

Medical Staff Documents
MS-630 Organizational Article III: Standing Committees

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ARTICLE II

STANDING COMMITTEES

A. STANDING COMMITTEES

1. Executive Committee

- a. A complete description of the Composition, Duties, Meetings and Reporting of the Executive Committee is contained in the Bylaws at Article VII.

2. Bylaws Committee

a. Purposes/Responsibilities:

- i. To periodically, but not less than annually, review the Bylaws and the Medical Staff Documents to assure that they reflect current best practices and requirements and that they are in conformity with all applicable accrediting bodies, state and federal laws and with the best interests of the Medical Center;
- ii. To consult with the Board of Trustees, administration, Chief of Staff, Surgeon-in-Chief, directors of clinical departments and pediatric directors concerning the need for additions/deletions/revision of the Bylaws and Medical Staff Documents;
- iii. To draft and submit recommendations for additions/deletions/revisions to the Executive Committee of the Medical Staff;
- iv. To serve as a reference regarding interpretation of the Medical Staff Documents;
- v. To make necessary reports and recommendations directly to the full Medical Staff.

b. Membership:

- i. Chair, appointed by the President;
- ii. Director of General and Community Pediatrics (permanent member);
- iii. Credentials Committee Chair (permanent member);
- iv. Surgeon-in-Chief, or his/her designee (permanent member);
- v. Physician representatives sufficient to conduct business including at least two (2) representatives from Pediatrics and two (2) from Surgery;
- vi. Vice President, Legal Services (ex officio);
- vii. Director of Medical Staff Services (ex officio);
- viii. Director of Accreditation Services (ex-officio).

- c. Frequency of Meetings: Annually or more frequently at the discretion of the Committee Chair.

- d. Reporting: Executive Committee.

3. Communications Committee

a. Purposes/Responsibilities:

- i. To provide and maintain means by which members of the Medical Staff can directly access officers and representatives of the Executive Committee to discuss the business, policies and practices of the organization;

- ii. To oversee and disseminate communications to the Medical Staff from the Executive Committee, other standing committees of the Medical Staff, Medical Center departments, Medical Center administration and the Board of Trustees;
- iii. To oversee and conduct the balloting process for Executive Committee elections, bylaws amendments and issues requiring direct vote by the Medical Staff in a format as determined by the Executive Committee;
- iv. To oversee and conduct periodic polling of the Medical Staff for the purpose of formally assessing the priorities, recommendations of its members;
- v. To oversee and conduct on an annual basis the updating and distribution of a Medical Staff directory that will be distributed to members of the Staff, Medical Center administration, and relevant Medical Center departments.
- vi. To oversee the management and performance of the Staff Bulletin Committee. Said committee shall be chaired by a member of the Medical Staff who is appointed by the President and who shall report to the Communications Chair.

b. Membership:

- i. Communications Officer of the Executive Committee (Chair);
- ii. Physician representative from Staff Bulletin Committee;
- iii. Community-based Staff members (two);
- iv. Medical Center-based Staff members (two);
- v. Representative from E-Health (one);
- vi. Representative from Marketing and Corporate Communications (one);
- vii. Representative from Information Services (one);
- viii. Representative from Medical Staff Services (one);
- ix. Representative from Physician Services (one);
- x. Chief Resident (one);
- xi. Others members required.

c. Frequency of Meetings: Monthly or more frequently at the discretion of the Committee Chair.

d. Reporting: Executive Committee.

4. Continuing Medical Education Committee

a. Purposes/Responsibilities:

- i. To plan and develop educational activities based on audit studies, Medical Staff survey of perceived educational needs, advances in knowledge, techniques and equipment, Medical Center statistics, recommendation of department directors and needs apparent from committee reports;
- ii. To review and evaluate all Category I activities;
- iii. To receive input from and make recommendations to the library concerning educational needs;
- iv. To work in cooperation with the Communications Officer to promote continuing education for the Medical Staff;
- v. To participate in a state monitored educational tutorial program for certain clinicians identified by the State Ohio Medical Board to be deficient and in need of educational rehabilitation.

b. Membership:

- i. Director of Continuing Medical Education (permanent member) (Chair)
- ii. Three (3) representatives from Pediatrics (Medical Center and community);

- iii. One (1) representative Pediatric House Staff;
 - iv. One (1) representative Basic Science/Research.
- c. Frequency of Meetings: Quarterly or more frequently at the discretion of the Chair.
- d. Reporting: Executive Committee.
5. Credentials Committee
- a. Purposes/Responsibilities:
 - i. To review and investigate the qualifications of each applicant for initial appointment, reappointment, and/or modification of appointment to the Medical Staff and/or for clinical privileges in the Medical Center as recommended by the director of the department to which the applicant will be assigned;
 - ii. To review and evaluate the qualifications of each AHP at initial application, re-application and/or when requesting a modification of his/her permission to practice within his/her scope of practice in the Medical Center as recommended by the department director;
 - iii. To submit reports to the Executive Committee on the qualifications of applicants for Medical Staff appointment or clinical privileges and the qualifications of AHP applicants for permission to practice;
 - iv. To investigate, review and report on matters pertaining to professional health (see Professional Health Subcommittee) including the clinical, ethical and professional conduct of any practitioner or AHP assigned or referred to it by the President of the Medical Staff, the Chief of Staff, or any department director;
 - v. To comment on the status of pending applications;
 - vi. To review, at least annually, the Credentials Manual of the Medical Staff Documents. Any recommendations, corrections, or deletions will be brought to the Medical Executive Committee for approval.
 - vii. To keep a permanent record of its deliberations, actions and recommendations and maintain a permanent file for credentials and other pertinent information concerning all members of and applicants for membership on the Medical Staff.
 - b. Membership:
 - i. Chair appointed by the President;
 - ii. Professional Health Subcommittee, Chair (permanent member);
 - iii. Professional representation sufficient to conduct business, including at least one representative from each of the following
 - Dentistry
 - Podiatry
 - Psychology
 - At least two (2) physician representatives from surgery (Medical Center and community)
 - At least two (2) physician representatives from pediatrics (Medical Center and community);
 - iv. Allied Health Professionals - representation sufficient to conduct business
 - v. Vice President, Legal Services, ex-officio;
 - vi. One representative Medical Staff Services, ex-officio;

Members shall not concurrently serve as department directors or on the Executive Committee, with the exception of the Credentials Committee Chair.

- c. Frequency of Meetings: Quarterly or more frequently at the discretion of the Chair.

d. Reporting: Executive Committee.

6. Historical Committee

a. Purposes/Responsibilities:

- i. To develop and supervise the Mitchell-Nelson Historical library including:
 - a) Maintaining a file of publications, documents and biographical sketches of selected Medical Center faculty and staff who have made significant contributions locally, nationally and internationally;
 - b) Developing and maintaining the "Heritage Series" of videotapes featuring outstanding individuals who have enriched the heritage of the Medical Center;
 - c) Maintaining and displaying the Mitchell-Nelson Textbook of Pediatrics series and other medical texts of pediatric historical interest; and
 - d) Creating and maintaining historical exhibits of medical instruments, equipment and memorabilia previously used by attending staff in their practice or at the Medical Center.
- ii. To establish, maintain, and update various exhibits of abiding historical interest throughout the Medical Center for Staff, patients and families and the general public;
- iii. To develop and publish articles, monographs and books which preserve the history of the Medical Center;
- iv. To coordinate with the Communications Chair announcements and distribution of new publications, videotapes and/or exhibits which recognize the heritage of the Medical Center;

b. Membership:

- i. Chair appointed by the President;
- ii. Physician members from the active and emeritus staffs, representing pediatrics (both Medical Center and community) and pediatric surgery (general and specialty);
- iii. Non-physician members (ex officio without right to vote) representing Medical Center administration and Patient Care Services.

c. Frequency of Meetings: Annually or more frequently at the discretion of the Committee Chair.

d. Reporting: Executive Committee.

7. Nominating Committee

a. Purposes/Responsibilities:

- i. To submit, by July 1, of each year, nominations for each elective office of the Medical Staff and such other elective positions or vacancies in any office, committee or position as may be required in the Bylaws, for election in September for terms in office that begin in January;
- ii. To select nominees from the Medical Staff-at-large as recommended by peers, or through self-nomination or as may be solicited and selected by the Committee;
- iii. To develop a list of candidates consisting of at least two (2) candidates for each office.

b. Membership:

- i. Immediate Past President of the Medical Staff (Chair);

- ii. Communications Chair (Permanent);
 - iii. Three (3) members, each representing a different specialty or professional discipline, chosen by lottery, from the active staff.
- c. Frequency of Meetings: As needed.
- d. Reporting: Executive Committee
8. Professional Health Subcommittee (Credentials Committee)
- a. Purposes/Responsibilities
 - i. To investigate any practitioner or AHP who reports a history of, treatment for and/or current impairment by reason of substance abuse, organic dysfunction, mental illness or any condition contributing negatively to the performance of the applicant's duty of care to such a degree as to endanger the well-being of patients, be judged blatantly unprofessional, or endanger the life and well-being of the applicant;
 - ii. To investigate any information on any member or AHP who is impaired or alleged to be impaired;
 - iii. To investigate every report of alleged impairment in an individualized fashion at the discretion of the Committee. Such investigation shall require notification of the practitioner or AHP under investigation and may, without limitation, include:
 - a) Interviewing the allegedly impaired practitioner or AHP;
 - b) Interviewing people providing reports of suspected impairment;
 - c) Requiring the practitioner or AHP who is undergoing or has undergone treatment for an impairment to demonstrate that treatment has been successfully completed;
 - d) Requiring evidence of continuing compliance with an after-care contract or consent agreement;
 - e) Requiring reports indicating that the practitioner or AHP's ability to practice has been assessed and that he/she has been found capable of practicing according to acceptable and prevailing standards of care; and/or
 - f) Requiring that the practitioner or AHP enter into a written agreement with the Committee with conditions imposed by the Committee before granting or continuing staff membership, privileges or permission to practice.
 - iv. To monitor the status of each recovering professional designated as "impaired." This monitoring system shall be individualized at the discretion of the Committee according to the needs of the situation as judged by the Committee in periodic review. Progress reports of status reports must be documented to the Committee. Such monitoring may, without limitation, include:
 - a) Requiring compliance with a written agreement entered into by the practitioner or AHP with a treatment provider or with the Committee as a prerequisite to granting or continuing staff membership, privileges or permission to practice;
 - b) Requiring compliance with a treatment program; and
 - c) Requiring submission to the Committee, for a designated period of time, of reports made under penalty of perjury stating the professional's progress.
 - v. To report its findings for every impaired professional investigated under this section by submitting a report of the Committee's investigation, evaluation, and monitoring actions to the Credentials Committee;
 - vi. To develop educational programs for the Medical Staff and Medical Center staff to increase awareness of the symptoms of dependency, the need to report such observation and the methodology for reporting;
 - vii. To develop programs that will provide assistance to the impaired professional during the rehabilitation process;

viii. To submit reports of its deliberations and actions to the Credentials Committee.

b. Membership:

- i. Chair, appointed by President;
- ii. Credentials Committee Chair (permanent member);
- iii. Physician representatives one (1) each from Pediatrics, Surgery, and Psychiatry;
- iv. Vice President, Legal Services, ex officio;
- v. Other professional representatives (i.e. family medicine, psychology, podiatry, dentistry, and/or the allied health field(s) as needed to conduct profession specific investigations;
- vi. One representative from Medical Staff Services, ex-officio.

c. Frequency of Meetings: Annually or more frequently at the discretion of the Committee Chair.

d. Reporting: Credentials Committee.

9. Staff Bulletin Subcommittee (Communications Committee)

a. Purposes/Responsibilities

- i. To provide for the members of the Medical Staff as well as for the resident, fellow and faculty alumni of Children's Hospital Medical Center timely reports regarding the following:
 - a) Operations and clinical activities of the Medical Staff and its Executive Committee
 - b) Newly implemented policies of the Medical Center administration and the Board of Trustees which directly affect the clinical activities of the Medical Staff
 - c) The research, publication, and educational activities of the Medical Staff's department and their members
 - d) Clinical practice updates including clinical pathway guidelines, community infectious disease activity, hospital formulary changes and performance improvement activity.
 - e) The history of the medical Center, including its evolution, its contributions and news and activities of its resident, fellow and faculty alumni.
 - f) Monthly calendar of relevant operational and education events.

b. Membership

- i. Chairman: appointed by the President
- ii. Editor: from Marketing and Corporate Communications
- iii. Communications Chair of the Medical Staff
- iv. Hospital-based Medical Staff representatives (2)
- v. Community-based Medical Staff representatives (2)
- vi. Representative from Medical Staff Historical Committee (1)
- vii. Representative from the Research Foundation (1)
- viii. Representative from Planning & Business Development (1)
- ix. Representative from Patient Services (1)
- x. Representative from Medical Staff Services (1)
- xi. Other members as needed to conduct business

c. Frequency of Meetings: Monthly or more frequently at the discretion of the Committee Chair

d. Reporting: Communications Committee