

Chapter: Medical Staff (MS)

Section 1: Medical Staff Organization

Policy

Utah State Hospital has an organized medical staff responsible for the quality of medical care subject to the ultimate authority of the Governing Body of Utah State Hospital and the Department of Social Services and Division of Substance Abuse and Mental Health of the State of Utah. The services provided are within the scope of clinical privileges delineated in the application for Clinical Privileges in Psychiatry and General Medicine.

Procedure

1. Physicians are licensed to practice medicine in the State of Utah.
2. Physicians at Utah State Hospital have facility-specific delineated clinical privileges that define the scope of patient care they may provide independently at the hospital. These privileges are reviewed by the Medical Staff Credentials Committee with referral for further review and/or recommendations by the Medical Executive Committee to the Governing Body for approval.
3. Physicians at Utah State Hospital and other licensed independent practitioners who have delineated clinical privileges are subject to the Medical Staff Bylaws and Rules and Regulations, and are subject to review as part of the hospital's performance improvement activities.
4. Utah State Hospital has a formal procedure for appointment to the Medical Staff, for credentialing and privileging, and for reappointment and renewal of clinical privileges which is implemented by the Credentials Committee of the Medical Staff and the Medical Executive Committee Leadership Group and approved by the Governing Body.
 - 4.1. The procedure for formal appointment to the Medical Staff, credentialing and privileging, reappointment, and renewal of clinical privileges is outlined in detail in the Bylaws of the Medical Staff. This process is explained to the applicant by sending him/her a copy of the Bylaws and Rules and Regulations of the Medical Staff during the application and interview process.

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Section 2: Medical Staff Participation in Maintenance and Improvement of Patient Care

Policy

As part of the Utah State Hospital's quality Performance Improvement program, the medical staff attempts to assure the provision of appropriate and quality treatment through the monitoring and evaluation of the quality and appropriateness of important aspects of patient care. Specific opportunities to identify important aspects of patient care which can be improved are addressed in a timely fashion.

Procedure

1. The medical staff, through a planned and systematic process provides effective mechanisms to monitor and evaluate the quality and appropriateness of patient treatment and the clinical performance of all individuals with delineated clinical privileges. Important problems in patient care, including high volume, high risk, problem-prone, multi-disciplinary, and high-cost aspects of patient care are identified and resolved by a review process which leads to findings, recommendations, actions, and follow-up on an ongoing basis.
 - 1.1. Required characteristics include, but are not limited to the monitoring and evaluation of the quality and appropriateness of patient treatment provided by all individuals with clinical privileges.
 - 1.1.1. The Hospital Clinical Director, working in collaboration with the Director of Medical Services and the Director of Quality Resources, is responsible for assuring the implementation of a planned and systematic process which assures the quality and appropriateness of treatment provided by the members of the medical and allied professional health staff, based on their facility-specific privileges and/or job descriptions.
 - 1.1.1.1. The medical staff has a supervisory role in all patient care at Utah State Hospital.
 - 1.1.2. Medical staff monitoring and evaluation encompasses all major clinical activities and treatment modalities employed at Utah State Hospital.
 - 1.1.3. Medical staff monitoring and evaluation includes, but is not limited to the routine collection of information about important aspects of patient care provided by the medical staff and about the performance of its members. This will include, but not be limited to, the following:
 - a. Admission medical and psychiatric evaluation.
 - b. Diagnostic assessment and treatment planning.
 - c. Medication prescribing methods and patterns.

- d. Appropriate referral for consultative services when indicated.
 - e. Development and use of electronic chart to provide decision to support, documentation, safe practice, and regulatory compliance.
 - f. Responsibility for after-hour duty.
 - g. Selected aspects of patient care, including but not limited to the use of seclusion and restraint, management of dangerousness and suicidal patients, and appropriate use of less restrictive treatment alternatives as available.
- 1.1.3.1. This information is collected through activities of the QR Director and his/her staff, and through the appropriate committees of the Medical Staff.
 - 1.1.3.2. The Medical Executive Committee Leadership Group and the Medical Executive Committee (MEC) review in their regular meetings information collected about important aspects of care in order to identify opportunities to improve patient treatment, as well as to identify and/or resolve important problems in patient treatment.
 - 1.1.3.3. In the implementing of collection of information about important aspects of patient care, as well as in its assessment, the medical staff, with the assistance of the Director of QR and his/her staff, develops a possible objective, selective, predetermined criteria which reflects current knowledge and clinical experience, as well as current acceptable standards of care.
 - 1.1.3.3.1. These criteria are used by the medical staff and its PI program in the monitoring and evaluation of patient care.
- 1.1.4. When important problems in patient care and clinical performance or opportunities to improve care are identified via findings from PI activities and/or committee work, recommendations are made, actions are initiated, and the effectiveness of the actions is evaluated as part of the monitoring process.
 - 1.1.4.1. The findings from and conclusions of monitoring, evaluating, and/or problem-solving activities are documented as reported to the appropriate committees, including the MEC, at least monthly.
 - 1.1.5. The results of actions taken to resolve problems and to improve patient care and information are documented in the minutes of the regular performance improvement council, as well as in the minutes of the meetings of the governing body, MEC, and other appropriate committee meeting minutes.
- 1.2. Patients requiring surgery beyond the minimal procedures provided are referred by the Unit Medical Services provider to a consultant for evaluation and treatment at an appropriate facility. If admission to another facility is required, the Director of Medical Services is the liaison between USH and the other facility.
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- 1.2.1. Requests for elective surgery are screened by the Director of Medical Services, who communicates with the Hospital Clinical Director and Hospital Superintendent prior to authorization of elective surgery.
 - 1.2.2. When patients require surgery, the quality of the surgical services is assessed by the following process:
 - 1.2.2.1. There is quality evaluation through case review by the Director of Medical Services at Utah State Hospital.
 - 1.2.2.2. The QR Director at USH maintains an ongoing communication with the QR Director at the treatment facility regarding patient care.
 - 1.3. The medical staff, as represented by the Pharmacy and Therapeutics Committee, performs criteria-based, ongoing monitoring and evaluation of the prophylactic, therapeutic, and empiric use of drugs in a planned and systematic manner to help assure that they are provided, safely, effectively, and in a cost-effective manner.
 - 1.3.1. The process includes, but is not limited to the following:
 - a. Routine collection and assessment of information in order to identify opportunities to improve the use of medications and to resolve problems in their use.
 - b. Selection of medications for review, addressing issues of appropriateness and effectiveness, as well as prophylactic, therapeutic, and empiric use of medications.
 - 1.3.2. There is ongoing monitoring and evaluation of selected medications that are chosen for one or more of the following reasons:
 - 1.3.2.1. Based on clinical experience, it is known or suspected that the medication causes adverse reactions or interacts with another drug in a manner that presents a significant health risk.
 - 1.3.2.2. The medication is used in the treatment of patients who may be at high risk for adverse medication reactions because of age, disability, or unique metabolic characteristics. USH has defined an untoward medication reaction as one which constitutes a serious threat to the person's physical and/or psychological well-being, or causes the patient significant discomfort, such that it impedes the normal progress of the individual's treatment.
 - 1.3.2.3. The medication has been designated through USH P&T Committee and/or Infection Control Committee for monitoring and evaluation and/or is one of the most frequently prescribed medications.
 - 1.3.3. The process for monitoring and evaluating the use of medications includes, but is not limited to the following:
 - 1.3.3.1. The process is implemented by the medical staff in collaboration and cooperation with members of the allied professional health
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staff, including but not limited to pharmacy services, nursing services, members of the P&T Committee, and Administrative Staff members.

- 1.3.3.2. The process reflects current knowledge, clinical experience, relevant literature, and conformity with the Standards of Care for Use in Utah State Hospital.
 - 1.3.3.3. The process includes the use of screening mechanisms to identify, for more intensive evaluation, problems in, or opportunities to improve, the use of a specific medication or category of medications.
 - 1.3.3.4. Written reports of the findings, conclusions, recommendations, actions taken, and results of actions taken are maintained and reported at the monthly meetings of the P&T Committee and MEC meetings.
 - 1.3.3.5. The results of medication usage evaluation are part of QA&I activities, as well as continuing medical education activities and are considered as part of the medical staff reappointment and delineation of privileges process.
- 1.4. The medical record review function for assessment of timeliness and quality of documentation is delegated to the USH Office of Quality Resources.
- 1.5. Utah State Hospital does not store and/or utilize blood and/or blood products.
- 1.6. The Pharmacy and Therapeutics (P&T) function is performed by the P&T Committee, composed of medical staff, the pharmacy, nursing, management and administration, and other services or individuals as required. The P&T monitoring function includes at least the following:
- 1.6.1. The development or approval of policies and procedures relating to the selection, distribution, handling, use, and administration of medications and diagnostic testing material.
 - 1.6.2. The development and maintenance of a medication formulary or medication list.
 - 1.6.3. The development and/or approval of protocols for unusual and high-risk medications.
 - 1.6.4. The development of written policies and procedures governing the safe administration of medications in collaboration as indicated, with the medical staff, nursing service, and if indicated, representatives of other disciplines. Policies and procedures are reviewed at least annually and revised as necessary.
 - 1.6.5. The definition and review of all significant adverse drug reactions. An adverse drug reaction is described as "unintended, undesirable, and unexpected effects of prescribed medications or of medication errors that require discontinuing a medication or modifying the dose; require initial or prolonged hospitalization; result in disability; require treatment with a prescription
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medication; result in cognitive deterioration or impairment; are life threatening; result in death; or result in congenital anomalies."

- 1.7. Other review functions include, but are not limited to infection control, disaster plans, hospital safety, and utilization review.

2. Utah State Hospital has an ongoing facility-wide QI program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care provided by all individuals with clinical privileges to identify and to resolve problems, and to pursue opportunities to improve patient care. With the approval of the governing body, the medical staff monitors and evaluates the quality and appropriateness of patient care and clinical performance by activities including, but not limited to:
 - a. Medication usage evaluation;
 - b. Review of medical record audits;
 - c. Pharmacy and therapeutics;

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