



CLINICAL REVIEW COMMITTEE CHARTER

PURPOSE:

The Clinical Review Committee has the responsibility for reviewing patient care matters, and complaints that escalate beyond the grievance procedures involving Members of the Medical Staff. This review is a peer review process. Unless otherwise indicated by the Medical Executive Committee (MEC) or the Chairman of the Clinical Review Committee, case reviews shall be considered routine quality assurance/performance reviews and not focused investigations of any health care provider.

The Committee will also be responsible for the development of specific criteria for the clinical review of patient care outcomes or issues as determined necessary by the Medical Staff and as approved by the Medical Executive Committee.

Reports of each Clinical Review Committee meeting activity will be submitted to the Medical Executive Committee for review.

MEMBERSHIP:

The Clinical Review Committee shall be composed of a Chairman, appointed by the President of the Medical Staff and the Vice Chair of each Medical Staff Clinical Committee. There will be three ad-hoc members appointed to the committee. The Vice Chair of this Committee will be elected by the Clinical Review Committee members. All members of this Committee must be Active members of the Medical Staff.

For the small group meetings where the attributing physician is asked to come in for an interview the required quorum is two (2) members of the Committee and the Chief Medical Officer.

For the full committee to conduct business, there will be a required quorum of three (3) members of the Committee.

Support staff can include the QAPI Coordinators, Risk Manager, Patient Safety Officer and the Medical Staff Coordinator.

MEETING FREQUENCY:

Meetings will be held every other month, scheduled prior to the Medical Executive Committee, or as necessary as determined by the Committee Chairman.



AGENDA:

The agenda is prepared by the Medical Staff Coordinator at the direction of the Chair for the committee with the template of items requiring review or action.

AGENDA TEMPLATE:

CALL TO ORDER

CONSENT AGENDA

Approval of Previous Meeting minutes

Case Reviews Completed with no follow up or action indicated

UNFINISHED BUSINESS

A. Patient Care activities with unfinished resolution

STANDARD BUSINESS

A. Mortality Report

B. FPPE Reviews

C. OPPE Reviews

NEW BUSINESS

A. Events Requiring Formal Review

B. Pending Formal Review/Follow Up

C. Event Management Case Reviews

ADJOURNMENT

PROCEDURE:

The Medical Staff Clinical Review Committee shall review issues that require investigation. The Clinical Review Committee may receive possible quality of care issues related to the following subject areas or sources:

- Deviations from Pre-Established Quality Indicators
- Service Excellence
- Patient and/or Family Concerns or Complaints
- Quality Director
- CMO
- Case Managers
- Members of the Medical Staff or Allied Health Professionals
- Adverse Patient Outcomes

PROCESS:

1. Issues subject to review are compiled by the Quality Resource Department/Administration



2. The Chairman of the Clinical Review Committee will assign cases for review to the appropriate Committee members or non-committee members designated by the Chairman
3. Cases or Complaints that are reviewed will be presented by the reviewer to the Clinical Review Committee at the next meeting
4. As a part of the review, the Committee may:
 - a. Request more information from the Medical Staff Member or Allied Health Professional involved
 - b. Ask the Medical Staff Member or Allied Health Professional to appear before the committee
5. After completing its review, the Committee will inform the Medical Staff Member or Allied Health Professional of its findings and conclusions as they deem appropriate to improve patient care.
6. Actions by the Committee may include:
 - a. Recommendation to the Medical Staff Member or Allied Health Professional for additional training or education;
 - b. Ongoing review of the Medical Staff Member or Allied Health Professional's clinical activities;
 - c. Recommendation to the Medical Staff Member or Allied Health Professional that they obtain voluntary proctoring or consultation;
 - d. Recommendation for independent, external peer review;
 - e. Referral to MEC for further review; or
 - f. Any other recommendation or action consistent with the Committee's responsibilities
7. The Clinical Review Committee does not have the authority to impose disciplinary or corrective action
8. A Member of the Medical Staff or Allied Health Professional will be given the opportunity to communicate or otherwise provide a response to the Committee either in person or in writing, as deemed appropriate at the sole discretion of the Committee

MEETING MINTUES:

Meeting minutes of the Clinical Review Committee will be maintained in the Medical Staff Office in a secure fashion and will only be reviewed under the peer review rules as outlined in the Medical Staff Bylaws.



Created/Approved :	October 10, 2014
Revised:	March 10, 2023
Approved by the CRC:	March 10, 2023
Approved by the MEC:	August 14, 2023