

**MERCY MEDICAL CENTER REDDING**  
**Medical Staff Executive Committee Policies/Procedures Manual**

Department	Medical Staff Services	
Title	<b>SECTION DUTIES/RESPONSIBILITIES/COMMUNICATION</b>	
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The purpose of the Sections is to take primary responsibility for peer review, quality assurance, and medical oversight in their specialty to ensure that quality services are being provided. This responsibility currently applies to the following recognized Sections\*:

- Anesthesia Services Section (Surgical Division)
- Cardiac Services Section (Medical Division)  
     --- *Includes cardiology and interventional cardiology*
- Critical Care Services Section (Medical Division)
- Emergency Services Section (Medical Division)
- Endovascular Services Section (Surgical Division)  
     -- *Includes all who hold endovascular privileges.*
- Medical Section (Medical Division)  
     -- *Includes family practice, gastroenterology, neurology, general medicine, pulmonary, neurology and oncology.*
- Maternal/Child Services Section (Surgical Division)  
     --- *Includes obstetrics, gynecology, FP/OB, pediatrics and neonatology.*
- Orthopedics Services Section (Surgical Division)
- Radiology Service Section (Surgical Division)
- Residency Services Section (Surgical Division)  
     -- *For the purposes of OB and GYN case review.*
- Surgical Services Section (Surgical Division)  
     -- *Includes general, cardiothoracic, ENT, neurological and oral surgery.*
- Urology Services Section (Surgical Division)

\* Other sections may be organized, on the approval of the MEC.

**DUTIES/RESPONSIBILITIES:**

- Conduct clinical peer review coordination\*\* to ensure quality of professional services provided by individuals with clinical privileges
  - Assess and improve performance of medical staff members
  - Document all discussion and make recommendations to the appropriate Division as noted above.
  - Provide input on staffing, equipment, etc. for the area of service.
  - Identify needed educational opportunities
  - Assist with development and maintenance of privilege lists
- \*\* Sections do not review occurrence reports or physician conduct/behavior issues unless requested for input by the Division Chairman.

**STRUCTURE:**

- The Physician Quality Facilitator is responsible for setting the agenda, directing the meeting and oversight of the process (see job description).
  - All active staff members in the specialty/specialties represented (i.e. with like privileges) are encouraged to participate.
  - Sections have no quorum requirements. Those in attendance, regardless of specialty, may vote.
- All peer review discussions will be during Executive Session. This may take place at the same meeting but detached from the General Session or a separate meeting. All non-physician members (with the exception of the CEO or his designee, and any others acceptable to the

Section) will be excused during the Executive Session of the meeting. There is no requirement as to how many meetings must occur during a given year.

**PROCESS:**

- Section physicians and hospital will submit agenda requests to the Medical Staff Services Department. These will be reviewed and organized by the facilitator. If the facilitator declines to include an item on the agenda, (s)he will contact the person who requested the agenda item. An appeal process through an ad hoc committee of the Chief of Staff, Vice President of Medical Affairs, a section member other than the facilitator will decide.
- Each Section is responsible for setting its own screening criteria upon approval of the Division.
- Cases that fallout of the established criteria will be assigned for physician review. Other cases as identified by medical staff leadership or members, sentinel event/RCA, etc. may also be referred and assigned for physician review.
- Cases that are identified by the physician reviewer to need additional input will be referred to the Section. The Chairman (Physician Quality Facilitator) will prescreen these cases prior to presentation.
- The physician involved in the case will be informed that his/her case has been calendared for presentation and requested to attend.
- Presentation of cases will be by the attending physician, addressing questions asked by the reviewing physician. If an attending physician does not participate in the Section, final disposition is made with or without the input of the physician involved.
- The physician involved in the case being presented will be excused prior to final disposition of a case.
- The minutes of the Section meetings are available to the Divisions. Cases in which there is a recommendation of “without peer group consensus” or “care not acceptable” will be referred to the Divisions for final disposition or action as appropriate. If the involved physician did not participate in the review at the Section, he/she will be informed of the Section’s recommended disposition and provided with an opportunity to respond to the Division.
- At any time the Divisions may overturn a recommendation of the Section or request additional information before making final recommendation to the MEC.

\* There is an expectation that medical staff members will participate, review cases, and attend the appropriate Section meeting(s).

Approvals	Medical Division	8/04; 4/06; 9/09	Developed	8/03
	Surgical Division	7/04; 4/06; 9/09	Reviewed	
	Executive Committee	9/04; 4/06; 11/08; 7/09	Revised	8/04;4/06; 9/06; 7/07; 11/08; 7/09
	Board of Directors	10/04; 5/06; 12/08; 9/09	Copied: All Sections	