



Bermuda Hospitals Board

MEDICAL STAFF COMMITTEE Terms of Reference

1. DEFINITIONS

“Act” means the Bermuda Hospitals Board Act 1970;

“BHB” means the Bermuda Hospitals Board;

“Board” means the leadership body appointed by the Minister to oversee the operations of BHB;

“Board Member” means person appointed by the Minister to serve on the Board;

“Co-Opted Member” means an external subject matter expert co-opted from the community who has been appointed to the membership of one or more of the Board’s committees or sub-committees who may vote in an advisory capacity on any matter put before the Committee;

“Executive Committee of the Board” is comprised of Board Members who have been appointed Chair of one or more committees or sub-committees of the Board;

“Executive Member of the Board” means a Board Member who is also a member of the Executive Management Team;

“Chief Executive Officer” means the person appointed the Chief Executive officer under S. 7 of the Act

“Non-Executive Member of the Board” means a Board Member who is not a member of the Executive Management Team;

“Executive Team Member” means a member of BHB’s Executive Management Team;

“Gazetted Member” means a Board Member who has been formally appointed by the Minister of Health;

“the Hospitals” means the King Edward VII Memorial Hospital and the Mid-Atlantic Wellness Institute

“The Committee” means the **Medical Staff Committee**. The Committee operates on behalf of and reports to the Board. Matters before the Committee but reserved for the Board will be presented to the Board for ratification or approval, as appropriate.

2. CONSTITUTION

Pursuant to section 12 of the Bermuda Hospitals Board Act 1970 (the “Act”) and the Bermuda Hospitals Board (Medical Staff) Regulations 1969 (“the Regulations”), BHB hereby establishes the Medical Staff Committee (the “Committee”), which shall be governed by the Terms of Reference set forth below and as read with the Terms and Conditions for Medical Staff. The composition and functions of the Medical Staff Committee are prescribed by the Regulations made by the Minister in consultation with S.25 of the Act.

The Committee is hereby authorized by the Board to carry out activities within its Terms of Reference, as well as any matters which have not specifically been set out in its Terms, but which require investigation by Members of the Committee. It is further authorized to seek any information it requires from any employee, and all employees are directed to cooperate with any requirements made by the Committee.

The Committee is authorized by the Board to obtain outside legal or other professional advice and to retain other advisors with relevant experience and expertise if it considers this necessary to carry out its duties.

Committee Members agree to respect all policies and procedures which protect BHB’s intellectual property and patient confidentiality.

3. PURPOSE AND SCOPE

The main purposes of the Committee are to:

- Advise the Board as to the credentialing and delineation of the privileges of the Medical Staff which is comprised of medical and dental practitioners for appointment by the Board under S. 9 of the Act;
- Integrate and coordinate the departmental activities of the hospitals and develop overall policies with regard to clinical care and medical organization
- Assist the Board in fulfilling its responsibility to ensure quality of care and patient safety measures within the BHB by taking steps to ensure ethical professional conduct on the part of all members of the BHB Medical Staff.

4. DUTIES AND RESPONSIBILITIES

The main duties and responsibilities of the Committee include, but are not limited to, the following:

- a. Holding monthly meetings with and reporting to the Board regarding Medical Staff matters and clinical activities;
- b. Receiving and acting upon reports of the Heads of Departments;
- c. Considering and recommending action to the Chief Executive Officer and the Board on all matters of a medical administrative nature;
- d. Implementing the policies of the Medical Staff;

- e. Making recommendations to the Board and the Chief Executive Officer concerning hospital operations, problems and procedures; and
- f. Taking reasonable steps to ensure ethical professional conduct on the part of all members of the Medical Staff which may also include carrying out periodic reviews of performance;
- g. On an annual basis, review and re-assess the adequacy of its (and its sub-committees') Terms of Reference and recommend to the Board for approval.

5. CONDUCT OF MEETINGS

5.1 Membership

The Committee shall be comprised of the following:-

- a. the Chief of Staff (who presides as chairman over meetings of the Committee);
- b. the heads of the clinical and diagnostic departments of the hospitals;
- c. the President of the Active Medical Staff;
- d. the Chief Executive Officer (non-voting); and
- e. the Director of Nursing (non-voting).

All Members may exercise the right to vote on any matter tabled before the Committee. Other members of BHB's Executive Team or their delegate may attend meetings by invitation from the Chair. The Committee may invite any subject matter expert whether internal or external to attend all or part of any meeting in whatever capacity the Chairman of the Committee deems appropriate.

5.2 Sub-committees of the Medical Staff committee

The Chairman in consultation with the other members of the Committee appoints sub-committees consisting of such persons to carry out such functions as he/she thinks appropriate. Sub-committees report to the Medical Staff Committee and to the President of the Active Medical Staff at least twice a year.

The following subcommittees have been appointed for the purposes described below:

- i. ***The Credentials Committee***: considers and advises the Medical Staff Committee on applications for initial appointment and reappointment to the Medical Staff (which in turn makes its own recommendations to the Board as to such matters).

- ii. **Critical Care Committee:** provides advice and recommendations to the Medical Staff Committee on matters related to resuscitation and emergency care for life-threatening conditions.
- iii. **Risk Management Committee:** is responsible for assisting the Board to manage critical risk exposure and liabilities arising out of the provision of health services at the hospitals.
- iv. **Pharmacy & Therapeutics Committee:** advises the Medical Staff Committee on the compilation and maintenance of a formulary for the hospitals.
- v. **Nutritional Support Committee:** advises the Medical Staff Committee on the development and co-ordination of hospital nutritional policy in connection with therapeutic dieticians.
- vi. **Rehabilitation Committee:** advises the Medical Staff Committee on the development and implementation of rehabilitation services in the Rehabilitation Department of the hospitals.
- vii. **Tumor Board:** advises on the current management of oncology patients.
- viii. **Operating Room Committee:** advises on the co-ordination and standardization of the care of patients undergoing surgical or other invasive procedures.
- ix. **Infection Control and Prevention Committee:** advises the Medical Staff Committee and the Quality Council in the development and implementation of policies to prevent and control nosocomial infections.
- x. **Utilization Management Committee:** advises on the delivery in the hospitals of safe, quality and cost-effective healthcare services in the hospitals in the most

appropriate treatment setting and in a timely manner and conducts medical audits.

- xi. **Quality Council:** is responsible for the systematic and ongoing review of the appropriateness and quality of care at the hospitals.
- xii. **Continuing Medical Education Advisory Committee:** advises on the effective working of the continuing medical and dental education programs administered by the professional bodies of medical and dental practitioners admitted to practice at the hospitals.
- xiii. **Ethics Committee:** advises on matters of ethical concern arising from clinical practice in the hospitals and provides a forum for confidential discussion and analysis leading to informed and reasoned opinions on matters arising.
- xiv. **Therapeutic Abortion Committee:** reviews and advises on all requests for the termination of pregnancy and ensures that the information, on which the request is based, is complete and sufficient to justify the procedure.

5.3 Quorum and Voting

Quorum for all Committee meetings will be satisfied where at least eight voting Board Members are present.

Every question or matter to be determined by the Committee at any committee meeting shall be decided by way of a majority vote. In the event of an equal division of votes on any questions or matters, the Chair of the meeting may give a second casting vote. A Member shall abstain from voting on a matter in which that Member has a financial or personal interest.

5.4 Frequency

The Committee shall at a minimum meet not less than ten times per year. The Chairman or the Committee Members may convene additional meetings at any time to deal with matters within the remit of the Committee.

5.5 Resolutions in Writing

The Board hereby confers on the Committee powers to make decisions by way of written resolution. A copy of the resolution(s) shall be circulated, to all Members who would be entitled to attend a meeting and vote. The date of the resolution is the date when the resolution is signed by the last Member to sign.