

**Committee Name:** Laboratory Stewardship Steering Committee

**Document Owner:** Your Name

**Scope:**

Systemwide: Hospital X, Hospital Y, Hospital Z

**Purpose:**

The Laboratory Stewardship Committee is a multidisciplinary group charged with making decisions that promote and ensure appropriate diagnostic & therapeutic laboratory testing that are both clinically effective and cost-effective.

**Key Outcomes/Objectives:**

- The committee will be responsible for the development and surveillance of all laboratory test utilization policies and practices within all X hospitals and all network of care locations to promote optimum clinical test utility and minimize inappropriate use.
- The committee will review, approve and when necessary, develop evidence-based protocols and practice standards concerning the clinically effective and cost-effective use of laboratory tests in conjunction with relevant hospitalists, clinicians, and sub-specialists.
- The committee will inform the educational material needed to guide medical providers to select the most appropriate laboratory testing options.
- The committee will monitor utilization against baseline indicators and industry benchmarks resulting in efficiencies and financial savings to the health system.

**Meeting Schedule/Frequency:**

The committee will meet monthly.

**Communication/Document Storage Location:**

- Committee actions will be communicated to appropriate staff members.
- Committee members will bring information and policy decisions to their respective department meetings for dissemination.
- An agenda and supplementary materials (i.e., minutes from prior meetings, documents supporting agenda items) will be prepared by the secretary and submitted to committee members in sufficient time to allow for review prior to the meeting.
- Final minutes from the meetings will be maintained by the secretary (Laboratory Director) as permanent electronic records of the organization.
- Minutes from the committee will be submitted to the Executive Leadership Team- Clinical Affairs Committee.

**Membership:**

- Chair- Physician
- Co-Chair- Laboratory Medical Director
- Chief Analytics/Care Innovation Officer
- Laboratory Director
- VP Laboratory Operations
- Chief Medical Officer or VPMA
- VP Quality Officer
- EMR Analyst
- Laboratory Information Systems
- Pathology Informatics
- Hospital Operations Executive
- Director of Pharmacy

- Director of Nursing
- Physician, Hospitalist
- Physician, Critical Care
- Physician, Infectious Disease
- Hospital/System Finance representative
- Ambulatory Representative (Provider)

**Leadership:**

- Chair
- Co-Chair
- VP Laboratory Operations
- Laboratory Director

**Membership Commitments:**

- Meetings will start and end on time.
- Members come prepared to meetings (minutes, updates).
- Members respect confidentiality about the process and participants. The information shared is peer protected.
- Members are respectful of individual's opinions- *NO sidebar conversations*
- Attend 80% of scheduled meetings and contact the Co-Chair with a designee if unable to attend.

**Roles and Responsibilities:**

Chair and Co-chair:

- Appoint committee additions and replacements, and subcommittee members and instruct chairpersons regarding role and responsibilities.
- Keep senior administration and key clinical stakeholders informed about key issues related to laboratory test utilization practice and resources.
- The Chair will be required to support interventions when a member of the medical staff questions decisions made by the Laboratory Stewardship Committee.
- The Co-chair will be responsible to monitor attendance and engagement of committee members.

Physician Champion:

- The physician champion serves as a liaison to help educate and guide medical providers to select the most appropriate laboratory test utilization.

Coordinators (Lab Director, Administrative support):

- Establish meeting agendas and assign/invite additional participation from appropriate stakeholders.
- Maintain committee meeting minutes.

Members:

- If the committee member is not able to attend, they will notify the co-chair that a designee will attend in their place.
- Prepare for meetings by reviewing the committee materials provided in advance of the meeting.
- Act as a resource to peers on Laboratory Stewardship Steering committee matters.

Ad-hoc Members:

The committee has the authority to add other ad hoc members as needed specific to their area of specialty. (Non-voting members)

Designated Policy/Tech Document Manager: Coordinator

**Meeting requirements for decision making:**

A quorum will be necessary to finalize any vote to approve or deny an action or request that is brought before the committee. A quorum will require the presence of majority (>50%) members with a minimum of three medical staff members or their designees.

**Accountable/Reporting Structure**

This committee reports to: Medical Executive Committee

The committees that report to this committee include: any subcommittees formed by the Laboratory Stewardship Committee.

Key connections and communications with: Medical Staff, Physician Councils, Laboratory Ops, Pharmacy & Therapeutics Committee, Nurse Leadership, Executive Leadership Team- Clinical Affairs Committee, Optimal Care, Quality and System Operations and Strategy.