



HSHS St. Joseph's Hospital Medical Staff Committee Manual

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MEDICAL STAFF COMMITTEE MANUAL

The committees described in the Medical Staff Committee Manual shall be the standing committees of the Medical Staff. Special or ad hoc committees may be created by the Medical Executive Committee to perform specified tasks. Unless otherwise specified, the chair and members of all standing Medical Staff committees shall be appointed by the Medical Staff President, in consultation with the Medical Executive Committee. Department committees shall be appointed by the Department Chair. All Medical Staff committees shall be responsible to the Medical Executive Committee.

Committee meetings will be conducted in accordance with provisions set forth in the Medical Staff Bylaws.

TERMS OF COMMITTEE MEMBERS

Unless otherwise specified, committee members shall be appointed by the President of the Medical Staff, in consultation with the Medical Executive Committee, for a term of one (1) year. No limitation shall be imposed on the number of consecutive terms a committee member may serve.

VACANCIES

Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made.

PROVISIONS FOR TERMINATION OF A COMMITTEE BY THE MEDICAL EXECUTIVE COMMITTEE

The MEC may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions.

CONFIDENTIALITY

All attendees at any committee meetings shall be subject to the confidentiality requirements identified in the Medical Staff Bylaws regardless of whether they are Appointees.

VOTING

All members have voting privileges, unless otherwise specific. Those who serve *ex-officio* do not have voting privileges.

A. UTILIZATION REVIEW COMMITTEE

Section 1. Composition

The Utilization Review Committee shall be a standing Committee composed of active members of the Medical Staff. The physician advisor (who shall deal with government professional review organizations and other utilization issues) must be one of the physician members. There shall be appropriate representation from administration and nursing.

Section 2. Duties

The committee shall assume all responsibilities that relate to the Utilization Review function which shall include:

- (a) Develop a utilization review plan that is appropriate to the Hospital and that meets the requirements of law. Such a plan should include provision for review of appropriateness of admissions and of continued Hospital stay and data collection and reporting;
- (b) Require that the utilization review plan is, in effect, known to the Staff members and is functioning;
- (c) Conduct such studies, take such actions, submit such reports and make recommendations as are required by the utilization review plan; and
- (d) Participate in quality improvement activities which are to include recommending performance improvement monitors, developing screening criteria, interpreting criteria deviations, and implementing corrective action when necessary.

Section 3. Meetings

The Utilization Review Committee shall meet at least quarterly.

B. PEER REVIEW COMMITTEE

Section 1. Composition

The Peer Review Committee shall be a standing Committee composed of at least one Member from each of the following departments: OB/Pediatrics, Medicine, Surgery, and Emergency Services. A Medical Staff Officer shall also be a voting Member.

Section 2. Duties

The Peer Review Committee is responsible to the Medical Executive Committee and the Governing Board for the overall operation of Medical Staff peer review and performance improvement activities and for collaborating with Hospital Administration as needed to improve

quality of care, treatment and services and patient safety. The responsibilities of the committee include, but are not limited to:

- (a) Instituting activities for measuring, assessing, and improving processes that primarily depend on the actions of one or more privileged Practitioners;
- (b) Providing ongoing measurement, assessment, and improvement of the:
 - i. Medical assessment and treatment of patients
 - ii. Use of medications
 - iii. Use of blood and blood components
 - iv. Use of operative and other procedures
 - v. Efficiency of clinical practice patterns
 - vi. Significant departures from established patterns of clinical practice
 - vii. Education of patients and families
 - viii. Coordination of care with other Practitioners and Hospital personnel, as relevant to the care, treatment, and service of an individual patient
 - ix. Accurate, timely and legible completion of patients' medical records
- (c) Review of sentinel event data and patient safety data collected by the Hospital staff;
- (d) Establishment of peer review policies and protocols for implementation by clinical Departments and Medical Staff committees to assure reliability and consistency across specialties; and coordinate interdisciplinary approaches to peer review;
- (e) In collaboration with the Medical Staff Departments, review Ongoing Professional Practice Evaluation data to identify trends or problems with the performance of individual practitioner granted privileges and to work with Department Chairs and other Medical Staff leaders to address clinical or conduct deficiencies in a satisfactory manner;
- (f) Create and implement or recommend to Department Chairs and the Medical Executive Committee plans for collegial intervention with Practitioners who are identified through peer review activities as in need of such interventions;
- (g) In conjunction with appropriate Medical Staff Departments, collaborate with the Hospital Quality Department in the review of sentinel events, root cause analyses and failure modes and effects analyses as appropriate;

- (h) Draw conclusions, make recommendations, take action and follow-up based upon the assigned responsibilities and duties;
- (i) Oversee the implementation of the provisions of Article X of these Bylaws.

Section 3. Meetings

The Peer Review Committee shall meet at least quarterly. Committee action will be reported to the Medical Executive Committee.

C. PHARMACY & THERAPEUTICS COMMITTEE

Section 1. Composition

The Pharmacy and Therapeutics Committee shall be a standing Committee composed of members of the Medical Staff. There shall be appropriate representation from administration, pharmacy, and nursing.

Section 2. Duties

The committee shall direct the following specific functions:

- (a) Provide oversight and direction for the medical staff to the Pharmacy pertaining to the choice of available drugs;
- (b) Make recommendations concerning drugs to be stocked on the nursing units and by other services;
- (c) Develop and review periodically a formulary or drug list for use in the Hospital;
- (d) Advise unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients;
- (e) Evaluate clinical data concerning new drugs or preparations requested for use in the Hospital;
- (f) Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs;
- (g) Establish and review protocols for administration of drug agents as deemed necessary;
- (h) Review therapeutics, prophylactic and empiric usage of antibiotics within the Hospital;

- (i) Perform reviews for appropriateness, safety, and effectiveness of the prophylactic, empiric, and therapeutic use of antibiotics utilizing pre-established clinically valid criteria in the screening process;
- (j) Review appropriateness of empiric and therapeutic use of drugs;
- (k) Develop and recommend to the Medical Executive Committee policies relating to the selection, distribution, handling, use, administration and safety procedures of drugs and diagnostic testing agents/materials;
- (l) Review adverse and untoward drug reactions, errors, and outcomes; and
- (m) Review the administration and oversight of all drug and therapeutic agents utilized throughout the Hospital.

Section 3. Meetings

The Pharmacy and Therapeutics Committee shall meet at least quarterly.

D. CONTINUING MEDICAL EDUCATION COMMITTEE

Section 1. Composition

The Continuing Medical Education (“CME”) Committee shall be a standing committee with representatives participating in an HSHS – Western Wisconsin Division Continuing Medical Education Committee, comprised of members of the Medical Staffs from St. Joseph’s Hospital and Sacred Heart Hospital, and other membership as defined by the Medical Staff Bylaws for each CME committee. Committee members from St. Joseph’s Hospital shall include member of the Department of Internal and Family Medicine and the Department of Obstetrics/Pediatrics.

Section 2. Duties

The Continuing Medical Education Committee shall:

- (a) Encourage and coordinate continuing medical education activities;
- (b) Develop, plan, and participate in programs of continuing medical education that are designed to keep the Medical Staff informed of significant new developments and new skills in medicine and that are responsive to evaluation findings;
- (c) Evaluate the effectiveness of the educational programs developed and implemented;
- (d) Make recommendations regarding professional library services;

- (e) Act upon continuing medical education recommendations from the Medical Executive Committee, clinical departments and/or other committees;
- (f) Cooperate, where appropriate, with universities and other institutions in medical staff continuing education;
- (g) Review and approve various hospital-sponsored continuing medical education programs for continuing education credits;
- (h) Report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action any situation involving questions related to the completion of continuing education requirements by any individual appointed to the medical staff; and
- (i) Prepare an annual report of activities and annual budget.

Section 3. Meetings

The Continuing Medical Education Committee shall meet at least quarterly.

E. COMPREHENSIVE PATIENT BLOOD MANAGEMENT PANEL

Section 1. Composition

The cPBM Committee shall be a standing Committee of active members of the Medical Staff and should specifically include a Pathologist and a member from the Department of Surgery, Internal and Family Medicine, and Obstetrics/Pediatrics. There shall be appropriate representation from administration and lab. Ad Hoc members may be added as needed to address issues requiring specialized expertise, at the discretion of the chair(s).

Section 2. Duties

The objective of the cPBM Panel is to promote pre-emptive clinical strategies for transfusion avoidance and to promote the safe and effective use of blood and blood products by utilizing clinical evidence and quality improvement approaches. The Blood Usage Committee shall:

- A. Develop, recommend, and periodically review transfusion guidelines for all blood components and patient groups to ensure they are consistent with current published evidence
- B. Review and analyze transfusion utilization data as a system, by hospital, by clinical service, and by physician including all blood components and blood derivatives
 - i. Identify areas of over (or under) utilization
 - ii. Evaluate trends and progress of the PBM program

- C. Make recommendations on evidence-based practice changes to improve transfusion medicine including transfusion safety, anemia management, and anticoagulation management. Possible clinical initiatives might include:
 - i. Anemia clinic including preoperative anemia
 - ii. Perioperative cell collection and administration (Cell Saver, ANH)
 - iii. Anticoagulant and anti-platelet reversal strategies
- D. Promote evidence-based use of pharmacologic agents that reduce blood loss and improve red cell mass (e.g. anti-fibrinolytic agents, intravenous iron, erythropoietic stimulating agents)
- E. Provide reports to the site specific working groups, clinical departments, and hospital quality department
 - i. Provide specialty and physician level reports
- F. Evaluate needs for lab support for patient blood management activities
- G. Monitor, evaluate, and recommend improvements in the EMR and computerized ordering process to support PBM activities
- H. Ensure strategies are in place for management of patients with massive blood loss (trauma, obstetrical hemorrhage, etc.)
- I. Participate in development and review of HSHS nursing and interdisciplinary clinical policies and procedures related to blood transfusion therapy
 - i. Support standardization of transfusion practice across hospitals
 - ii. Facilitate consistency across disciplines within hospitals
- J. Support and prioritize educational activities and content for caregivers involved in transfusion process based on identified needs
 - i. Physician education: Evidence-based, best practice review articles and Patient Blood Management strategies (anemia management, prevention/management of bleeding)
 - ii. Nursing Education: Evidence based transfusion guidelines and blood administration and transfusion reactions
 - iii. Targeted education based on transfusion reports, blood administration audits and other audits/reports

Section 4. Meetings

The cPBM Panel shall meet at least twice a year.

F. PRACTITIONER HEALTH COMMITTEE

Section 1. Composition

- (a) The Practitioner Health Committee shall be a standing committee of the Medical Staff whose primary objective is to protect patients and to promote the physical, mental and emotional well-being and fitness of health care practitioners who practice at the Hospital. The role of the committee shall be to provide assistance to Medical Staff members and allied health professionals who may have health problems which might impair their ability to practice competently and safely in the Hospital;

- (b) The Practitioner Health Committee shall consist of at least five members of the Medical Staff appointed by the President of the Medical Staff based upon their knowledge about and/or interest or expertise in health issues that might impact on the ability of a practitioner to exercise clinical privileges competently and safely;
- (c) Any committee member who has been identified as an individual with possible health issues or who is potentially impaired, or who is a member of the same group practice as a practitioner who has health issues or has been identified as a potentially impaired individual, shall be excused from the committee during its consideration of such matter;
- (d) The President of the Medical Staff shall appoint one of the committee members to serve as chairperson of the committee; and
- (e) Each member of the committee shall be appointed for a three-year term to provide continuity, and may serve additional terms if reappointed.

Section 2. Duties

The Practitioner Health Committee shall:

- (a) review and facilitate further evaluation and treatment and make recommendations in accordance with the Practitioner Health Policy regarding any practitioner health issue or impairment concerns that are brought to the committee's attention;
- (b) evaluate and investigate all reports regarding impairment of a provider's ability to practice, serious mental, emotional, or physical problems, alcohol or other drug abuse, or behavioral problems (including unethical conduct);
- (c) facilitate collegial efforts to address concerns regarding inappropriate conduct/behavior by Medical Staff and Allied Health Professionals and/or refer matters appropriately according to the Practitioner Health Policy;
- (d) recommend to the Credentials and Medical Executive Committees and the CEO educational materials about practitioner health issues that emphasize prevention, diagnosis and treatment of physical, psychiatric and emotional illness;
- (e) handle health issues and/or impairment matters in a confidential manner and consistent with the Practitioner Health Policy, and keep the CEO, the President of the Medical Staff and the Chairperson of the Credentials Committee apprised of the matters under review; and

- (f) recommend updates and/or revisions as necessary to the Practitioner Health Policy which provides a framework for resolving health issues involving Medical Staff members and allied health professionals.

Section 3. Meetings

The Practitioner Health Committee shall meet as often as necessary to perform its responsibilities, but at least annually, and shall maintain a record of its proceedings.