



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Leadership		
<b>Document:</b>	Administrative Policy and Procedure		
<b>Title:</b>	Policy for Committee Management		
<b>Applies To:</b>	All MCH Employees		
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## 1. PURPOSE:

- 1.1 To provide a uniform method that addresses how the chairpersons of committees will receive and refer the committee's recommendations for approval and how to report the committee's annual achievements.
- 1.2 To ensure that all committees are established and managed to meet the functions and duties stated in their terms of references through timely attention to issues placed on the meeting agenda.
- 1.3 To establish a system for the formation and operation of hospital wide approved committees within Maternity and Children Hospital, Hafer Al Batin.

## 2. DEFINITIONS:

- 2.1 **Quorum** – the minimum number of members of an assembly or society that must be present at any of its meetings to make the proceedings of that meeting valid.
- 2.2 **Committee** – a small group of people chosen to represent a larger organization and either make decisions or collect information for it.
- 2.3 **Authorized Membership** – the total number of membership appointed to the committee
- 2.4 **Chairperson** – is the leader selected for the committee to designate task to all members and provide direct supervision and support.
- 2.5 **Coordinator** – a person whose job is to organize events or activities and to negotiate with others in order to ensure they work together effectively.
- 2.6 **Member** – appointed to serve the committee for 1 year.

## 3. POLICY:

- 3.1 All committee chairpersons should have an alternate i.e. co-chairman or a designee so that meetings and other activities can be carried out on a regular basis.
- 3.2 All committees should have a written agendas and written minutes according to the attached approved formats. Copies of all minutes are to be sent to Quality and Patient Safety Management.
- 3.3 All monthly committees meeting should be conducted no less than 10 times per year. This allows for 2 meetings to be missed or cancelled if necessary throughout the year.
- 3.4 All committees should review their committee functions annually.
- 3.5 Chairperson are responsible for implementing approved recommendations of the committee or delegating authority to appropriate individuals including the Quality and Patient Safety Department.
- 3.6 Committees should be conducted in a manner that allows full participation of the committee members, while at the same time being controlled and maintained within the terms of reference, agreed by the hospital administrations.
- 3.7 Committee Meetings should have a defined agendas and time scale: if not well managed tend to result in meaningless discussion and no defined outcome.
- 3.8 In order to ensure that committees are relevant to the service, the hospital administrator should approve all committees and the terms of reference. The hospital administrator should approve all committees and their terms of reference just to ensure that the committees are relevant to service.



- 3.9 All committees should be knowledgeable about their committees and their functions, so as to adequately facilitate process improvement.
- 3.10 Attendance: any member who cannot attend the meeting should call or inform the committee secretary before the meeting to be excused.
- 3.11 Minutes of all committees are to include the following information:
  - 3.11.1 Indicator.
  - 3.11.2 Findings and Conclusions.
  - 3.11.3 Follow up:
    - 3.11.3.1 What is to be done?
    - 3.11.3.2 Who is responsible for the action?
    - 3.11.3.3 What is the time frame for the action to happen?
- 3.12 Distribution List: Committee minutes should be written, approved and distributed within 7 days excluding the weekends from the meeting. This should allow individuals to have adequate information and time to follow through on any items assigned during the meeting.
- 3.13 Notification Letter, Minutes and Agenda: a formal notification letter signed by the committee chairperson should be circulated to the members with the last meetings minutes and agenda, 7 days excluding the weekends before the next committee meeting.
- 3.14 Time and Date: Each committee should have certain date and time within the month to standardize.
- 3.15 Committee Membership should include a chairperson and a secretary who may act as the conveyer:
  - 3.15.1 The role of the chair person is to control the meeting ensuring that:
    - 3.15.1.1 Policies and procedures are adhered to by the members of the committee for effective quality improvement opportunities.
    - 3.15.1.2 Professionalism and team work should always be maintained to achieve common goal.
    - 3.15.1.3 There should be an action plan with the name of responsible person and date of accomplishment that should be agreed by all committee heads and members.
- 3.16 Role of the Deputy Chairperson:
  - 3.16.1 Acts as the chairperson when he is not available.
  - 3.16.2 Ensures the compliance of the committee members.
- 3.17 The role of the Scribe (Secretary) is to ensure that:
  - 3.17.1 Correct and precise minutes of the meeting discussion documentation.
  - 3.17.2 Minutes of the previous meeting and any item that should be scheduled should be circulated at least 5 working days.
  - 3.17.3 Venue, Date and Time should be known to all who will attend the meeting and any changes in the above mentioned should notify the attendee immediately.
  - 3.17.4 Names, Positions, Emails and Contact numbers of all committee members should always be available.
  - 3.17.5 Meeting agendas should be prepared and signed by the chairperson.
- 3.18 A committee should only be formed if it has significant value and promote quality improvement. For an organization to achieve it, the following must be define:
  - 3.18.1 Purpose and clear terms of reference.
  - 3.18.2 Has an official membership who is empowered to act.
  - 3.18.3 Have outcome recommendations that are achievable within available resources.
- 3.19 Committee minutes should follow a uniform organization wide structure that will enable the reviewer to quickly review the function, actions and responsibilities of the committee.

#### **4. PROCEDURE:**

- 4.1 Any request or additional inputs for approving a standing committee shall be made written to the hospital director.
- 4.2 Hospital Committees shall all have terms of references with a defined purpose, membership, functions and be chaired over by an appointed chairperson. Approved committees shall be listed in the Maternity and Children Hospital, Hafer Al Batin committees and organizational chart.
- 4.3 All committee members are expected to:



- 4.3.1 Attend scheduled meetings.
- 4.3.2 Complete their task on a timely manner.
- 4.3.3 Give their full efforts in the given task regardless of their personal opinions.
- 4.3.4 Be professional at all times.
- 4.3.5 Communicate and respond to any meetings and will inform in advance if they cannot make it.
- 4.3.6 Participate effectively in conflict resolution process.
- 4.3.7 Formulate opinion in an evidence based manner.

#### 4.4

Governing Body	
Hospital Executive Committee	Governing Body
Medical Executive Committee	Medical Director
General Safety Committee	Hospital Director
Utilization Review Committee	Medical Director
Patient rights and Advocacy Committee	Hospital Executive Committee
Quality Improvement Committee	Hospital Director
Patient Safety Committee	Medical Director
Medical Records Committee	Medical Director
Mortality and Morbidity Committee	Medical Director
Pharmacy & Therapeutics Committee	Medical Director
CPR (code blue) Committee	Medical Director
Blood Utilization Committee	Medical Director
Operating Theater Committee	Medical Director
Infection Prevention and Control Department	Hospital Executive Committee
Credentialing and Privileging Committee	Hospital Executive Committee
Rapid Response Team	Hospital Executive Committee

#### 4.5 Committee Terms of References:

- 4.5.1 Accountability:
  - 4.5.1.1 Maternity and Children Hospital, Hafer Al Batin committee shall report to either the hospital director, executive committee or medical director, according to the reference of reporting.
  - 4.5.1.2 **Quorum** – a committee shall consist of at least one half of the total members.
  - 4.5.1.3 Approval of Minutes- Minutes of the meetings shall document using Maternity and Children Hospital, Hafer Al Batin official minutes of the meeting format, should be signed by the committee coordinator or chairperson.
  - 4.5.1.4 **Purpose** – determines the main function of the committee
  - 4.5.1.5 **Functions** – determines the main duty and responsibility of each member
  - 4.5.1.6 **Distribution** – approved copy will be distributed to the committee members and the original copy will be kept in the Quality and Patient Safety Department.
- 4.5.2 Conflict Management:
  - 4.5.2.1 Conflict arises when there is lack of clarity about roles and boundaries.
  - 4.5.2.2 Provide members with clear and specific information about the concerned issues.



- 4.5.2.3 Enhance effective lines of communication between the committee members.
- 4.5.2.4 Focus on actionable solutions.
- 4.5.2.5 If agreement cannot be reached despite previous mechanisms, a voting process can be a solution.
- 4.6 Revision
  - 4.6.1 Review of Terms of References shall be made every 1 year or when required.
- 4.7 Annual Reviews:
  - 4.7.1 Feedback from the annual review is considered by the committee and approved recommendations are implemented.
  - 4.7.2 Annual review of the activities of the committee shall be prepared by the committee chairperson and presented to the executive committee of the medical board at the end of the year (Gregorian Calendar).
- 4.8 Approvals:
  - 4.8.1 Committee terms of references shall be prepared by the committee chairperson, reviewed by the Director of Quality Management and Patient Safety, recommended by the Medical Director and approved by the Hospital Director.

## **5. MATERIALS AND EQUIPMENT:**

NA

## **6. RESPONSIBILITIES:**

- 6.1 Committee Co – Chairperson
- 6.2 Committee Chairperson
- 6.3 Director of Quality Improvement
- 6.4 Director of Nursing
- 6.5 Medical Director
- 6.6 Hospital Director

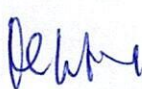






## **7. APPENDICES:**

NA

## **8. REFERENCES:**

- 8.1 Ministry of Health Rules and Regulations.
- 8.2 Prince Metal Bin Abdulaziz – Al Jouf, October, 2017.
- 8.3 King Abdullah Bin Abdulaziz Hospital (KAAH) – Committee Guidelines and Structure, Bisha , Kingdom of Saudi Arabia, August 28, 2012.

## 9. APPROVALS:

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