To assist with the functions of the Medical Staff, the Medical Executive establishes certain necessary committees. Per Section 4.8 of the Medical Staff Bylaws, the following committees are established:

**Medical Staff Quality Oversight Committee (MSQOC)**

**Composition:** The composition of the MSQOC is defined in the Performance Improvement Plan.

**Duties:** The duties of the MSQOC are defined in the Performance Improvement Plan.

**Meetings:** The MSQOC shall meet at least quarterly and maintain permanent records of its proceedings and actions in the quality assurance office at the Hospital. The confidentiality of the proceedings, reports and written records of such committee shall be preserved to the fullest extent permitted by law.

**Medical Records and Utilization Review Committee**

**Composition:** The Medical Records and Utilization Review Committee shall consist of at least three representatives from the Medical Staff, who shall be appointed annually by the President of the Medical Staff and a chairperson who shall be elected by the medical staff and the Director of Health Information Management. Ex-officio members will include representatives from Health Information Management, Nursing, Quality Management, Case Management and Hospital Administration.

**Chairperson:** The chairperson of the committee shall serve for a two-year term following nomination and election in the manner provided in Article II, Section 2.2.3, for officers of the Medical Staff.

**Medical Record Duties:** The Medical Records function of the Committee shall be to

- Provide oversight for timely completion, clinical pertinence and overall adequacy of medical records.
- Advise regarding the format and forms used in the medical record.
- Be responsible for ensuring medical staff compliance with documentation and recommending corrective action when appropriate to Medical Executive Committee.
- Recommend PI activities and provide guidance for medicolegal documentation issues as appropriate to applicable law and regulation.
- Shall have the authority to file a record as permanently incomplete.

**Utilization Review Duties:** The Committee shall assist with formulation of a written Utilization Review Plan by which the medical staff agrees to abide. The Utilization Review Plan shall be approved by the Medical Staff, the Chief Administrative Officer and the Governing Body on a yearly basis. This committee shall also provide oversight for:

- Evaluating the appropriateness of admissions, continued stays and support services;
- Conducting concurrent reviews specific to problems identified with diagnoses, procedures and/or Practitioners;
- Conducting retrospective reviews for analyzing how under-utilization and over-utilization may affect the quality of patient care;
- Assisting and monitoring the discharge planning process;
- Reviewing rate-based data for blood and blood component use;
- Communicate the appropriate results of its studies and other pertinent data to the entire Medical Staff and make recommendations for the proper utilization of Hospital resources and facilities to improve the quality of patient care.
Meetings: The committee shall meet at least quarterly and shall maintain a permanent record of its proceedings and reports to the Executive Committee regarding its activities.

Pharmacy and Therapeutics Committee
Composition: The Pharmacy and Therapeutics Committee shall consist of a chairperson and at least two representatives from the Medical Staff, who shall be appointed annually by the President of the Medical Staff. The committee shall also include representatives from pharmacy, nursing, nutrition & food service and hospital administration. The hospital pharmacist shall be a member of and act as secretary for the committee. An appointed physician shall act as consultant for the nutrition and food service.
Chairperson: The chairperson of the committee shall serve for a two-year term following nomination and election in the manner provided in Article II, Section 2.2.3, for officers of the Medical Staff.
Duties: This committee shall be responsible for the development and surveillance of all drug utilization policies and practices within the Hospital in order to promote satisfactory clinical results and a reduced potential for hazard. The committee shall assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs in the Hospital. It shall also perform the following specific functions:
- Advise on matters pertaining to the choice of available drugs;
- Advise on matters pertaining to nutritional care of patients;
- Make recommendations concerning drugs to be stocked on the nursing unit floors and by other Services;
- Develop and periodically review a formulary or drug list for use in the Hospital;
- Evaluate clinical data concerning new drugs or preparations requested for use in the Hospital; and
- Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs.
Meetings: This committee should meet at least quarterly and reports to the Executive Committee regarding its activities.

Infection Control Committee
Composition: This committee shall consist of at least six representatives of the Medical Staff from the fields of surgery, medicine, obstetrics and gynecology, pediatrics and pathology appointed annually by the President of the Medical Staff. The President of the Medical Staff shall designate a chairperson who will preside. Membership of the Infection Control Committee shall include representatives from nursing, Hospital administration, microbiology and epidemiology. Representation from ancillary administrative services (housekeeping, central service, dietary, maintenance, pharmacy, emergency room and operating room) is to be obtained when appropriate on a consultative basis.
Duties: The Infection Control Committee shall determine the type of surveillance to be used, provide standard criteria for all types of infections, review infections within the Hospital and recommend remedial action, support a preventative and corrective program designed to minimize infection hazards, and supervise and promote all aspects of infection control in the Hospital’s activities.
Meetings: This committee shall meet at least quarterly and shall maintain a permanent record of its proceedings and activities, and shall forward a written report of its activities to the Executive Committee.
Cancer Control Committee
Composition: The President of the Medical Staff shall annually appoint a chairperson to preside over the committee. Required members of the committee will include representatives of the medical staff from the fields of surgery, medical oncology, radiation oncology, pathology, diagnostic radiology, and pain control/palliative care. The chairperson will appoint a physician member to serve as the cancer liaison physician (CLP). The CLP will serve as the liaison among the cancer program, the Commission on Cancer, and the American Cancer Society. The CLP responsibilities will also include evaluating, interpreting, and reporting the program’s performance using the National Cancer Data Base data to the cancer committee quarterly. Representatives from hospital administration, nursing service, cancer registry, case management, quality management and others based on the scope of service offered and major cancer sites seen by the facility may be included on the committee.
Duties: The committee is responsible for goal setting, planning, initiating, implementing, evaluating, educating and improving all cancer-related activities of the hospital. Members develop and evaluate annual clinical/programmatic goals and objectives related to cancer care. The committee also:
- Provides oversight for tumor board activities;
- Actively supervises the cancer data base for quality control of abstracting, staging and reporting;
- Monitors compliance with completion and accuracy of specific elements including TNM staging, CAP protocols and other documentation as appropriate; and
- Monitors and maintains compliance with the standards as specified by the American College of Surgeons Commission on Cancer.
Meetings: The committee shall meet no less frequently than quarterly, shall maintain a permanent record of its proceedings and activities and shall send written reports of its activities to the Executive Committee.

Critical Care Committee
Composition: This committee shall consist of representatives of the Medical Staff from the fields of medicine, cardiology, surgery, intensivists/hospitalists, anesthesiology and family practice, and others as deemed desirable, who shall be appointed annually by the President of the Medical Staff, and a chairperson. The committee should also include representatives from hospital administration, nursing and others as may be deemed appropriate.
Chairperson: The chairperson of the committee shall be elected in the manner provided in Article II, Section 2.2.3, for officers of the Medical Staff.
Duties: The committee shall supervise medical activities in the critical care unit to include:
- As a subcommittee of the Medicine Service, perform peer review of patient care to include deaths and complications that arise in the critical care unit and recommend corrective action.
- Formulation of standing orders, development of policies & procedures
- Assessment of equipment needs
- Provide assessments of critical care unit patients as requested by the Medical Staff or nursing staff.
- Participate in the long-range planning and physical development of the critical care unit.
Meetings: The committee shall meet regularly at such intervals as the Committee deems necessary to fulfill its duties, shall maintain a permanent record of its proceedings and activities, and shall send written reports of its activities to the Executive Committee.
POLICIES REPLACED:
None

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<tr>
<th>Authorizing Signature</th>
<th>Babu Rajendran, M.D.</th>
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<tr>
<td>Date</td>
<td>February 27, 2013</td>
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<tr>
<td>Name</td>
<td>President of the Medical Staff</td>
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Initial Approval
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