

**Pharmacy and Therapeutics Committee (P & T), 3<sup>rd</sup> Tuesday of the month from 12-1:30 pm**

The Pharmacy and Therapeutics Committee will consider issues of quality, medication safety and cost for (1) U of M Hospitals inpatient use, and (2) use in UMHHC outpatient pharmacies and ambulatory clinics. The committee makes its decisions without regard to research or educational support provided to individuals or to the institution by the pharmaceutical industry. The Committee, through the Department of Pharmacy Services, is responsible for the development and implementation of all drug use policies and practices including safety issues related to drug ordering, dispensing and administration. The committee will address issues of drug usage coordination and collaboration among appropriate UMHHC programs required to assure quality services across the continuum of care.

Chais: Dr. David Irani, Dr. Karin Durant

**MiChart Clinical Advisory Committee (MCAC), 2<sup>nd</sup> Thursday of each month  
8:30-9:45am**

UMHHC Office of Chief Medical Informatics - The MiChart Clinical Advisory Committee (MCAC) is charged with providing advice to the MiChart Leadership Team and others on policy matters and enterprise-wide standards for the creation and implementation of our new clinical applications. Provider Champions represent the needs of physicians and associated clinicians across the Health System and promote leading practices and appropriate standardization across the clinical, business, education, and research facets of MiChart.

Chairs: Dr. Greta Branford, Dr. Kera Luckritz, and Melissa Manley

**Transfusion Committee, 3<sup>rd</sup> Monday of even months from 4-5 pm**

Advise the Executive Committee on Clinical Affairs (ECCA) concerning the proper use of blood and blood components. Monitor quality assurance related to the transfusion of blood and blood components and shall submit a report of these activities to the hospitals' Continuous Quality Improvement Program Coordinating Team. Review and report all hemolytic transfusion reactions occurring in the UMHHC facilities and, based on the investigations, make recommendations, if necessary, for improvement of blood transfusion practices. Review blood utilization and availability patterns in the UMHHC facilities and recommend changes or modifications to enhance the adequacy and efficiency of transfusion services. Monitor the utilization of the Transfusion and Apheresis area, blood donation options and recommend institution of new procedure.

Chair: Dr. Jeff Rohde.

**GME Diversity, Equity, and Inclusion Subcommittee, 2<sup>nd</sup> Monday of month at Noon via Zoom**

#### GME DEI Subcommittee Charge:

- 1- To create processes for onboarding and training to support Program Director's education and ongoing professional development within the domains of DEI;
- 2- In collaboration with Undergraduate Medical Education (UME) and the Office for Health, Equity and Inclusion (OHEI) to outline a foundational approach and develop/collate resources to support the education of all trainees at Michigan on core DEI-based topics;
- 3- To highlight, establish and collate best practices to identify, recruit and retain diverse individuals, in all of its forms, who engaged in GME training at Michigan Medicine;
- 4- To identify and establish usable DEI-based metrics to track and improve efforts intended to enhance DEI recruitment, education and training.

Chairs: Dr. Jean Wong, Dr. Matthew Wixson

#### **Cerebral Death Determination Committee, Once per Year, Neurology HO Invited**

Medical Staff Bylaws - ECCA Sub-Committee - (a) Develop and publish guidelines and operational rules which are dependent upon the current scientific criteria for the determination of cerebral death and which shall conform to the laws of the state of Michigan.

(b) Oversee the education, regarding the guidelines, of consultant neurologists, electroencephalographers or neurosurgeons who will be making cerebral death determinations.

(c) Monitor the use of cerebral death guidelines through periodic audit.

Chair: Dr. Douglas Gelb

#### **Health Records Standing Committee, 2<sup>nd</sup> Wednesday of month, 12-12:50pm**

Medical Staff Bylaws - ECCA Sub-Committee –

(a) Develop and oversee institutional policies for the medical record– paper and electronic.

(b) Identify, review and approve policies related to medical information and medical record management.

(c) Provide input and recommendations regarding the strategic direction for the ongoing management and development of the UMHS/UMHHC electronic health record.

(d) Review and make recommendations regarding incremental electronic medical record selection, functionality, operations, and enhancements.

(e) Develop and oversee processes for medical record reviews.

(f) Develop and oversee deficiency monitoring processes and make

recommendations for improvements and/or enhancements.

(g) Develop and/or advise the organization on opportunities and practices to support efficient and effective capture and documentation of clinical information.

(h) Provide input to UMHHC and UMHS leadership regarding medical record/EHR needs within the UMHS.

(i) Develop/implement policies for education and training of physicians, house officers and SPPs on medical record documentation.

(j) Oversee, review and approve all paper forms and electronic formats used to document or capture patient information for the medical record.

(k) Recommend and support strategies for integration of electronic medical record systems and universal access to all information necessary for safe and effective patient care

Chairs: Dr. Rishi Bakshi, Ruth Lutes

### **Utilization Management Committee, 3<sup>rd</sup> Friday of even months, 8:30-10AM**

Medical Staff Bylaws - ECCA Sub-Committee - The Utilization Management Committee (UM Committee) is a committee of the Medical Staff and operates under the authority of the ECCA. It provides oversight to the utilization review functions including medical necessity of admissions, length of stay, underutilization, over-utilization, appropriate scheduling, and use of the medical center's resources. Professional services such as drugs and biologicals will be reviewed as needed or requested. The committee reviews and makes recommendations for improvements in cost reduction, decrease in denials, decrease in readmissions, capacity management and patient flow issues, and improved patient experience. The committee will escalate items as necessary to appropriate leadership groups, including but not limited to the ECCA, Clinical Leadership Team (CLT), Compliance Office, and OGC.

Chair: Dr. Sweta Singh