



DEPARTMENT: Total Quality Division		POLICY NUMBER: DPOTMH-APP-TQD-P036-(01)	
TITLE/DESCRIPTION: POLICY COVERING ALL COMMITTEES OF THE HOSPITAL			
EFFECTIVE DATE: June 15, 2023	REVISION DUE: June 14, 2026	REPLACES NUMBER: N/A	NO. OF PAGES: 1 of 3
APPLIES TO: All Divisions		POLICY TYPE: Administrative	

PURPOSE:

1. The creation of Riverside Medical Center Inc. Hospital Committees is in compliance with the regulatory requirements set by the Department of Health, and other government and non-government regulating and accrediting bodies.
2. To assist the administration in formulating policies, coordinating, and monitoring hospital-wide activities that are considered critical in the delivery of quality health care services.

DEFINITIONS:

1. **Terms of Reference** – refers to the document where the roles and responsibilities of the committee is stated together with the frequency of meetings and other important matters concerning the committee.
2. **Annual Committee Report/Recommendation Form** – refers to the form being utilized at the end of every year for the accomplishment and recommendations of the committee.

RESPONSIBILITY:

1. Committee Chairperson – the one responsible for presiding the meeting.
2. Committee Co-Chair – the one who takes the responsibility of the Chairperson in his/her absence.
3. Committee Secretary – the one responsible for issuing the invites and the minutes of the meeting.
4. Committee Members – responsible in attending and participating in the committee meeting according to the terms of reference.

POLICY:

1. The Hospital Committees shall report to and be supervised by a person/unit/office higher in rank and whose primary area of responsibility is predominantly related to that of the committee whose vested authority can effectively and efficiently assist in the performance of the committee. However, the number of hospital committees should not only be limited to what is required by the Department of Health. As deemed necessary, the hospital administrators may create additional committees.
2. There are two types of, and membership in the hospital committee stated in this policy.

These are

Types of Hospital Committee

2.1 Standing Committee

- 2.1.1 Blood Transfusion Committee
- 2.1.2 Tumor Board Committee
- 2.1.3 Research Ethics Review Committee
- 2.1.4 Waste Management Committee
- 2.1.5 Credentialing and Privileging Committee
- 2.1.6 Grievance/Hearing Committee
- 2.1.7 Emergency Planning Committee





DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

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- 2.1.8 Infection Control Committee
- 2.1.9 Pharmacy & Therapeutics Committee
- 2.1.10 Antimicrobial Stewardship Committee
- 2.1.11 Quality Management and Patient Safety Committee
- 2.1.12 Executive Committee
- 2.1.13 Bioethics Committee
- 2.1.14 Research Committee
- 2.2 Ad Hoc Committee
 - 2.2.1 Kidney Transplant Committee
 - 2.2.2 HIV/AIDS Committee
 - 2.2.3 Tissue Committee
 - 2.2.4 Safety Committee
 - 2.2.5 Quality Compliance Committee
 - 2.2.6 Medical Audit Committee
 - 2.2.7 Educational Committee
 - 2.2.8 Finance Committee
 - 2.2.9 Bids and Awards Committee
- 3. All Chairpersons of the hospital committee shall be appointed by the Medical Director, except for non-medical committee which in this case shall be appointed by the VP/Chief Operating Officer. The selection of members of every committee may be delegated to the Committee Chair upon acceptance of her appointment.
- 4. Each hospital committee shall be composed of the following:
 - 4.1. Chairman
 - 4.2. Co-Chairman
 - 4.3. Secretary
 - 4.4. Members
- 5. All appointment letters shall include an acceptance clause and terms of reference.
- 6. The Total Quality Division shall act as the secretary of all hospital committees.
- 7. All Hospital Committee shall submit an Annual Report that includes but is not limited to:
 - 7.1 Activities in line with their terms of references
 - 7.2 Quality Improvement Project
 - 7.3 Training attended and needed
 - 7.4 Accomplishments
- 8. Appointment Letters shall be approved by the President and CEO.



PROCEDURE (SOP): N/A
WORK INSTRUCTION: N/A
WORK FLOW: N/A
FORMS: <ul style="list-style-type: none"> 1. Terms of Reference 2. DPOTMH-QA-F016-Committee Annual Report/Recommendation Form
EQUIPMENT: N/A
REFERENCES: N/A



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Approvals:				
	Name/Title	Signature	Date	TQM Stamp
Prepared by:	DENNIS C. ESCALONA Quality Improvement Manager		05/16/2023	
Reviewed by:	RODEL J. LLAVE Total Quality Division Head		5-16-23	
Approved by:	MARIA LIZA C. PERAREN Nursing Director		05/16/23	
	HENEL P. JISON Marketing Division Head		5-18-23	
	JULIE ANNE CHRISTINE J. KO Chief Finance Officer		5/29/2023	
	NOEL P. GARBO General Services Head		5-22-2023	
	ROSARIO D. ABARING Ancillary Division Head		05-22-2023	
	NANCY B. HIZON Human Resources Division Head		5/22/2023	
	MA. ANTONIA S. GENSOLI, MD VP/Chief Medical Officer		5-24-23	
	SOCORRO VICTORIA L. DE LEON VP/Chief Operating Officer		05/24/2023	
Final Approved By:	GENESIS GOLDI D. GOLINGAN President and Chief Executive Officer		06/07/23	

