommend any new, use, or any changes in the format of medical records.
4. Recommend policies for medical record maintenance and supervise medical records to ensure proper recording of sufficient data to evaluate patient care.
5. Develop, with the aid of legal counsel, policies to guide the medical records administration. Professional staff, and administration in matters of privileged communication and legal release of information.

8. OPERATING ROOM ADMINISTRATIVE COMMITTEE

A. Membership & Meetings

Membership will include the Chairpersons of the various surgical departments or their designee.

The committee shall meet quarterly.

B. Functions:

This committee will meet for the purpose of reviewing issues of mutual concern and to establish policy regarding the operating room facilities.

9. PHARMACY AND THERAPEUTICS COMMITTEE

A. Membership & Meetings

The Chairperson shall be a physician on the Active Staff. The hospital pharmacist shall be a member ex-officio.

This committee shall meet four times a year, or more often if necessary.

B. Functions:

1. Formulate drug policies and establish pharmacy procedures, including reporting adverse drug reactions and errors.
2. Report to and serve as liaison with the professional staff;
3. Develop a hospital formulary or list of drugs for use in the hospital. The formulary or drug list shall be amended by the committee as needed;
4. Recommend drugs to be stocked on nursing floors;
5. Evaluate clinical data concerning new drugs requested for use in the hospital;
6. Help formulate broad policies on evaluation, selection, procurement, distribution and use of drugs;
7. Advise the professional staff and the pharmacist on the choice and use of drugs.

10. TRAUMA COMMITTEE*

**Committee on Trauma: American College of Surgeons: "Resources for Optimal Care of the Injured Patient" 2006.*

A. Membership & Meetings

A multidisciplinary committee chaired by the Trauma Medical Director or designee, with representatives from trauma surgery, orthopedics, neurosurgery, ER, radiology, surgical services, clinical social work, anesthesia, lab, respiratory therapy, PT/OT/Rehab, Nursing, Administration, Pre-hospital, pharmacy and case management.

Meetings: Quarterly

B. Functions:

Performance improvement and patient safety within trauma services program, education, and peer review*.

*Peer review function specifically includes: Trauma Medical Director, core trauma surgeons, physician liaison from Orthopedics, ER, Neurosurgery, Anesthesia, Radiology and Trauma Coordinator.

Peer review is conducted on a monthly basis as a separate meeting with surgeons, physician liaisons and trauma coordinator.

11. TRANSFUSION REVIEW COMMITTEE

A. Membership & Meetings

The pathologist shall be a member of this committee.

This committee shall meet at least quarterly.

B.. Functions:

1. Establish policies governing all transfusions of blood and blood derivations and evaluate such policies and practices at regular intervals;
2. Investigate all transfusion reactions occurring in the hospital;
3. Recommend improvement in transfusion procedures.

12. OTHER FUNCTIONS

Other Functions as required are fulfilled by the respective Medical Staff Departments via the Medical Staff's Quality Assessment / Improvement Committee: Mortality Review.

13. SPECIAL COMMITTEES

Special committees may be appointed, by the Chief of Staff, from time to time as may be required to carry out properly the duties of the medical staff. Such committees shall confine their work to the purpose for which they were appointed and shall report to the Staff Executive Committee or to the full Medical Staff if so directed. They shall not have the power of action unless such is specifically granted by the motion creating such a committee.
