

ARTICLE XIII. STANDING COMMITTEES OF MEDICAL STAFF

The committees described in this Article shall be Standing Committees of the Medical Staff unless otherwise specified. Special or ad hoc committees may be created by the President of the Medical Staff or Executive Committee to perform specified tasks.

All Chairpersons of Standing Committees of the Medical Staff shall be members of the Medical Staff, except that a physician or non-physician may serve as Co-Chair along with an Active member of the Medical Staff as Chairperson. Unless otherwise specified in these By-Laws, members and Chairs of all committees shall be appointed for a two-year term by the President of the Medical Staff in consultation with the Executive Committee. Committee members and Chairpersons may be removed by the President of the Medical Staff in consultation with the Executive Committee of the Medical Staff.

Section 1 – Executive Committee

1. Only Active members, APRNs and PAs of the Medical Staff shall be eligible for membership on the Executive Committee. The Executive Committee shall consist of the officers and immediate past President of the Medical Staff; three elected delegates at large; and four ex-officio voting members consisting of Chief of Professional Services, a Medical Director from the Division of General Psychiatry and the Addiction Services Division. If an ex-officio member is also an officer or immediate Past-President of the Medical Staff, the number of delegates will be correspondingly increased so that the total membership remains ~~twelve~~ ten. The President of the Medical Staff shall be the Chairperson of the Executive Committee. The Chief Executive Officer or his/her designee may attend each Executive Committee meeting on an ex-officio basis without vote.

The Medical Director members shall serve for a two-year term commencing with the October elections. They shall be elected at the October meeting of the Medical Staff by the voting members of their respective divisions. Election protocol will be similar to that of the President-elect. Each Medical Director member shall be elected in a separate election and will need a simple majority of voting members from that division present to win the election. Members of the Medical Staff who are not assigned to a particular division shall not have voting privileges for Medical Director representation.

The delegates at large will have a two-year term commencing with the October election. Two delegates will be elected each year during the October meeting of the Medical Staff to create in any given year two experienced delegates and two new delegates. Election protocol will be similar to that of the President-elect. Each delegate will be elected in a separate election and will need a simple majority of voting members present to win the election.

The Executive Committee of the Medical Staff may invite other individuals necessary to conduct its business to attend its meetings. Such individuals shall not have voting privileges.

2. The Executive Committee of the Medical Staff is empowered to act for the Medical Staff in the intervals between Medical Staff meetings and is responsible for making recommendations to the Chief Executive Officer and to the Governing

Body. Such recommendations and actions shall include, but are not limited to, the following:

- A. The structure of the Medical Staff;
 - B. The mechanism used to review credentials and to delineate individual clinical privileges;
 - C. Recommendation for individual Medical Staff appointment, reappointment, and termination;
 - D. The granting, renewal, and revision of specific clinical privileges for each eligible individual;
 - E. The mechanism by which membership on the Medical Staff may be terminated;
 - F. The mechanism for fair hearing procedures;
 - G. Questions pertaining to clinical practice;
 - H. Reasonable steps to insure professional ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the initiation of, and/or participation in Medical Staff corrective or review measures when warranted;
 - I. The Executive Committee receives and acts on reports and recommendations from Medical Staff committees;
 - J. When appropriate, the Executive Committee shall recommend educational activities for each individual with delineated clinical privileges that:
 - i. relate in part to the privileges granted;
 - ii. are related to the type and nature of care offered by the Hospital;
 - iii. are related to the findings of improvement of performance activities;
 - iv. consider the expressed educational needs of individual members of the Medical Staff;
 - v. are documented and considered at time of reappraisal and in the renewal or revision of individual clinical privileges;
 - K. Recommending amendments to the By-Laws, and revisions to the Rules and Regulations, as changes in Medical Staff structure, policies and procedures and Hospital structure occur;
 - L. Reviewing the By-Laws and the Rules and Regulations, making appropriate changes at least every two years;
 - M. Reviewing the credentialing process of each of the professional disciplines (Nursing, Social Work, Psychology and Rehabilitation) which permits clinical services staff to provide specified patient care services within their scope of practice; and
 - N. Reporting on its activities and the activities of the various Medical Staff committees to the Governing Body on a quarterly basis.
3. Meetings: The Executive Committee shall meet at least monthly and shall be empowered to act for the Medical Staff in the intervals between Medical Staff monthly meetings.

Section 2 – Pharmacy, Nutrition and Therapeutics Committee

1. Composition: The Pharmacy, Nutrition, and Therapeutics Committee shall consist of at least one psychiatrist ~~from each division~~, a physician from Ambulatory Care Services, a dentist, dietician, the Director of Pharmacy, and a Chief of Patient Care Services or his/her designee. Members appointed in accordance with these By-Laws shall have the right to vote.
2. Duties: The Pharmacy, Nutrition, and Therapeutics Committee shall:
 - A. Review drug utilization practice in the Hospital.
 - B. Develop guidelines for the use of drugs including policies and procedures relating to selection, distribution, handling, use and administration of drugs.
 - C. Serve as an advisory group to the Medical Staff and the pharmacy on matters pertaining to the choice of available drugs, including the contents of the emergency cart.
 - D. Develop, maintain, and review periodically a formulary or drug list for use in the Hospital.
 - E. Work to limit unnecessary duplication and expense in stocking drugs and drug combinations.
 - F. Evaluate clinical data concerning new drugs or preparations requested for use in the Hospital.
 - G. Evaluate and approve protocols concerned with the use of investigational drugs.
 - H. Review all significant adverse drug reactions and recommend necessary actions.
 - I. Review reports, findings and conclusions, including Performance Improvement activities of this committee and submit them to the Executive Committee of the Medical Staff on a quarterly basis for further deliberation and action.
 - J. Review and approve any new therapeutic medical devices or equipment proposed for use in the Hospital.
 - K. Monitor performance of drug usage evaluation under the Pharmacy contract as a criteria based, ongoing, planned and systematic process of monitoring and evaluating the prophylactic, therapeutic, and empiric use of drugs; to help assure that the drugs are provided appropriately, safely and effectively.
 - L. Monitor and evaluate selected drugs as part of the Medical Staff's Performance Improvement activities.
 - M. Maintain a permanent record of its proceedings, findings, recommendations and actions taken.
 - N. Collaborate with Dietary Services and other disciplines in developing and maintaining standardized approaches to nutrition care. Develop and maintain a nutrition care manual. Review the Hospital's Hazard Analysis and Critical Control Point (HACCP) plan, on the handling of food, enteral tube feeding, and water; and periodically survey the food and enteral tube feeding handling process; and address any inconsistencies.
4. Meetings: The Pharmacy, Nutrition and Therapeutics Committee shall meet at least quarterly.

Section 3 – Infection Prevention Committee

1. Composition: The Chairperson shall be an Ambulatory Care physician with a designated Infection Prevention Practitioner serving as Co-Chairperson. The Committee shall consist of ~~physicians~~at least one physician; who can also be the Chair, a dentist, nurse(s), and Infection Prevention Coordinator from each division, and a representative of each of the following as appropriate: Dietary, Housekeeping, Maintenance, Pharmacy, Laboratory Services, Physical Therapy, Central Supply, Laundry, and Administration. It shall be responsible to the Executive Committee of the Medical Staff. Members appointed in accordance with these By-Laws shall have the right to vote.
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3. Duties: The Infection Prevention Committee shall:
 - A. Develop a hospital-wide Infection Prevention manual and program and maintain surveillance over the program.
 - B. Develop a system for identifying, reporting and analyzing the incidence and cause of nosocomial infections, including assignment of responsibility for the ongoing collection and analytic review of such data and follow-up activities.
 - C. Develop and implement a preventive and corrective program designed to minimize infection hazards including establishing, reviewing and evaluating aseptic, isolation and sanitation techniques.
 - D. Develop written policies defining special indications for isolation requirements.
 - E. Act upon recommendations related to Infection Prevention received from the Physician Chair, the Executive Committee and other committees.
 - F. Maintain a permanent record of its proceedings, findings, recommendations and actions.
 - G. Submit a report of its findings, recommendations and actions to the Executive Committee of the Medical Staff in a quarterly report.
4. Meetings: The Infection Prevention Committee shall meet monthly at the call of its Chairperson.

Section 4 – Medical Record Committee

1. Composition: The Medical Record Committee shall be chaired by a member of the Medical Staff and consist of at least one ~~physician~~ psychiatrist from each Division, and representatives from Performance Improvement, Nursing, Social Work, Psychology, Rehabilitation Services, the Medical Record Director, and other services/disciplines as appropriate. Members appointed in accordance with these By-Laws shall have the right to vote. Committee members who do not have contact with the Medical record but are needed to facilitate the Committee's work can be added as non-voting members.

2. Duties: The Medical Record Committee shall:
 - A. Evaluate and improve the quality of the medical record.
 - B. Develop and implement changes to the medical record.
 - C. Assure compliance with hospital requirements including timeliness, accuracy, and legibility of the medical record.
 - D. Report its findings and conclusions, including the quality performance activities on a quarterly basis, to the Executive Committee of the Medical Staff for further deliberation and action.
 - E. Maintain a record of its conclusions, recommendations, and actions taken. Results of action taken will be retained for a period of five (5) years as required by General Schedule IV, Retention/Disposition of Health Information Management Records and Case Files of Connecticut State Facilities.
3. Meetings: The Medical Record Committee shall meet at least quarterly or more often as called by the Chairperson.

Section 5 – Continuing Medical Education Committee

1. Composition: A physician/psychiatrist shall be the Chairperson of this Committee. Other members shall include the Medical Staff Academic Director, the Chief of Professional Services, a Performance Improvement representative, and a representative from the Office of Staff Development, ~~and a physician representative from each division~~. Representation of other disciplines may be appointed by the Executive Committee of the Medical Staff.
2. Duties: The Continuing medical Education Committee shall:
 - A. Identify educational needs of all Medical Staff members and recommend appropriate educational activities.
 - B. Respond to Performance Improvement findings when the corrective action for identified problems, opportunities to improve patient care and/or staff performance is educational in nature.
 - C. Encourage participation of members of the Medical Staff with delineated clinical privileges in those continuing medical education activities that are related to the privileges granted and to the expressed educational needs of the individual practitioners.
 - D. Insure that library and information services are available to meet the educational needs of the staff and to assure that current reference material, books and basic health care journals are available.
 - E. Report its findings and conclusions on a quarterly basis to the Executive Committee of the Medical Staff for further deliberation and action.
 - F. Maintain a permanent record of its proceedings, findings, and recommendations.
3. Meetings: The Committee shall meet ~~as deemed necessary by Chairperson. at least quarterly and more frequently if deemed necessary by the Chairperson.~~ Minutes shall be recorded.

Section 6 – Research Committee

1. Composition: The Chairperson shall be a psychiatrist/physician. Members shall include ~~physicians from each Division~~, a representative from Nursing, Social Work, Psychology, Medical Services, Director of Health Information Services, and a patient advocate. Additional members may be appointed from either within or outside of the Hospital as needed for any particular review to assure appropriate evaluation of any proposal.
2. Duties: The Research Committee shall:
 - G. Monitor and evaluate the quality and appropriateness of any research activities undertaken at the Hospital.
 - H. Approve, review and critique the scientific methodology of all research proposals to be done at the Hospital.
 - I. Report its activities and findings on a quarterly basis to the Executive Committee of the Medical Staff.
3. Meetings: The Committee shall meet on the call of the Chairperson as needed.

Section 7 – Credentialing and Privileging Committee

1. Composition: The Credentialing and Privileging Committee shall consist of the appointed chair, the Chief of Staff and Chief of Professional Services as ex-officio members, at least one psychiatrist from each division and ~~two physicians~~ ~~one~~ ~~member~~ from Ambulatory Care Services. The Executive Committee may appoint additional physician or non-physician members if it deems this necessary.
2. Duties: The Credentialing and Privileging Committee shall:
 - A. Gather, authenticate and evaluate all necessary information to assure that an applicant possesses the necessary qualifications for an appointment and reappointment to the Medical Staff and is appropriately trained, maintaining competence and capable of carrying out any privileges granted to him/her.
 - B. Revise any forms and procedures in this process to comply with any changes in Medical Staff By-Laws, information sources, and State Statutes.
 - C. Provide to the Executive Committee of the Medical Staff with recommendations regarding the credentials and privileges of any application, or Medical Staff member, applying for or reapplying for Medical Staff membership, privileges, or delineated clinical activities
 - D. Have available for the Executive Committee's inspection any and all documentation to support its recommendations.
 - E. Maintain a permanent record of its proceedings, findings, and recommendations.
 - F. Present a quarterly report summarizing its activities to the Executive Committee of the Medical Staff.
3. Meetings: The Committee will meet at least quarterly and more frequently if necessary.

Section 8 – Peer Review Committee

1. Composition: The Peer Review Committee shall consist of the appointed Chair, and the Chief of Staff. Medical Directors become members in the context of chairing Critical Incidents Reviews. Members of the Medical Staff are appointed, according to the Medical Staff By-laws (see Article X, Section 2) to serve on Death Reviews and Peer Reviews. Additionally the Chief of Professional Services may present administrative issues as they relate to standards of practice and care.
2. Duties: The Peer Review Committee shall:
 - A. Oversee, coordinate, and evaluate peer review activities of the Medical Staff including but not limited to death reviews, peer reviews, Focused Professional Performance Evaluations, and critical incident reviews.
 - B. Take responsibility for performing case reviews and recommending corrective action for identified problems regarding clinical competence.
 - C. Make recommendations for further activities by departments and services designed to promote quality and maintain the highest caliber of clinical care and professional conduct.
 - D. Present a summary report of its activities on a quarterly basis to the Executive Committee of the Medical Staff.
3. Meetings: The Committee shall meet on the call of the Chairperson as needed, ~~but at least quarterly.~~

Section 9 – Committee on Medical Staff Health/Recruitment and Retention

1. Composition: The Committee on Medical Staff Health/Recruitment and Retention shall consist of ~~four~~ three members of the Medical Staff, one of which is the Chair, appointed for a five-year term by the President of the Medical Staff, in consultations with the Executive Committee of the Medical Staff. There shall be one member from each Division of the Hospital and one member from Ambulatory Care Services.
2. Duties: The Committee on Medical Staff Health shall:
 - A. Educate the Medical Staff (in coordination with the Continuing Medical Education Committee) and other Hospital staff about illness, impairment recognition, and treatment specific to physicians.
 - B. Educate the Medical Staff and other Hospital Staff on the appropriate mechanisms for physician referral.
3. Meetings: The Chair shall call regular quarterly meetings, or more often as needed.

ARTICLE XIV. MEDICAL STAFF MEETINGS

1. General Meetings: There shall be at least ten (10) meetings per year. The Medical Staff shall receive Performance Improvement reports at least quarterly.
2. Special Meetings: The Chief of Staff; the President of the Medical Staff; Members by petition to the Executive Committee and if supported in writing by at least twenty-five percent (25%) of the Active Members, may call a special meeting at any time. Written or telephone notice to all Active Members stating the purpose, place, date and hour shall be made by those requesting the meeting at least twenty-four (24) hours prior to the meeting. No business shall be transacted at any special meeting except that given in the notice of the meeting.
3. Attendance: Active Members, Advanced Practice Registered Nurse members, and Physician Assistant Members of the Medical Staff shall be expected to attend all general and special meetings and all meetings of committees of which they are members. Each of these members is required to maintain an attendance of at least fifty (50%) of all required meetings. Practitioners who regularly work twenty-five (25) hours or less per week must attend twenty-five percent (25%) of meetings. A part-time practitioner is not excused if he/she is not scheduled to work on the meeting days.
4. Quorum: Forty percent (40%) of the Active and Advanced Practice Registered Nurse and Physician Assistant full-time Medical Staff shall constitute a quorum at any regular or special meeting. A majority of those present and voting shall be required to accept or reject an issue. For Medical Staff Committees, a quorum shall be 40% of the total membership. However, the Chair-person may declare a quorum for the purpose of conducting business.