

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA** 525



FROM: Riverside County Regional Medical Center **SUBMITTAL DATE:** June 17, 2003

**SUBJECT: AMENDMENTS TO THE 2003-2004 MEDICAL STAFF BYLAWS,
RULES AND REGULATIONS**

RECOMMENDED MOTION: Request (1) that the Board of Supervisors approve the proposed amendments to the 2003-2004 Medical Staff Bylaws, Rules and Regulations; (2) that the Chairman of the Board sign the Adoption and Agreement page; and (3) for the Board of Supervisors to direct the Clerk of the Board to return the executed forms to Hospital Administration.

BACKGROUND: The proposed amendments have been reviewed and approved by the Medical Executive Committee on May 15, 2003, and by the Medical Staff at the Annual Staff meeting on June 17, 2003. Likewise, the proposed amendments have been reviewed by County Counsel and are approved as to form and content.

Douglas N. Bagley

Douglas Bagley, Chief Executive Officer
Riverside County Regional Medical Center

DB:er
Attachment

FORM APPROVED
COUNTY COUNSEL

MAY 22 2003

BY *[Signature]*

FINANCIAL DATA:

CURRENT YEAR COST: \$ -0-
NET COUNTY COST: \$ -0-

ANNUAL COST: \$ -0-
IN CURRENT BUDGET: N/A
BUDGET ADJUSTMENT: NO, FOR FY

SOURCE OF FUNDS: Not Applicable

C.E.O. RECOMMENDATIONS: APPROVE

County Executive Officer Signature: *[Signature]*

Prev.Agn.ref.
FORM 11(Rev 1/99)

Dist.

AGENDA NO.

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.34

Department Recommendation: Policy Policy
Per Executive Office: Consent Consent

ARTICLE XVI
ADOPTION AND AMENDMENT OF BYLAWS

16.1 ADOPTION AND AMENDMENT

The medical staff bylaws will be reviewed periodically. These bylaws may be adopted, amended, or repealed at any regular or special meeting of the medical staff, provided that notice of such business is sent to all members no later than thirty (30) days before such meeting. The notice shall include the exact wording of the proposed addition or amendment, if applicable, and the time and place of the meeting. In order to enact a change, the affirmative vote of a majority of the active medical staff members present at the meeting shall be required. The amendment shall become effective if then approved by the governing board. Neither the medical staff nor the governing board may unilaterally amend the medical staff bylaws or rules and regulations.

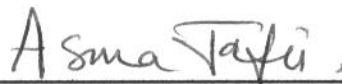
16.2 TECHNICAL AND EDITORIAL AMENDMENTS

The Medical Executive Committee shall have the power to adopt such amendments to the bylaws as are, in its judgment, technical modifications or clarifications, reorganization or renumbering of the bylaws, or amendments made necessary because of punctuation, spelling, or other errors of grammar or expression, or inaccurate cross-references. Such amendments shall be effective immediately and shall be permanent if not disapproved by the medical staff or the governing board within 90 days after adoption by the Medical Executive Committee. The action to amend may be taken by motion and acted upon in the same manner as any other motion before the Medical Executive Committee. After approval, such amendments shall be communicated in writing to the medical staff and to the governing board.

ADOPTED by the Medical Staff on June 17, 2003



Arnold Tabuenca, MD, Chief of Medical Staff



Asma Jafri, MD, Secretary-Treasurer

APPROVED by the Governing Board on _____
Board of Supervisors of Riverside County

Chair, Riverside County Board of Supervisors

**RIVERSIDE COUNTY
REGIONAL MEDICAL CENTER**

**PROPOSED AMENDMENTS TO THE 2003-2004 MEDICAL STAFF BYLAWS
RULES AND REGULATIONS**

LEGEND: Underline – indicates proposed additions
 ~~Strike Through~~ – indicates proposed deletions

11.4 DEPARTMENT CHIEF (Page 56)

Change in position title from department chief to department chair wherever chief appears in the bylaws and in other medical staff documents.

11.4-1 Qualifications (Department Chief) Page 56

The department chief shall be certified by an appropriate specialty board or recognized equivalent. ~~affirmatively established through the Credentials Committee that the individual possess comparable competence based on the practitioner's practice.~~

11.3 DEPARTMENT CHAIR

Change in position title from department chair to department vice-chair wherever chair appears in the bylaws and in other medical staff documents.

11.3-1 Qualifications (Department Chair) Page 55

The department chair shall be certified by an appropriate specialty board or recognized equivalent. ~~affirmatively established through the Credentials Committee that the individual possess comparable competence based on the practitioner's practice.~~

11.3-2 SELECTION (Page 55)

The department chair shall be elected by the department members who are eligible to vote for general officers of the medical staff with the concurrence of hospital administration and the Medical Executive Committee. The election of the chair shall occur at the departmental meeting and only active staff members of the department may vote.

12.2 MEDICAL EXECUTIVE COMMITTEE

12.2-1 COMPOSITION (Page 60)

The Medical Executive Committee shall consist of the chief of medical staff, the immediate past chief of medical staff, the chief of medical staff-elect, the secretary-treasurer, the medical director, and the chair and chief of departments. When the department chair and chief are both present at the meeting, only one vote will be cast, with the chair having the vote. When either the chief or chair is also an elected officer of the medical staff (i.e., chief of medical staff, immediate past chief of medical staff, chief of medical staff elect, or secretary-treasurer), their presence and vote will be counted as an elected officer of the medical staff. The hospital director or designee and the chief nursing officer shall be ex-officio members without the power to vote.

6.4-8 EXTENSION OF APPOINTMENT (Page 27)

If the application for reappointment has not been fully processed by the expiration date of the appointment, the staff member shall maintain current membership status and clinical privileges until such time as the processing is completed unless corrective action is taken with respect to all or any part thereof, or unless the delay is due to the member's failure to return the reappointment application form completed as required. The continuance of present privileges will also be based on the practitioner's specific quality data review.

10.1 ORGANIZATION OF DEPARTMENTS AND DIVISIONS (Page 48)

The medical staff shall be organized into clinical departments. Each department shall be organized as a separate component of the medical staff and shall have a chair elected and entrusted with the authority, duties and responsibilities as specified in Section 11.3; and a department chief selected and entrusted with authority, duties and responsibilities as specified in Section 11.4. A department may be further divided, as appropriate, into divisions which shall be directly responsible to the department within which it functions, and shall have a division chief selected and entrusted with the authority, duties and responsibilities specified in Section 11.5. The clinical department or division may meet separately or jointly.

10.2 DESIGNATION (Page 48)

The departments and divisions are:

- (a) Anesthesiology
- (b) Emergency Medicine
- (c) Family Practice
- (d) ~~Head, Neck Surgery and Otolaryngology~~
- (e) Medicine with Divisions of General Internal Medicine, Cardiology, Gastroenterology, Geriatrics, Nephrology, Neurology, Pulmonary & Critical Care Medicine, Inpatient Medicine Services, Respiratory Care Services and Ambulatory Care Services Medicine with Subdivisions of Dermatology, Endocrinology, Hematology/Oncology, Infectious Disease, and Rheumatology
- (f) Clinical Neurological Sciences (Neurological Surgery)
- (g) Obstetrics and Gynecology
- (h) Ophthalmology
- (i) Orthopaedic Surgery and Rehabilitation and Division of Spine Surgery
- (j) Pathology, including Clinical Laboratory
- (k) Pediatrics with Division of Neonatology
- (l) Psychiatry
- (m) Radiology, including Diagnostic, Therapeutic, Nuclear Medicine and Neuroradiology
- (n) ~~General~~ Surgery with Divisions of General Surgery, Thoracic Surgery, Hyperbaric Medicine, Plastic Surgery, ~~and~~ Dental and Oral, Maxillofacial Surgery, Head, Neck Surgery & Otolaryngology and Urology.
- (o) Urology

3.4 Organized Health Care Arrangement (Membership) Page 6

Under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), the medical staff and the hospital are in an Organized Health Care Arrangement (OHCA). The OHCA is a clinically integrated care setting in which individuals receive health care from more than one provider and the providers hold themselves out to the public as participating in a joint arrangement. The medical staff is in an OHCA with the hospital for care provided at hospital locations. This joint arrangement is disclosed to the patients in the Notice of Privacy Practices given to patients when they access care at any hospital and county affiliated facility. Members of the medical staff shall use patient medical and demographic information only as described in the Notice of Privacy Practices.

14.1 AUTHORIZATION AND CONDITIONS (Confidentiality, Immunity & Releases) Page 65

By applying for or exercising clinical privileges (or practice privileges) at this hospital, an applicant:

- (e) Acknowledges medical staff participation with the hospital in an Organized Health Care Arrangement (OHCA) under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), and agrees to be bound by the provisions of the Notice of Privacy Practices given to hospital patients when they access care at any hospital and county affiliated facility.

RULES AND REGULATIONS

- 18. Orders, Verbal** (Page 75). Verbal orders (oral or by telephone) for administration of medications may be received and recorded by licensed health professionals who are expressly authorized under their practice acts to receive orders to administer drugs. This includes registered nurses, (RNs), ~~licensed psychiatric technicians~~, pharmacists, physicians, physician assistants from supervising physician only, physical therapists (for certain topical drugs only), and respiratory therapists when the orders relate specifically to respiratory therapy. These orders are to be countersigned by the physician or associate when the physician is not available, within forty-eight (48) hours.

- 31. Sterilization** (Page 76). The Obstetric-Gynecology Department, Family Practice Department and the Urology ~~Department~~ Division will each have a policy regarding sterilization that will include appropriate informed consent and it will also comply with all existing state and federal statutes pertaining to this procedure.