


**GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE MANUAL**

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TITLE: MEDICAL STAFF MEETING AGENDA AND MINUTES				
LAST REVIEWED/REVISED: 9/17				
ENDORSED: MEC 9/17				

PURPOSE:

The purpose of this policy is to supplement the GMH Medical Staff Bylaws in providing a uniform process by which Medical Staff Committee, Department, and Staff agendas are prepared and distributed, and by which the minutes are recorded and maintained. This policy will also establish the guidelines for the documentation of discussion of sensitive medical staff issues so as not to compromise or hinder any discussions due to potential liability exposure.

POLICY:

All agenda items shall be listed followed by a brief but pertinent recording of the discussion, actions taken, and assigned responsibility for follow-up.

PROCEDURE:

1. All segments of medical staff committee, department or staff meetings will be designated by the chair as either regular session or confidential executive session and the minutes must so indicate. (This includes ad hoc and subcommittee.)

When one session immediately follows another, minutes from each session shall reference the other session. This means that if a regular session is to be followed immediately by a confidential executive session, the concluding minutes of the regular session will state that upon its conclusion a confidential executive session will follow.

2. Complete separate sets of minutes are to be maintained for each type of session, along with related correspondence, agendas, reports, and other material related to the respective session. Therefore, there will be a set of minutes for the regular session and another set for the confidential executive session.
3. Minutes, agendas, and other materials related to the regular session may be distributed to each member of the committee, department or staff on a routine basis at least 5 working days prior to the meeting or as determined by the chairperson. Others may also receive copies of the above material with the approval of the chairperson. Requests from members of the committee, department, or staff for additions to the meeting agendas must be made at least 3 days prior to the scheduled meeting and must be approved by the chairperson.

4. The Minutes shall be transcribed within 3 working days after the meeting. The minutes and other materials are to be reviewed by the chairperson of the committee before being filed for the next meeting. No copies of the minutes or other material related to a confidential executive session shall be made on a routine basis. Any review of this material is to be made from the original file in the medical staff department. This review privilege is only extended to members of the appropriate committee, the Medical Executive Committee, the chairman of the respective medical staff department, the Hospital Administrator, the Medical Director, the Quality Management Administrator, the Hospital's Legal Counsel, and any others as determined by the chair, President of the Medical Staff, Medical Director, or Hospital Administrator. Individuals personally involved who were or would have been excused from the discussions shall not be given this privilege.

Great care shall be taken to ensure that those excused from the confidential executive session do not have access to the minutes taken or the materials presented while they were absent. Any exception to the review and no-copy rules must be made by the Hospital Administrator or President of the Medical Staff.

5. Contents of Minutes

- a. Names, Numbers, and Headings

The physician or provider hospital number whose charts or case are being reviewed shall be used (not a name). DO NOT name the physician or other health care provider who makes comments during the meeting.

List the medical record number(s) of the chart(s) being reviewed. DO NOT use the patient's name.

If the chairperson decides that further investigation or follow-up is needed, or if an ad-hoc or subcommittee is needed, the names and/or assigned task shall be documented in the minutes.

The minutes shall show who was present for each session. If a member of the committee or anyone else is initially present and then excused because of an item on the agenda or any other reason, the withdrawal shall be recorded in the minutes as well as the reason. Parties entering the meeting after its inception shall likewise be recorded in the minutes. It is very important that the minutes accurately reflect who was present for each item of discussion.

- b. Facts

DO NOT state the specific facts of the case being discussed in the minutes but state that a summary of the facts was stated.

State instead in the minutes, for example, "FACTS: The chairman summarized the patient's history from the medical record.")

RULE OF THUMB: If you could find the fact in the medical record, do not restate it in the minutes.

The facts of the case shall not be outlined for several reasons:

1. It is possible where there will be instances where a practitioner disciplined by a peer review committee may take judicial action in an attempt to reverse the disciplinary action taken by the review committee of the hospital. The disciplined practitioner may gain access to the hospital records of the proceedings. Once these records are filed with court, they become a matter of public record. Therefore, these records become accessible to a patient-plaintiff in a malpractice suit, if one arises following the disciplinary action. If detailed facts are outlined in the minutes, not only the practitioner who has been disciplined but also other practitioners may be impacted by the minutes. While the minutes themselves may still be inadmissible as evidence in a medical malpractice action (by statute), the minutes can still be obtained by the patient-plaintiff and used very effectively, as the plaintiff can give these minutes to his/her expert to build the malpractice case.
2. Another reason not to include specific facts is that many cases reviewed involve complex medical terms and procedures. These facts, terms, and procedures may at all times either not be stated to exact detail or not recorded exactly by the person documenting them and/or may be lost or changed in the transcription. Facts in the minutes that conflict with the medical records can lead to enormous problems in both disciplinary actions and/or medical malpractice actions.

c. Presentations

State in the minutes that Dr. X was invited into the meeting to furnish information to the Committee or department and that he did so. Then state in the minutes that he was thanked and excused from the meeting. Persons invited into the meeting for a presentation shall be invited in, and shall not be allowed to stay during the deliberations and decision making.

d. Deliberations

The recorded deliberations shall be brief. Do not recite practitioners names in discussions. State only that the case was discussed.

e. Decision(s)

State that the committee discussed the case(s). Then summarize, as concisely as possible, the consensus of the committee members as to their reasoning leading to the action taken. Use such terms as feeling, belief and opinion. For example, "It was the opinion of the committee that such a lengthy procedure should not have been performed on an elderly patient with such a lowered hematocrit." Do not state age, times, specific hematocrit level, etc.

f. Recommendations

If there is a motion, it shall be recorded verbatim. If any reduction of privileges is the action to be taken, the motion shall "recommend" the specific corrective action and the reasons.

g. Retention

Per GMHA Retention of Records Policy #6433-04, Retention of Records, all minutes, reports and other records are maintained in an organized filing storage system permanently.

REVISION:

GMHA Medical Staff Office Policy No.6170-7, Medical Staff Meeting Agenda and Minutes, made effective December 10, 2000.