

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-107 MEDICAL ADVISORY COMMITTEE	POLICY #: 1171
	VERSION: 1
APPROVED BY: ASC Approvers	
DATE APPROVED: 06/28/2016	

PURPOSE: To describe the method by which High Desert Regional Health Center (HDRHC) Ambulatory Surgical Center (ASC) ensures that only qualified physicians are granted clinical privileges, only competent certified registered nurse anesthetists (CRNA) are employed, and that safe and high quality patient care is maintained.

POLICY: At HDRHC ASC, the credentialing and privileging of new physicians and CRNAs, the reappraisals of physicians and CRNAs every two years and, the quality assurance and improvement function, including peer review of clinical performance of individuals with clinical privileges and surgical case and tissue review, and the overall responsibility of evaluating the quality of patient care is, are performed by the Medical Advisory Committee and its Credentials Committee.

MEDICAL ADVISORY COMMITTEE:

The Medical Advisory Committee is a multidisciplinary committee that is responsible to the Medical Director, thereby, to the Governing Body.

I. Composition:

A. Membership:

1. At least three physicians with clinical privileges, including the Medical Director
2. The ASC Nursing Director or designee
3. One CRNA, at a minimum
4. The High Desert Health System (HDHS) Quality Improvement /Risk Management Director
5. The Administrator, or representative
6. HDHS Infection Preventionist
7. HDHS Pharmacy Director

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

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	VERSION: 1

Other individuals, such as HDHS Information Technology, Health Information Management and Safety representatives, will participate and present reports as needed

B. Chairperson:

The Medical Director is the chairperson of the Medical Advisory Committee. The responsibilities are:

1. To establish, maintain and direct the activities of the committee and the quality improvement program.
2. To ensure that legal confidentiality of quality improvement records is maintained.

II. Duties and responsibilities:

- A. Review the qualifications and credentials of all providers applying for clinical privileges and make recommendations, to the Governing Body, for granting new and renewal of clinical privileges. (Physician members only constitute the ASC Credentials Committee)
- B. Perform peer review of clinical performance of individuals with clinical privileges (Physician members and QIIRM Director only).
- C. Perform surgical case and tissue review.
- D. Review the results of the quality assessment and improvement activities and corrective actions undertaken by administrative and medical services.
- E. Monitor services provided by contracted departments (per Memorandum of Understanding or MOU) from HDRHC, to ensure services are provided in a safe and effective manner. Make recommendations for corrective actions if a concern or issue is identified.
- F. Monitor all actions taken by administrative and medical services in response to quality assessment and improvement recommendations and that desired outcome is maintained.
- G. Provide guidelines and procedures for maintaining an infection control program within the ASC, review epidemiological and other pertinent data, and devise methods for controlling infection within the ASC.

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

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- H. Assure that the medical records are accurate and complete with sufficient data to justify the diagnosis and warrant the treatment.
- I. Review charts for order and format and ensure that all requirements related to medical records, including but not limited to: documentation, completion, compliance, forms, format, filing, storage, destruction, availability and methods of enforcement, are met.
- J. Maintain surveillance of pharmaceutical and therapeutic practices, monitor overall drug utilization, provide advice on choice of drugs available for patient care, and review specific adverse medication reactions and medication errors.
- K. Promote prevention of injury to patients, staff and visitors by monitoring and evaluating disaster plans, fire drills, Code Blue responses, mock Code Blue (drill) and investigating any reports of unsafe conditions and inadequate response.
- L. Perform such other functions as requested by the Governing Body.

III. Meetings:

The Medical Advisory and the ASC Credentials Committees shall meet at least quarterly and shall maintain a permanent record of its proceedings and actions, and the chairperson shall present a written (meeting minutes will suffice for this purpose) and oral report twice a year to the Governing Body.

IV. Quorum:

For any Medical Advisory or ASC Credentials Committee meeting, the number of voting members present, but not less than three (3) such members, shall constitute a quorum.

V. Confidentiality Forms

All members will be required to sign Confidentiality forms annually.

All ASC Credentials Committee members will be required to sign Discrimination forms annually.

Original Date: 07/01/2003
Reviewed: 06/28/2016
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