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- MS.12.2 The mortality and morbidity committee reviews mortalities in the hospital and the unusual or unexpected adverse outcomes of care.
 - MS.12.3 The mortality and morbidity committee receives cases for review from various sources (e.g., referral from the clinical departments, patient complaints, and the medical director).
 - MS.12.4 The mortality and morbidity committee evaluates cases for effectiveness, timeliness and appropriateness of care.
 - MS.12.5 The mortality and morbidity findings are regularly forwarded to the medical director and the quality director.
 - MS.12.6 The mortality and morbidity committee recommends actions for improvement and evaluates their effectiveness.
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Standard Intent:

The hospital mortality and morbidity committee must be chaired by the medical director or a designee. It reviews mortalities in the hospital and the unusual or unexpected adverse outcomes of care and receives cases for review from various sources (e.g., referral from the clinical departments, patient complaints, and the medical director). The committee should evaluate cases for effectiveness, timeliness and appropriateness of care and recommend actions for improvement and evaluates their effectiveness.

MS.13 The hospital has a medical records review committee.

- MS.13.1 There is a medical records review committee with members representing the medical staff, the nursing staff and other professionals privileged to write in the medical record.
- MS.13.2 The medical records review committee oversees and monitors the documentation in medical records for quality, completeness, and timeliness.
- MS.13.3 The medical records review committee regularly reviews a sample (e.g., 5% on a quarterly basis) of the medical records of discharged and in-patients for:
 - MS.13.3.1 History and physical examination.
 - MS.13.3.2 Assessment upon admission.
 - MS.13.3.3 Progress notes.
 - MS.13.3.4 Plan of care.
 - MS.13.3.5 Operative reports.
 - MS.13.3.6 Histopathology reports.
 - MS.13.3.7 Laboratory results.
 - MS.13.3.8 Radiology reports.
 - MS.13.3.9 Discharge summary.
- MS.13.4 The medical records review committee recommends actions for improvement and evaluates their effectiveness.



Standard Intent:

The medical records review committee must include members representing the medical staff, the nursing staff and other professionals privileged to write in the medical record. It oversees and monitors the documentation in medical records for quality, completeness, and timeliness. The committee should regularly review a sample (e.g., 5% on a quarterly basis) of the medical records of discharged and in-patients through an approved checklist that includes but not limited to MS.13.3.1-MS.13.3.9.

MS.14 The hospital has a utilization review committee.

MS.14.1 There is a utilization review committee that is chaired by the medical director or a designee with representatives from relevant services such as medical staff, nursing staff, admission office and social services.

MS.14.2 The utilization review committee assesses the medical necessity of the services furnished by the hospital and the medical staff members to patients. This includes, but is not limited to, the following:

MS.14.2.1 Appropriateness of admissions.

MS.14.2.2 Appropriateness and quality of care.

MS.14.2.3 Length of stay.

MS.14.2.4 Drug usage.

MS.14.2.5 Efficiency in using various hospital resources (e.g., overutilization or underutilization).

MS.14.3 The utilization review committee recommends actions for improvement and evaluates their effectiveness.

Standard Intent:

The hospital must have utilization review committee that is chaired by the medical director or a designee with representatives from relevant services such as medical staff, nursing staff, admission office and social services. It assesses the medical necessity of the services furnished by the hospital and the medical staff members to patients. The major areas the committee review include appropriateness of admissions, appropriateness, and quality of care, the length of stay, drug usage and efficiency in using various hospital resources (e.g., overutilization or underutilization). The function of the resources utilization committee is to review the appropriateness of admissions, appropriateness, and quality of care, drug usage, and the length of stay. It assesses the medical necessity of the services furnished by the hospital and the medical staff members to patients and provides/ recommends actions for improvement and evaluates their effectiveness. Elements of substandard MS.14.2.1 through MS.14.2.5 are examples.

MS.15 The hospital has a blood utilization committee.

MS.15.1 There is a blood utilization committee that is chaired by the medical director or a designee with representatives from relevant services such as medical staff, nursing staff and blood bank.