



Stony Brook University Hospital  
Medical Staff  
Committee Manual

March 2009

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## Reporting Responsibilities

Blood Utilization	Medical Quality Assurance
Bylaws	Medical Board
Cancer	Medical Board (revised 3/09)
Credentials	Medical Board
Ethics	Medical Board
Graduate Medical Education	Medical Board & Governing Body {Revised 12/04}
ICU	Medical Director
Infection Control	Medical Quality Assurance
Materials Standards	Chief Operating Officer
Medical Executive	Medical Board
Medical Quality Assurance	Medical Board
Medical Records	Medical Quality Assurance
Nutrition	Medical Quality Assurance
Operating Room	Surgical Physician Director
Pharmacy & Therapeutics	Medical Quality Assurance
Physician Well Being	Medical Director
Surgical Review	Medical Quality Assurance

# **BLOOD UTILIZATION COMMITTEE**

## **CHAIR**

Appointed by president of medical board.

## **CHARGE**

To overview testing, utilization and related issues of human blood and blood components as mandated by Codes, Rules and Regulations of NYS DOH Section 58-2.16b, and as required by JCAHO and by section A8.1 of the American Association of Blood Banks (AABB) standards. Confidentiality of peer review activities will be maintained.

## **COMMITTEE MEMBERS**

As specified in above DOH mandate, there is at least one representative from the blood bank, clinical laboratories, the departments of emergency medicine, medicine, nursing, obstetrics and gynecology, pediatrics, surgery, and hospital administration.

## **MEETING AND REPORTING**

Committee meets four to five times per year as specified by above mandates. Minutes are submitted to Medical Quality Assurance committee, and in addition, regular reports are made to this committee every six months.

## **TERMS OF SERVICE**

Five years or longer, as necessary, to comply with licensing and accreditation mandates (vide supra). A committee member is retained after five years, or as long as necessary, if there is no available member from the same clinical service or department for replacement.

## **BYLAWS COMMITTEE**

### **CHAIR**

Physician appointed by president of medical board.

### **CHARGE**

It shall be the function of the committee to consider, draft, and recommend to the Medical board proposed amendments to the Bylaws and Rules and Regulations of the medical staff.

### **COMMITTEE MEMBERS**

The Bylaws Committee shall consist of at least three chiefs of service or division chiefs; and one or more members of the hospital administrative staff. Legal counsel to the hospital may sit with this committee to render legal advice.

### **MEETING AND REPORTING**

Meets as required and reports to the medical board as needed.

### **TERM OF SERVICE**

Renewable three-year terms

## **CANCER COMMITTEE**

### **CHAIR**

Board certified physician in a cancer-related specialty appointed by the president of the medical board.

### **CHARGE**

The charge of the committee is to provide leadership to plan, initiate, stimulate and assess the institution's cancer related activities, in accordance with the Commission on Cancer requirements for cancer program accreditation.

### **COMMITTEE MEMBERS**

The Cancer Committee shall consist of multi-disciplinary representation from members of the diagnostic and therapeutic medical staff services involved in the care of cancer patients and related allied health professionals. Its composition must include a board-certified physician from surgery, medical oncology, radiation oncology, diagnostic radiology, pathology and must include the cancer liaison physician, a clinical research data manager or nurse, and pain control/palliative care physician or specialist. Non-physician membership must include administration, nursing, social services, cancer registry and quality assurance. (revised 2/09) The Cancer Committee shall establish an interdisciplinary steering sub-committee known as the Breast Program Leadership which is responsible and accountable for providing breast center services (revised 3/09).

### **MEETING AND REPORTING**

The committee will meet at least quarterly, and report at least annually to the medical board.

### **TERMS OF SERVICE**

Renewable three-year terms.

# **CREDENTIALS COMMITTEE**

## **CHAIR**

Physician appointed by president of medical board.

## **CHARGE**

The charge of this committee shall be to review the credentials of health care practitioners applying for appointment or reappointment to the medical staff and/or requesting clinical privileges when there is a need to address questions or issues that cannot be resolved at any other level of the review process. This charge shall also include review and comment on proposed revisions for clinical privileging by departments.

## **COMMITTEE MEMBERS**

One representative from such departments as: anesthesiology, medicine, obstetrics and gynecology, pathology, pediatrics, radiology, surgery, and the medical director.

## **MEETING AND REPORTING**

The committee shall meet as needed, and shall report at least annually to the medical board. Confidentiality of peer review activities will be maintained.

## **TERM OF SERVICE**

Renewable three-year terms.

# **ETHICS COMMITTEE**

## **CHAIR**

Elected by committee members.

## **CHARGE**

The committee's charge is three fold: to plan and coordinate educational programs in clinical ethics for Stony Brook University Hospital staffs, offer analysis and advice regarding the ethical implications of policies and procedures at the request of medical board or any administrative unit; and to offer clarification and assistance regarding the ethical issues arising in treatment decisions at the request of those involved in patient care.

## **COMMITTEE MEMBERS**

Members will number at least 15 and no more than 20 members. They will include no less than five attending physicians, two nurses, a resident physician, a chaplain, a social worker, a lawyer, a hospital administrator, a patient advocate, and a community representative.

## **MEETING AND REPORTING**

Meets once a month. Reports to medical director.

## **TERMS**

Renewable three-year terms.

# **GRADUATE MEDICAL EDUCATION COMMITTEE**

## **CHAIR**

Vice-Dean for graduate medical education.

## **CHARGE**

The committee shall be responsible for advising and monitoring all aspects of our graduate medical education teaching programs. Details of the standards can be found in the general requirements of the Essentials of Accredited Residencies in Graduate Medical Education as established by the Accreditation Council for Graduate Medical Education.

1. establishment and implementation of policies that effect all residency programs regarding the quality of education and the work environment for the residents in each program;
2. establishment and maintenance of appropriate oversight of and liaison with program directors and assurance that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in programs sponsored by the institution;
3. regular review of all residency programs to assess their compliance with both the Institutional Requirements and Program Requirements of the relevant ACGME RRCs;
4. assurance that each residency program establishes and implements formal written criteria and processes for the selection, evaluation, promotion and dismissal of residents in compliance with both the Institutional and Relevant Program Requirements;
5. assurance of an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation;
6. collecting of intra-institutional information and making recommendations on the appropriate funding for resident positions, including benefits and support services;
7. monitoring of the programs in establishing an appropriate work environment and the duty hours of residents;
8. assurance that the residents' curriculum provides a regular review of ethical, socioeconomic, medical/legal, and cost-containment issues that effect GME and medical practice. The curriculum must also provide an appropriate introduction to communication skills and to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning. There must be appropriate resident participation in department scholarly activity, as set forth in the applicable Program Requirements.
9. Confidentiality of peer review activities will be maintained. All members of the committee shall keep in confidence all papers, reports and information obtained by virtue of membership on the committee.

## **COMMITTEE MEMBERS**

The Graduate Medical Education committee shall consist of the program director of each core residency program, three members or more of the house staff, two representatives from hospital administration and others as appropriate.

## **MEETING AND REPORTING**

The committee shall meet at least quarterly and report to the medical board at least annually. Minutes will be maintained and made available for inspection by accreditation personnel.

## **TERM OF SERVICE**

No term limit.

# **ICU COMMITTEE**

## **CHAIR**

Appointed by medical director.

## **CHARGE**

The committee will utilize a multidisciplinary, collaborative approach to address issues common to the critical care areas, with a goal of optimizing our resources in providing state-of-the-art care to the critically ill and injured patients of Suffolk County.

## **COMMITTEE MEMBERS**

The committee will be comprised of directors of the MICU, SICU, PICU, CVICU, CCU, emergency medicine, AICU, associate directors of nursing for the medical surgical, cardiac, maternal/child services and the bed utilization coordinator.

## **MEETING AND REPORTING**

The committee will meet monthly on the second Tuesday of each month.

## **TERM OF SERVICE**

No term limits.

# **INFECTION CONTROL COMMITTEE (ICC)**

## **CHAIR**

Director, Healthcare Epidemiology.

## **CHARGE**

1. to establish a practical system for identifying, reporting and evaluating infection in inpatients, select outpatients, personnel and discharged patients.
2. to establish policy criteria for distinguishing between nosocomial and community acquired infections.
3. to establish a mechanism to investigate and identify the reservoir, source, and method of transmission of each outbreak of nosocomial infection and institute appropriate measures to limit further spread from identified sources of contagion.
4. to establish and implement institution-wide policies and procedures.
5. to review and evaluate written policies and procedures pertinent to infection control (on asepsis, isolation and sanitary techniques) for all services on an annual basis and revised wherever necessary.
6. to review all Healthcare Epidemiology departmental policies annually.
7. to establish a system for reporting, evaluating and maintaining records of infections among patients and personnel and the ongoing collection and analytic review of data and action taken with subsequent dispersion of this data throughout the hospital.
8. ICC directs, in consultation with the Infection Control Chairman, any culturing of personnel or environment as dictated by situation or regulation.
9. ICC works hand in hand with Employee Health Services setting requirements for infection prevention and control.

## **MEETING AND REPORTING**

The committee meets at least quarterly. The minutes of the ICC are submitted to the Medical Quality Assurance committee, the executive director, all committee members and department chairs. In addition, the committee reports every six months to Medical Quality Assurance committee.

## **COMMITTEE MEMBERS**

The committee is comprised of the associate directors of nursing, attendings representing the departments of anesthesiology, dental, healthcare epidemiology, microbiology, neurology, obstetrics and gynecology, pathology, pediatrics, and preventive medicine. Other representatives include environmental health and safety, housekeeping, linen, nursing, nutrition, regulatory affairs, and risk management.

## **TERM OF SERVICE**

Renewable three-year terms.

# **MATERIALS STANDARDIZATION & EVALUATION COMMITTEE**

## **CO-CHAIRS**

Co-Chaired by the director of pharmacy and an anesthesiologist appointed by president of the medical board.

## **CHARGE**

The Materials Standardization and Evaluation committee shall evaluate and act on requests to purchase or evaluate new patient care related equipment and supplies and review items already on inventory.

## **COMMITTEE MEMBERS**

The committee is comprised of a representative from anesthesiology, biomedical engineering, central sterile, director of patient care, epidemiology, purchasing, receiving and stores, respiratory therapy, surgery and value analysis.

## **REPORTING AND MINUTES**

Committee meets at least quarterly and reports to the chief operating officer.

## **TERM OF SERVICE**

Renewable three-year terms.

# **MEDICAL EXECUTIVE COMMITTEE**

## **CHAIR**

Vice President of the medical board.

## **CHARGE**

The charge is to serve as the working committee on behalf of the medical board between its meetings. The duties of the MEC shall be as defined in Article VII, Section 3. B. of the Medical Staff Bylaws. Confidentiality of peer review activities will be maintained. All members of the committee shall keep in confidence all papers, reports and information obtained by virtue of membership on the committee.

## **COMMITTEE MEMBERS**

**Voting members** - President, Vice President, Secretary/Treasurer of the medical board, Medical Director, Associate Medical Director for Quality Management, non-chair Heart Center and Cancer Center director(s) [one vote per center], two (2) members at large elected by the medical board from those members at large serving on the medical board (one will be from the full-time staff and one from the voluntary staff; term of office will be the remainder of their term on the medical board. In the case of vacancy, the medical board will have a special election by mail or email, four (4) elected clinical chiefs of service, elected by the other clinical chiefs of service to serve a two year term.

**Ex-officio, non-voting members** - Chief Executive Officer, UH, Chief Operating Officer UH, and Chief Nursing Officer UH.

## **MEETING AND REPORTING**

1. Report to Medical Board through CHAIR.
2. Minutes circulated to medical board within two weeks of each meeting.
3. Minutes submitted for approval at next schedule medical board meeting.
4. Meet as needed, once per month minimum.

For specific duties, refer to the medical Staff Bylaws ( Article VII, Section 3).

## **TERM OF SERVICE**

As defined by the Medical Staff Bylaws (Article V Section 6).

## **MEDICAL RECORDS COMMITTEE**

### **CHAIR**

Appointed by president of the medical board.

### **CHARGE**

Review forms and quality of records for exchange and availability of medical information. Oversee the completeness of the medical record.

### **COMMITTEE MEMBERS**

Physician representatives from anesthesiology, emergency medicine, medicine, neurology, obstetrics and gynecology, psychiatry, radiology, and surgery. Other representatives will include medical informatics, medical records, nursing, risk management and the associate administrator of information technology.

### **MEETING AND REPORTING**

Committee meets six times per year. A Medical Record sub-committee reports on forms as necessary. The committee reports to the Medical Quality Assurance committee every six months.

### **TERM OF SERVICE**

Renewable three-year terms.

# **MEDICAL QUALITY ASSURANCE COMMITTEE**

## **CHAIR**

Associate Medical Director of Quality Management.

## **CHARGE**

The committee shall serve as an interdisciplinary forum for the peer review of individual events related to patient care. The committee will also assist in setting standards across disciplines. Such events may be brought to the committee by its membership or by referral from relevant others. The committee will also receive and review the periodic required reports of the following committees: blood utilization, infection control, medical records, nutrition, pharmacy and therapeutics, and surgical review.

## **COMMITTEE MEMBERS**

The Medical Quality Assurance committee shall consist of the QA physician liaisons from each clinical department, a nursing QA liaison as well as representatives from other professional services, including but not limited to social service, nutritional service, risk management, patient relations, medical care review and the medical staff services department. Ex-officio members shall include the chief operating officer and the medical director. Confidentiality of peer review activities will be maintained. All members of the committee shall keep in confidence all papers, reports and information obtained by virtue of membership on the committee.

## **MEETING AND REPORTING**

The committee shall meet at least every other month; maintain a permanent record of its proceedings and activities and report at least annually to both the MEC and the medical board. The committee CHAIR will report as necessary, but no less often than every other month, to the governing body.

## **TERM OF SERVICE**

Renewable three-year terms.

# **NUTRITION COMMITTEE**

## **CHAIR**

Physician appointed by president of medical board.

## **CHARGE**

The Nutrition committee reviews all aspects of Stony Brook University Hospital's nutritional services. This interdisciplinary committee develops and maintains the nutrition care manual and enteral formulary. The committee oversees the nutrition support service. The nutrition support team provides a consultative service that recommends and monitors the administration of parenteral nutrition.

## **MEETING AND REPORTING**

The committee meets once a month. The committee reports to the Medical Quality Assurance committee every six months.

## **COMMITTEE MEMBERS**

The committee is comprised of four representatives from nutritional services, nursing, and pharmacy. One representative will be from a medical specialty, a surgical specialty, and two surgery staff members.

## **TERM OF SERVICE**

Renewable three-year terms.

# **OPERATING ROOM COMMITTEE**

## **CO-CHAIRS**

Co-Chaired by the chiefs of service in anesthesiology and surgery.

## **CHARGE**

The committee shall be concerned with all problems relating to the functioning and utilization of the operating rooms and the recovery room.

## **COMMITTEE MEMBERS**

Members will include clinical service chiefs from all surgical services, director of anesthesiology, the nurse manager of the operating room, the Associate Director, surgical service and patient care director for surgery.

## **MEETING AND REPORTING**

Meets at least quarterly. Reports to medical director.

## **TERM OF SERVICE**

No term limits.

# **PRACTITIONER WELL-BEING COMMITTEE**

## **CHAIR**

Psychologist or psychiatrist from the Stony Brook University Hospital Department of Psychiatry appointed by the President of the Medical Board

## **CHARGE**

Stony Brook University Hospital, along with the medical staff is committed to providing safe, effective, timely and respectful medical care while fostering an environment that promotes practitioner health.

The Practitioner Well-Being Committee shall be responsible to determine if a practitioner has an active problem that requires referral to the appropriate agency for the particular type of licensed practitioner. In making that evaluation, the committee will conduct a preliminary investigation which may include, but not be limited to, interviewing the practitioner and/or co-workers having knowledge of the practitioner's involvement in patient care or other professional activity, to ascertain what prompted the referral and the facts surrounding it.

If the committee finds no substantial evidence indicative of current or potential impairment, the practitioner will be so notified, and no referral will be made to an agency. Sources of information will not be disclosed. If the committee concludes that there is substantial evidence indicative of current or potential impairment, the matter will be forwarded to the appropriate agency based on the professional discipline of the practitioner.

## **COMMITTEE MEMBERS**

Two members of the medical staff appointed by the President of Medical Board

## **MEETING AND REPORTING**

Committee meets as needed. The committee will make referrals directly to the appropriate agency based on the professional discipline of the practitioner, with a report to the medical director.

## **TERMS OF SERVICE**

No term limits

## **PHARMACY AND THERAPEUTICS COMMITTEE**

### **CHAIR**

Appointed by president of the medical board.

### **CHARGE**

The committee shall be responsible for the development and surveillance of all drug utilization policies and practices within the hospital, and shall be responsible for creating and maintaining a hospital formulary. Confidentiality of peer review activities will be maintained.

### **COMMITTEE MEMBERS**

The Pharmacy and Therapeutics committee shall consist of at least four members of the medical staff, a representative from the house staff, one representative from nursing and the director of hospital pharmacy.

### **MEETING AND REPORTING**

The committee will meet at least quarterly, maintain a permanent record of its proceedings and activities and report its quality assurance issues and findings at least quarterly to the Medical Quality Assurance committee. All other issues should be reported to the medical board at least annually.

### **TERM OF SERVICE**

Renewable three-year terms.

# **SURGICAL REVIEW COMMITTEE**

## **CHAIR**

Physician appointed by president of the medical board.

## **CHARGE**

The committee shall review surgery performed in the hospital facilities on the basis of preoperative, postoperative, pathological diagnoses, and evaluate the acceptability of the procedures undertaken. Confidentiality of all peer review activities will be maintained.

## **COMMITTEE MEMBERS**

The committee will be comprised of one representative from: obstetrics and gynecology, oral and maxillofacial surgery, orthopedic surgery, and urology. Four representatives will come from surgery (two from general, one from cardiovascular and one from Otolaryngology). Other representatives will be from medical records, pathology, and radiology.

## **MEETING AND REPORTING**

The committee shall meet monthly, maintain a permanent record of its proceedings and activities and report its quality assurance issues and findings, at least every six months, to the Medical Quality Assurance committee.

## **TERM OF SERVICE**

Renewable three-year terms.