

DESCRIPTION OF UCLA MEDICAL STAFF SUBCOMMITTEES

I. Risk Management

The role of the Risk Management Committee is to:

1. Direct the design and implementation of all risk avoidance and management policies, procedures, processes and improvements, related to the following risk reduction activities:
 - Risk surveillance
 - Risk prevention
 - Risk control
 - Unusual occurrences
2. Carry out quality / performance measurement assessment and improvement activities to promote a safe environment for UCLA Healthcare patients, visitors, professional and service staff and physical plant
 - Report all risk surveillance, prevention and control findings that impact on quality of care to the designated committees
 - Reduce and eliminate practices that can lead to organizational and professional liability and legal exposure
 - Assure that all potential sources of professional liability claims for correction and prevention are identified
 - Review and report on all professional liability complaints that name UCLA Healthcare or its professional staff and determine whether or not the standard of care was met
 - Report to the MSEC, via the Peer Review (and Credentials) Committee, any/all conduct that adversely affects patient care and well being
 - Review and approve all policies, procedures and practices regarding informed consent and liability between patient and UCLA Healthcare
 - Provide guidance to the Risk Manager and Risk Management Staff

Meetings. Meetings are the third Tuesday of every month at 1:00 p.m.

II. Blood & Blood Derivatives

The Blood and Blood Derivatives Committee shall:

1. Review administration of blood and its derivatives within the Medical Center to ensure that these substances are being used wisely
2. Identify, evaluate, confirm and report all untoward transfusion reactions occurring in the hospital and inform the Medical Staff when appropriate
3. Conduct investigations, as needed
4. Conduct audit of adverse apheresis events
5. Conduct audit and review practices of the Stem Cell Laboratory
6. Assist and oversee the formulation of professional practices and policies regarding the ordering, distributing, handling, dispensing, administering, monitoring the effects of blood and its derivatives on patients, as well as safety procedures, and all other matters relating to blood in the hospital.
7. Evaluate and measure administration of blood and its derivatives, in accordance with medical staff-approved criteria governing its use and report findings as related to occurrences when blood is administered when not indicated, not administered when indicated; and administered incorrectly
8. Review the transfusion practice of the medical staff.
9. Design a comprehensive performance improvement program, execute on-going performance measures, guide implementation of improvements, as warranted for the

following processes related to the usage of blood and its derivatives as appropriate which may include:

- Ordering
- Distributing, handling, dispensing
- Administering
- Monitoring the effects of blood and its derivatives on patients

Meetings. Meetings are held the second Monday of each month at Noon.

III. Critical Care Committee

The Critical Care Committee shall:

1. Evaluate the standard of critical care practice for various intensive care and emergency units in the hospital.
2. Evaluate the training of medical personnel to appropriately manage care in these areas.
3. Coordinate CPR instruction and certification for the Medical Staff in collaboration with Medical Center Administration.
4. Track and trend results of Codes to ensure that effective resuscitation services are systematically available throughout the hospital.
5. Recommend medical policies relevant to the operation of the critical care units and the care of patients.
6. Recommend nursing policies relevant to the operation of the critical care units and the care of patients.
7. Recommend the purchase of equipment needed to provide safe and quality care to patients located in the critical care areas.
8. Recommend methods for more effective bed utilization.
9. Determine what Quality Assessment and Performance Improvement activities the Committee should assume if service-based programs are changing.

Meetings. Meetings are held the first Thursday of the month, every other month, at 3:00 p.m.

IV. Emergency Care Committee

The Emergency Care Committee shall:

1. Review the use of the Emergency Medicine Center;
2. Assure organization of optimal methods for prompt efficient medical and surgical management of patients presenting to the UCLA Medical Center for unscheduled immediate care;
3. Evaluate the training of medical personnel in the management of and service rendered to trauma patients;
4. Recommend policies, protocols and standards for the management of trauma patients.

Meetings. Meetings are held quarterly on the second Thursday at 2:30 p.m.

V. Operating Room Committee

The Operating Room Committee shall review and make recommendations to the Performance Improvement/Patient Safety Committee on substantive matters of policy regarding surgical procedures throughout the Medical Center:

1. Matters of ethics
2. Patient priorities
3. Operating Room time allocations

Meetings. Meetings are held quarterly on the second Tuesday of the month at 3:00 p.m.

VI. Pharmacy & Therapeutics Committee

The Pharmacy and Therapeutics Committee roles include:

1. Assisting and overseeing formulation of professional practices and policies regarding continuing evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters regarding drugs in the hospital, including antibiotics
2. Serving as an advisory group to the Medical Staff and pharmaceutical service on matters pertaining to the choice of available drugs;
3. Making recommendations concerning drugs to be stocked on the nursing units and by other services;
4. Developing/periodically reviewing a formulary/drug list for hospital use;
5. Evaluating clinical data on new drugs/preparations requested for hospital use;
6. Establishing standards concerning the use and control of investigational drugs and of research in the use of recognized drugs;
7. Reviewing policies and procedures relating to the selection of the intrahospital distribution, handling and safe administration of drugs;
8. Establishing subcommittees and advising departments and committees on the mission of the committee;
9. Designing and implementing a Clinical Intervention Program to support the use of medication, in collaboration with the Medical Staff, and reporting findings to the Medical Staff Office
10. Reviewing adverse drug reactions and medication errors occurring in the hospital and informing the Medical Staff when appropriate;
11. Designing a comprehensive PI program; executing on-going performance measures to guide the implementation of improvements, as warranted, for the following processes related to medication usage:
 - a) Prescribing, ordering, preparing, and dispensing
 - b) Administering; and monitoring the effects on patients.
12. Coordinating corrective action on findings from the Medical Staff's review of the clinical use of antibiotics.

Meetings. Meetings are held monthly on the first Thursday of the month at Noon.

VII. Surgical & Invasive Procedures Committee

The Surgical/Invasive Procedures Committee shall:

1. Review selected operative, other invasive and non-invasive procedures performed on inpatients and outpatients.
2. Assist and oversee the formulation of professional practices and policies regarding the operative, other invasive, and non-invasive procedures performed on inpatients and outpatients as well as safety procedures, and all other matters relating to surgery in the Medical Center
3. Evaluate and measure the performance of operative, other invasive, and non-invasive procedures performed on inpatients and outpatients in accordance with medical staff-approved criteria governing these interventions and report findings as related to occurrences when these procedures are:
 - a) performed when not indicated
 - b) not performed when indicated, or
 - c) performed poorly or incorrectly.
4. Design a comprehensive performance improvement program, execute on-going performance measures to guide the implementation of improvements, for the following processes related to the operative, other invasive, and non-invasive procedures performed on inpatients and outpatients:
 - a) Selection of the appropriate procedure

- b) Patient preparation for the procedure
- c) Performance of the procedure and patient monitoring
- d) Post-procedure care
- e) Post-procedure patient education
- Conduct investigations, as needed.

Meetings. Meetings are held quarterly on the second Tuesday of the month at 1:00 p.m.

VIII. Trauma Patient Care Committee

The Trauma Patient Care Committee shall:

1. Serve as an interdisciplinary Performance Improvement/Patient Safety Committee
2. Oversee quality of trauma patient care
3. Evaluate service rendered to trauma patients
4. Recommend policies, protocols and standards for the management of trauma patients
5. Continuously improve clinical and operational processes and patient outcomes

Meetings. The Trauma Patient Care Committee shall meet at least quarterly or more often as necessary. Meetings are held monthly beginning in January 2005; dates and times to be announced.

IX. Infection Control Committee

The purpose of the Infection Control Committee is to direct the design and implementation of all infection avoidance and management policies, procedures, processes and improvements, related to the following:

- Infection Control surveillance
- Infection Control prevention
- Control of Infection

Specific responsibilities include:

1. Developing a hospital-wide infection control program, including policies and procedures and maintaining surveillance of the program;
2. Developing a system for reporting, identifying and analyzing the incidence and cause of nosocomial infections, including assignment of responsibility for the ongoing collection and analytic review of such data, as well as follow-up activities;
3. Developing and implementing a preventative and corrective program designed to minimize infection hazards, including establishing, reviewing and /or evaluating aseptic, isolation and sanitation techniques;
4. Developing written policies defining special indications for isolation requirements;
5. Acting in an advisory capacity, detailing trends in antimicrobial resistance to the Antibiotic Subcommittee for consideration and action;
6. Acting upon recommendations related to infection control received from the Chief of Staff, the Medical Staff Executive Committee, Services, Divisions and other committees;
7. Reviewing sensitivities of organisms specific to the facility;
8. Carrying out quality/ performance measurement assessment and improvement activities to promote a safe environment for UCLAMC;
9. Reporting all infection-related surveillance, prevention and control findings that will have an impact on the quality of care to the designated committees, as defined in these Bylaws.

Meetings. Meetings are held the second Thursday of the month, every other month, at Noon.

X. Ethics Committee

The Ethics Committee will:

1. Serve as an advisory committee to the MSEC and its subcommittees
2. Develop criteria and guidelines for the consideration of cases having bioethical implications
3. Develop and implement procedures for the review of cases having bioethical implications
4. Develop and/or review institutional policies regarding care and treatment in cases having bioethical implications
5. Retrospectively review selected cases for the purpose of determining the usefulness of, and to further refine, institutional bioethical policies
6. Consult with concerned parties when ethical conflicts occur in order to facilitate communication and decision making
7. Provide a process for conflict resolution
8. Educate Medical Center staff regarding policies and issues of a bioethical nature
9. Establish and publicize a procedure by which any interested party may notify the Committee of a pressing immediate problem on an expedited basis.
10. Facilitate communication between and among committees

Meetings. Meetings are held monthly on the fourth Tuesday of the month from 4-6:30 p.m.