

**SECTION - ADMINISTRATION
ADMINISTRATIVE DIRECTIVE NO. 282
(Replaces AD 282 dated 12/15/05)**

Effective Date: November 9, 2006

SUBJECT: HOSPITAL STANDING COMMITTEES

I. PURPOSE

This directive establishes and defines the functions of the Standing Committees for Coalinga State Hospital (CSH).

II. AUTHORITY

California Code of Regulations, Title 22 section 71503.

III. POLICY

A. Hospital standing committees shall be implemented to consider, evaluate, investigate and monitor specific issues impacting the hospital and report findings and recommendations to hospital administration.

B. Hospital standing committees are so designated by the Executive Director.

IV. METHOD

With input from appropriate staff, the Executive Director shall appoint the members and chairpersons of hospital standing committees. The Medical Director shall make the appointment to medical staff committees.

V. HOSPITAL STANDING COMMITTEES

A. ACCOUNT MANAGER'S COMMITTEE (meets monthly)

The Account Managers Committee serves as a liaison forum between the respective program and Information Technology to assist management in technology related decision-making.

B. CONTRABAND COMMITTEE (meets monthly)

This committee will review all hospital policies, procedures, and training that relate to contraband. In addition, the committee shall review reports of hospital-wide searches and make policy recommendations for improving procedures.

- C. **DOCUMENTATION SYSTEM COMMITTEE (meets monthly)**
The purpose of the Documentation Committee will be to review and coordinate clinical record policies, procedures, and forms; to receive facility, clinical staff and medical staff recommendations related to clinical records and to represent issues from these groups to the statewide Documentation Committee.
- D. **EMERGENCY PREPAREDNESS COMMITTEE (meets bi-annually)**
The Emergency Preparedness Committee develops, coordinates, and tests emergency planning and response in order to provide effective emergency services (Management, Command, Logistics, Medical, Law, Fire and Public Works) during an emergency.
- E. **FORMS MANAGEMENT COMMITTEE (meets monthly)**
The purpose is to monitor, maintain, improve record and forms management in order to oversee, regulate, and communicate information regarding documentation forms/formats involving patient care and various forms used within the facility.
- F. **GOVERNING BODY COMMITTEE (meets bi-annually)**
The Governing Body Committee is responsible for establishing rules and regulations for the governing of the hospital and provide for the mental health needs of this facility's population.
- G. **JOINT LABOR-MANAGEMENT/HEALTH & SAFETY COMMITTEE (meets monthly)**
The purpose of the Joint Labor Management/Health and Safety Committee is to facilitate communications between labor and management and to promote a climate conducive to constructive employee relations.
- H. **MOVIE COMMITTEE (meets as needed)**
The Movie Committee is responsible for making recommendations regarding the selection of films to be viewed by the hospital population for entertainment.
- I. **PATIENT BENEFIT FUND COMMITTEE (meets annually)**
The Patient Benefit Fund Committee (PBF) makes recommendations regarding expenditure priorities, allocations, and fiscal year budgeting of the PBF.
- J. **PATIENT CARE POLICY COMMITTEE (meets monthly)**
The purpose of the Patient Care Policy Committee is to establish a systematic review of all Administrative Directives that govern the care of patients and policies of the hospital.
- K. **PROPERTY SURVEY COMMITTEE (meets annually)**
The purpose of the Property Survey Board is to review items of State Property for disposal and/or transfer to other state agencies.

- L. **PROTECTED HEALTH INFORMATION COMMITTEE (meets monthly)**
The purpose of the Protected Health Information Committee is to review health information privacy complaints and patient requests for amendment to the medical record as well as to review HIPAA procedures and compliance.
- M. **RESEARCH AND HUMAN SUBJECTS COMMITTEE (meets annually)**
The purpose of the committee is to ensure compliance with Federal Department of Health and Welfare guidelines, state regulations and policies, and other policies for the protection of human subjects through recommendations of policies and procedures, review of research, grant and project applications, and through monitoring ongoing projects.
- N. **RESOURCE MANAGEMENT COMMITTEE (meets as needed)**
The Resource Management Committee is responsible for developing and recommending elements for a continuing hospital resource management program. This could include such areas as energy and/or water conservation, recycling, and ride sharing.
- O. **SPECIAL PURPOSE TRUST ACCOUNTS AUDIT COMMITTEE (meets annually)**
The purpose of this committee is to conduct audits of our Special Purpose Trust Accounts, and PBF Expenditures.

VI. **MEDICAL STAFF COMMITTEES**

- A. **BIOETHICS COMMITTEE (meets annually)**
The purpose of this committee is to develop guidelines for consideration of cases having bioethical implications; development and implementation of procedures for the review of such cases; development and/or review of institutional policies regarding care and treatment of such cases; retrospective review of cases for the evaluation of bioethical policies; consultation with concerned parties to facilitate communication and aid conflict resolution; and education of the hospital staff on bioethical matters.
- B. **BYLAWS COMMITTEE (meets annually)**
The Medical Staff Bylaws Committee is responsible for provision of all medical care and treatment; for the supervision of all ancillary and paramedical care and treatment.
- C. **CREDENTIALS COMMITTEE (meets quarterly)**
This committee is responsible for reviewing and evaluating the qualifications of each practitioner applying for initial appointment, reappointment, or modification of clinical privileges and in connection therewith, obtain and consider the recommendations of the appropriate departments.

- D. **EMERGENCY CARE COMMITTEE (meets quarterly)**
This committee develops plans and procedures for staff's response to situations requiring emergency attention to seriously ill or injured Individuals, employees or visitors; monitors response to emergencies, conducts drills of response to life-threatening emergencies; and monitors training of specified physicians and nurses in emergency procedures.
- E. **INFECTION CONTROL COMMITTEE (meets monthly)**
The Infection Control Committee is responsible for developing a hospital-wide infection control program and maintaining surveillance over the program. The committee shall define nosocomial infections and develop a system for reporting, identifying and analyzing the incidence and cause of such infections, including assignment of responsibility for the ongoing collection and analytical review of such data, and follow-up activities; develop and implement a preventive and corrective program to minimize infection hazard and establish written policies defining special indications for isolation requirements. The committee shall also coordinate action on findings from the medical staff's review of the clinical use of antibiotics.
- F. **INTERDISCIPLINARY PRACTICE COMMITTEE (meets quarterly)**
The purpose of this committee is to identify functions/procedures, which require the adoption of standardized procedures to be performed by registered nurses under Section 2725 of the Business and Professions Code, and to review all such standardized procedures on a regular basis. Membership shall include, as a minimum, the administrator or designee, the Coordinator of Nursing Services or designee, and an equal number of physicians appointed by the Chief of Staff.
- G. **MEDICAL RECORDS COMMITTEE (meets quarterly)**
The Medical Records Committee shall review and evaluate medical records to determine whether they reflect the diagnosis, results of diagnostic tests, therapy rendered, condition and in-hospital progress of the Individual, and condition of the Individual on discharge, and adequate identification of individuals responsible for orders given and treatment rendered; and are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services in the hospital.
- H. **MEDICAL STAFF ASSISTANCE COMMITTEE (meets annually)**
The Medical Staff Assistance Committee shall consider general matters related to the health and well being of the medical staff, and with the approval of the Medical Executive Committee, develop educational programs or related activities.
- I. **MEDICAL STAFF EXECUTIVE COMMITTEE (meets monthly)**
The purpose of the Medical Staff Executive Committee is to organize the medical staff in providing and/or overseeing the fitness, adequacy and quality of the medical care rendered to Individuals in the hospital.

- J. **MORTALITY REVIEW COMMITTEE (meets annually)**
The Mortality Review Committee shall perform a clinical/medical review of each deceased Individual's medical record and other documents relevant to the circumstances of the death. This review shall include identifying and reporting undiagnosed anti-mortem nosocomial infections and any inconsistencies, irregularities or deficiencies of medical/clinical practice; meet with the Individual's interdisciplinary team and other clinical staff as part of the information gathering process; and report finding and conclusions to the Medical Executive Committee.
- K. **NURSING POLICY & PROCEDURE COMMITTEE (meets monthly)**
The Nursing Policy and Procedure Committee shall ensure that policies and procedures are based upon current Standards of Patient Care and Standards of Nursing Practice. These policies and procedures shall describe and guide the nursing care provided.
- L. **PATIENT CARE MONITORING COMMITTEE (meets monthly)**
This committee's function is covered under Patient Care Policy Review Committee.
- M. **PHARMACY AND THERAPEUTICS COMMITTEE (meets monthly)**
This committee assists in the formulation of professional practices and policies regarding the administration of drugs and diagnostic testing materials in the hospital, including antibiotic usage. Advises the medical staff and the pharmaceutical service on matter pertaining to the choice of available drugs and diagnostic testing materials; makes recommendations concerning drugs and diagnostic testing materials to be stocked on the nursing units and by other services; periodically develops and reviews a formulary or drug list for use in the hospital; evaluates clinical data concerning new drugs or preparations or diagnostic testing materials; establishes standards and protocol concerning the use and control of investigational drugs and of research in the use of recognized drugs; maintains a record of all activities relating the pharmacy and therapeutics functions and submits periodic reports and recommendations to the Medical Executive Committee concerning those activities; and evaluates drug usage.
- N. **STAFF DEVELOPMENT AND EDUCATION COMMITTEE (meets quarterly)**
The Professional Education Committee shall have final approval of all educational programs offered or sponsored by the medical staff of CSH; develop annual budgetary requests for educational programming, equipment, supplies and travel; responsible for allocation of all funds associated in whole, or in part, with planning, implementing and assessing educational programming; and periodically assess staff development needs and development of programs designed to meet staff needs.
- O. **QUALITY ASSURANCE COMMITTEE (meets monthly)**
The Quality Assurance Committee recommends plans for maintaining quality patient care within the hospital to the Medical Executive Committee for its approval.

P. UTILIZATION REVIEW COMMITTEE (meets quarterly)

This committee conducts utilization review studies designed to evaluate the appropriateness of admissions to the outside hospitals, lengths of stay, discharge practices, use of medical and hospital services and related factors which may contribute to the effective utilization of services. The committee shall communicate the results of its studies and other pertinent data to the Medical Executive Committee and shall make recommendations for the utilization of resources and facilities commensurate with quality Individual care and safety.



W.T. VOSS
Executive Director

Cross-Reference(s):

- A.D. No. 202 – Hospital Committees
- A.D. No. 206 – Medical Staff Committees
- A.D. No. 210 – Research and Human Subjects Committee
- A.D. No. 218 – Patient Care Policy Review Committee
- A.D. No. 222 – Special Purpose Trust Accounts Audit Committee
- A.D. No. 226 – Hospital Emergency Preparedness Committee
- A.D. No. 230 – Contraband and Technology Transfer Committee
- A.D. No. 234 – Hospital Forms Management Committee
- A.D. No. 238 – Patient Benefit Fund Committee
- A.D. No. 242 – Movie Committee
- A.D. No. 250 – Account Manager's Committee
- A.D. No. 254 – Documentation System Committee
- A.D. No. 258 – Property Survey Committee
- A.D. No. 262 – Nursing Policy & Procedure Committee
- A.D. No. 266 – Resource Management Committee
- A.D. No. 274 – Joint Labor-Management/Health & Safety Committee
- A.D. No. 278 – Protected Health Information Committee