

The Chief of Staff is empowered to add additional temporary or permanent Members to meet particular needs.

The Bylaws say you have to have at least two Members to form a quorum for any Medical Staff meeting. So, for the two-person committee, both members must be present to conduct business. Since a majority is necessary to take action, both members of a two-person committee must agree.

Who else is at the table?

The **Chief of Staff** may attend any Medical Staff meeting. He or she is not a voting member, however, and is not ordinarily expected to do committee work. The purposes of his or her presence are to remain informed of the committee's functioning, participate in deliberations and report as needed to the MEC.

Similarly, the **Hospital CEO or his or her designee** is also entitled to be present at this (and all other Medical Staff meetings). Like the Chief of Staff, this representative also has neither a vote nor a committee function, but serves as an important voice for the administration. As such, he or she should also be permitted to participate in deliberations.

The chairperson of the committee should feel free to invite **others to assist the committee**. The committee has had my assistance, for example, in understanding the legal implications of immunity, confidentiality, Bylaws and other operational issues. Recently, the Hospital's Vice President and General Counsel provided certain investigative facts that facilitated an inquiry into an incident.

B. As a committee member, what are you being asked to do?

1. Be on time. It is professionally discourteous to your colleagues to make them wait for you to show up. If the meeting is called for 1 PM, be there, ready to work, at 1:00 PM, not just leaving your office.
2. Be prepared. If you have been assigned charts to review, do your homework. Be ready to quickly summarize your view and defend your opinion.
3. Be inquisitive. Be curious. Maintain healthy skepticism without being mistrustful. As you listen to the presentations of others, ask the hard questions.
4. Do not accept substandard practice. Not every mistake is ground for serious discipline, but internally you should be willing to be honest with each other in identifying bad habits, attitudes and tendencies. What you do about it is another question.
5. Do not accept bad outcomes as inevitable. When patients are very ill with multiple complex medical problems, it may seem easy to accept death as a probable result. Refuse to give in to this temptation. Very sick people deserve competent care, too.
6. Look for the good. This is not the committee's main purpose, but good practices can be as useful a learning tool as bad ones.