

SHANDS AT UF

MEDICAL STAFF COMMITTEE MANUAL

**As Adopted by Shands Teaching Hospital and Clinics, Inc.
Board of Directors, October 27, 2010**

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ARTICLE I - ADDITIONAL MEDICAL STAFF COMMITTEES

Section 1. **Cancer Committee**

- a. **Membership.** This committee shall consist of representatives from Radiation Oncology, Medical Oncology, Pathology, Surgery, Nursing Services, Diagnostic Radiology, Patient and Family Resources, Anesthesiology, the UF Clinical Trials Office, Hospital Administration, Quality Management and the Oncology Data Center, and other appropriate cancer related areas.
- b. **Duties and Responsibilities.** The Cancer Committee shall be concerned with the entire spectrum of care for cancer patients treated at the institution. It shall develop and evaluate annual goals and objectives for the clinical, community outreach, quality improvement, and programmatic endeavors related to cancer care.
- c. **Meetings.** This Committee shall meet as often as necessary to fulfill its responsibilities, but at least quarterly, and maintain minutes.

Section 2. **Human Use of Radioisotopes and Radiation Committee**

- a. **Membership.** This committee shall consist of at least four representatives from the Medical Staff, the Radiation Control Officers from the University of Florida and the Veterans Administration Medical Center, and a representative from the UF Radiation Control Committee. Representatives from Nursing, Pharmacy, Safety, and Hospital Administration may also be appointed to the committee.
- b. **Duties and Responsibilities.** This committee shall comply with the requirements specified in 64E-5.606, Florida Administrative Code and shall ensure that human use of radioisotopes, ionizing, and nonionizing radiation is in accordance with standard radiation safety practice, sound medical practice, and Federal and State regulations. Specific responsibilities shall be to:
 1. Review and grant permission for human uses of radioisotopes and ionizing radiation.
 2. Evaluate the training and experience of each physician who proposes to use radioactive materials or ionizing radiation in research, diagnosis or therapy in humans.
 3. Approved the training of a physician, dentist or podiatrist to receive, possess, or use radioactive material under the supervision of an authorized user.
 4. After completion of training, provide documentation to a physician, dentist or podiatrist that he/she has received the training and experience required by 64E-5 F.A.C.

5. Evaluate the overall radiation safety program, the Radiation Control Officer performance, and the radiation control staff performance annually and report the results to senior management as part of the Committee's Annual Report.
 6. Review the training programs, equipment, facilities, supplies, procedures and reports to ensure the safe use of radioactive material.
 7. Maintain records of the actions taken in approving or disapproving the human use of radioisotopes and ionizing radiation, and other transactions, communications, and reports involved in the work of the committee.
 8. Prepare and disseminate information on radiation safety for the use and guidance of researchers, technologists, nurses, physicians and dentists.
 9. Prescribe special conditions and requirements that may be necessary (such as additional training, physical examinations, designation of limited areas or locations of use, disposal methods, etc.) to assure radiation safety.
- c. **Meetings.** This committee shall meet as often as necessary to fulfill its responsibilities, but at least quarterly, and maintain minutes.

Section 3. **Pain Management Committee**

- a. **Membership.** The committee shall consist of at least representatives from the Medical Staff, Nursing Services, and Pharmacy.
- b. **Duties and Responsibilities.**
 1. Develop and implement strategies designed to improve/optimize pain management.
 2. Maintain oversight of quality data related to pain management including:
 - i) Compliance with requirements for assessment, treatment and monitoring of patient pain.
 - ii) Patient satisfaction with pain management.
 - iii) Medication errors and adverse patient events related to pain management.
 3. Review and revise practice standards regarding pain management.
 4. Recommend and support education of clinicians regarding pain management.
- c. **Meetings.** This committee shall meet as often as necessary to fulfill its responsibilities, but at least quarterly, and maintain minutes.

Section 4. **Health Record Shared Governance Committee**

- a. **Membership.** The committee shall consist of the Director of the Health Information Management Department, and representatives from the Medical Staff, Nursing Services, Hospital Administration, UF Clinics, Information Services, Legal

Services and other services as appropriate for overseeing the maintenance of a shared electronic patient record database.

b. **Duties and Responsibilities.**

1. Ensure that documentation in the patient health record reflects and supports quality patient care by developing and enforcing policies that support this goal.
2. Advise on the content of the Patient Record maintained for the clinical enterprises including:
 - a) Developing policies that promote uniformity and consistency within the patient health record to improve ease of use, including:
 - b) Required data elements;
 - c) Naming conventions;
 - d) The organization of the patient health record;
 - e) The format of each item in the patient health record;
 - f) Content/Forms Subcommittee
 - g) Identification, accommodation, and reconciliation of differences between clinic and hospital records.
3. Guide the transition from paper to electronic records consistent with the standards for the patient health record including:
 1. Setting priorities for changes in clinical information systems;
 2. Establishing the path and timeline for planned transition;
 3. Establishing and tracking critical success factors.
4. Adopt standards for managing patient health record use to establish a reasonable balance among needs for security/confidentiality/privacy/and access, including:
 - a) Policies and processes for access to patient health records consistent with need-to-know and privacy requirements;
 - b) Policies/processes to secure patient health record;
 - c) Policies/processes to review patient health record use and identify potential issues;
 - d) Standards for patient health record collection and internal and external use across the clinical enterprise (e.g., MyChart, Epic Everywhere, Epic Anywhere).
5. Establish mechanisms for reviewing and reporting patient health record content, processes, and controls to ensure compliance with regulatory and accreditation requirements, including compliance with:
 - a) Medical Staff Bylaws;
 - b) clinician performance requirements;
 - c) regulatory and licensing agency requirements;
 - d) legal statutes and other government requirements;
 - e) payer requirements.

- b. **Meetings.** The committee shall meet as often as necessary to fulfill its responsibilities, but at least quarterly, and maintain minutes.

Section 5. **Pharmacy and Therapeutics Committee**

- a. **Membership.** The committee shall consist of representatives from the clinical departments, the Director of Pharmacy Services, and representatives from Hospital Administration and Nursing Services.
- b. **Duties and Responsibilities.** The duties shall be development and monitoring of drug utilization policies and practices within the institution in order to optimize clinical results and decrease potential for hazard. The committee shall assist in the formulation of policies regarding the evaluation, appraisal, selection, procurement, storage, distribution and use of drugs, and safety procedures and other matters relating to drugs and diagnostic testing materials in the hospital. It shall also perform the following specific functions:
 - 1. Serve as an advisory group to the Medical Staff and Pharmacy Service on matters pertaining to the choice of available drugs.
 - 2. Make recommendations concerning drugs to be stocked on the nursing unit floors and by other services.
 - 3. Develop and periodically review a formulary or medications list.
 - 4. Establish and/or review procedures to prevent unnecessary duplication in stocking drugs, and drugs in combination that have identical amounts of the same therapeutic ingredients.
 - 5. Evaluate clinical and pharmacological data concerning new drugs or preparations requested for use, and determine whether they should be added to the formulary.
 - 6. Establish standards concerning the distribution and administration of investigational drugs under protocols that have been approved by the Institutional Review Board (IRB).
 - 7. Establish or plan suitable educational programs for the professional staff on pertinent matters related to drugs and their use.
 - 8. Review and evaluate issues related to the administration of medications.
 - 9. Review reported adverse reactions to drugs.
 - 10. Periodically evaluate medical records for appropriateness of drug therapy.

- c. **Meetings.** This committee shall meet as often as necessary to fulfill its responsibilities, but at least quarterly, maintain minutes, and report its findings to the clinical department chairs for review.

Section 6. **Sedation Committee**

- a. **Composition:** The Sedation Committee shall consist of a Medical Staff representative from each of the following specialties: Anesthesiology, Emergency Medicine, Obstetrics & Gynecology, Gastroenterology, Interventional Radiology, Cardiology, Pulmonary Medicine, Pediatrics, and other members of the Medical Staff as appropriate. In addition, the Committee shall have a hospital representative from each of the following hospital services: Risk Management; Quality Management; Nursing; the Emergency Department; Radiology; Cardiology; Pharmacy; Cardiopulmonary Services; Surgical Services; Labor & Delivery; and Endoscopy.
- b. **Duties.**
 1. The development of policies, procedures and guidelines for the administration of sedation and analgesia by non-anesthesiologists during the performance of a procedure.
 2. Evaluate quality data and other information gathered through ongoing quality monitoring activities specific to the administration of sedation and analgesia by non-anesthesiologists during the performance of a procedure.
 3. Submit recommendations to the Medical Staff Quality & Operations Committee on issues related to the administration of sedation and analgesia by non-anesthesiologists during the performance of a procedure.
 4. Develop and implement educational programs specific to the administration of sedation and analgesia by non-anesthesiologists during the performance of a procedure.
- c. **Meetings.** The committee shall meet as often as necessary to fulfill its responsibilities, but at least quarterly, and maintain minutes.

Section 7. **Transfusion Committee**

- a. **Membership.** In addition to the Medical Director of the Blood Bank, the Committee will include members selected to represent the clinical departments that frequently use blood products or require specialized transfusion services or components.
- b. **Duties.** The Transfusion Committee will conduct ongoing evaluation of transfusion practices to insure proper utilization of blood and its components and shall:

1. Review transfusion practices for proper utilization of all blood products including crossmatch transfusion ratio per physician and service.
 2. Design audit strategies to assess the utilization of blood products that include development of appropriate criteria, and review of individual cases.
 3. Review transfusion statistics that indicate the use of blood and blood products, *e.g.*, the amount of blood requested, the amount used, and the amount outdated.
 4. Review of actual or suspected transfusion reactions and suspected cases of transfusion transmitted infectious disease.
 5. Analyze identified problems or issues, formulate appropriate recommendations on best practice and provide continuing education programs to inform the Medical Staff of these recommendations and of changes in prevailing scientific understanding of good transfusion practice.
 6. Assure that blood products are readily available to satisfy each clinical need, provided in a prompt manner and at a reasonable cost.
- c. **Meetings.** The Committee will meet as often as necessary to fulfill its responsibilities, but at least quarterly, and maintain minutes.

Section 8. **Trauma Quality Management Committee**

- a. **Membership.** The Trauma Quality Management Committee shall consist of the Trauma Medical Director, Trauma Program Manager, Nurse Managers from trauma-related units, a representative from Quality Management and from Hospital Administration, and a Medical Staff representative from at least each of the following specialties: Emergency Medicine, Orthopaedic Surgery, Neurosurgery, Pediatric Surgery, Burn Surgery, Radiology, Anesthesiology, and Physical Medicine and Rehabilitation.
- b. **Duties and Responsibilities.**
1. Review and discussion of quality improvement initiatives;
 2. Review and approval of Trauma Program guidelines and policies; and,
 3. Recommendation of actions needed to resolve system or performance issues that impact the Trauma Program.
- c. **Meetings.** The Committee shall meet as often as necessary to fulfill its responsibilities, but at least ten times a year. There shall be at least 75 percent attendance of appointed committee members, the Trauma Program Medical Director, and one other representative from the Trauma Program present to constitute a quorum. It shall maintain minutes.

Section 9. Utilization Management

- a. **Membership.** This committee shall consist of Medical Staff representatives from the majority inpatient services, and at least one representative each from Nursing, Case Management, Utilization Management, Patient and Family Services, and Finance.
- b. **Duties and Responsibilities.** The Utilization Management Committee shall evaluate the utilization of inpatient hospital resources and make recommendations to Hospital administrators and the Medical Staff regarding appropriateness of utilization.
- c. **Meetings.** This committee shall meet as often as necessary to fulfill its responsibilities, but at least quarterly, and shall maintain minutes.

ARTICLE II -- MEETINGS

Committee and Department meetings shall comply with the requirements set forth in the Medical Staff Bylaws, Chapter 1, Article VI.

ARTICLE III – METHOD OF ADOPTION AND AMENDMENT

The MEC may recommend to the Board a Medical Staff Committee Manual to describe Medical Staff standing committees established in accordance with the Medical Staff Bylaws, including committee membership, duties, responsibilities and meeting requirements. Upon adoption by the Board, such manual or revisions thereto shall become effective.