

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

234



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
06/22/2007

**SUBJECT:** Approval of Amendments to the 2007-2008 Medical Staff Bylaws, Rules and Regulations

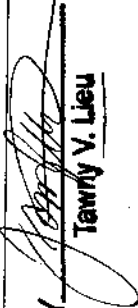
**RECOMMENDED MOTION:** Request (1) that the Board of Supervisors approve the proposed amendments to the 2007-2008 Medical Staff Bylaws, Rules and Regulations; (2) that the Chairman of the Board sign the Adoption and Agreement page; and (3) that the Board of Supervisors direct the Clerk of the Board to return the executed forms to Hospital Administration.

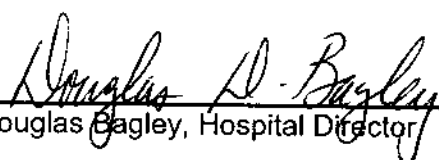
**BACKGROUND:** The proposed amendments have been reviewed and approved by the Medical Executive Committee and by the medical staff at the Annual Medical Staff meeting held on June 21, 2007. Likewise, the proposed amendments have been reviewed by County Counsel and are approved as to form and content.

FORM APPROVED COUNTY COUNSEL

JUN 06 2007

Department of Counsel

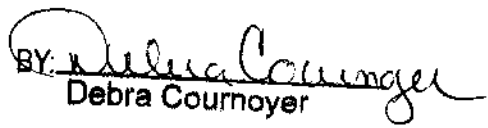
BY   
Tawny V. Lieu

  
Douglas Bagley, Hospital Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	N/A
	Annual Net County Cost:	\$ 0	For Fiscal Year:	N/A

<b>SOURCE OF FUNDS:</b> Not Applicable	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:** APPROVE

BY:   
Debra Cournoyer

**County Executive Office Signature**

Dep't Recomm.:  Consent  Policy

Per Exec. Ofc.:  Consent  Policy

Prev. Agn. Ref.: \_\_\_\_\_ District: \_\_\_\_\_ Agenda Number: \_\_\_\_\_

3.54

**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 twenty (20) 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 when approved by the governing board. Neither the medical staff nor the governing board may unilaterally amend the medical staff bylaws or rules and regulations. The governing board shall approve and comply with the medical staff bylaws. The organized medical staff shall comply with and enforce the medical staff bylaws, rules and regulations, and policies.

**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 21, 2007

Asma Jafri, MD  
Chief of Medical Staff

Webster Wong, MD  
Secretary-Treasurer of the Medical Staff

**APPROVED** by the Governing Board on \_\_\_\_\_  
Board of Supervisors of Riverside County

\_\_\_\_\_  
Chair, Riverside County Board of Supervisors

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
2007 – 2008 PROPOSED MEDICAL STAFF BYLAWS' AMENDMENTS**

Underline denotes addition  
Cross out denotes deletion

ARTICLE	BYLAWS AMENDMENT	COMMENT	APPROVAL
<p>1</p> <p>Article VI Procedures for Appointment &amp; Reappointment</p>	<p>6.4 Reappointments</p> <p>6.4-10 <u>Between Routine Reappointment Dates (Page 31)</u>  <u>Whenever a member of the medical staff is first made aware of any interim changes from the previous appointment or reappointment (as listed below), s/he must immediately notify the Medical Staff Services Office by telephone and shall furnish the information in writing within two-business days to the Medical Staff Services Office. If the Medical Staff Services Office is closed when the member first calls to report the change(s), the immediate notification by telephone will be made to the house supervisor or administrator on call prior to doing any clinical work. Immediate is defined as "occurring or accomplished without loss or interval of time."</u></p> <p>(a) <u>The unexpired suspension, revocation, or non-renewal of license to practice medicine in California;</u>                  (b) <u>Any suspension, revocation, or non-renewal of DEA or other controlled substance registration;</u>                  (c) <u>Any cancellation or non-renewal of professional liability insurance coverage;</u>                  (d) <u>Any change in health status that would pose a direct threat to the safety of patients;</u>                  (e) <u>Receipt of written notice of any adverse action by the Medical Board of California taken or pending, including, but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation, or limitations affecting the license to practice medicine;</u>                  (f) <u>Any adverse action by any healthcare organization which has resulted in the filing of a Section 805 report with the Medical Board of California, or a report with the National Practitioner Data Bank;</u>                  (g) <u>The denial, revocation, suspension, reduction, limitation, non-renewal or voluntary relinquishment by resignation of medical staff membership and/or clinical privileges at any healthcare organization;</u>                  (h) <u>Any material reduction in professional liability insurance coverage;</u>                  (i) <u>Receipt of written notice of any legal action, including without limitation any filed and served malpractice suit or arbitration action;</u>                  (j) <u>Conviction of any crime (excluding minor traffic violations)</u>                  (k) <u>Receipt of written notice of any adverse action under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.</u></p> <p>The member of the medical staff shall furnish in writing within two business days to the Medical Staff Services Office any interim changes from the previous appointment or reappointment regarding:</p> <p>(a) <del>Information about professional license status and whether the staff member's professional license has been reduced, restricted, suspended, not renewed or voluntarily relinquished;</del>                  (b) <del>Information about malpractice judgment, claims, suits, or settlements;</del>                  (c) <del>Information about current professional liability insurance;</del>                  (d) <del>Information about DEA status;</del>                  (e) <del>Information about current status of mental and/or physical health;</del>                  (f) <del>Any additional relevant information required by the Medical Executive Committee, the relevant clinical department chair or vice chair, administration, or the governing board to adequately evaluate the staff member.</del></p>	<p>Clarifies process and timeline of reporting and expands to include reporting of additional changes that may occur during last appointment or reappointment.</p>	<p>Bylaws: 3/22/07 MEC: 4/12/07</p>
<p>2</p> <p>Article III Membership</p>	<p>3.6 <b>Basic Responsibilities of Medical Staff Membership (Page 8)</b>                  (g) <u>Medical history and physical must be performed not more than 30 days prior to admission or 24 hours after admission by a doctor of medicine or osteopathy, or for a patient admitted only for oromaxillofacial surgery, by an oral and maxillofacial surgeon who has been granted such privileges by the medical staff in accordance with state law. The documentation of the medical history and physical must be in the chart within 24 hours after admission.</u></p>	<p>Complies with new CMS re H&amp;P requirement, effective 01/26/07.</p>	<p>Bylaws: 3/22/07 MEC: 4/12/07</p>

ARTICLE	BYLAWS AMENDMENT	COMMENT	APPROVAL
3	<p>Perform a physical examination and medical history not more than 7 (seven) days before or 24 hours after admission by a doctor of medicine or osteopathy, or for a patient admitted only for oromaxillofacial surgery, by an oral and maxillofacial surgeon who has been granted such privileges by the medical staff in accordance with state law.</p> <p><b>8.3 Automatic and Immediate Suspension or Limitations (Page 38)</b>            In the following instances, the member's privileges or membership may be <u>immediately</u> suspended or limited as described, and all patient care activity shall <u>immediately cease</u>, and a hearing, if requested shall be limited to the question of whether the grounds for automatic suspension as set forth below have occurred</p>	<p>Clarifies immediate suspension or limitations.</p>	<p>Bylaws: 3/22/07 MEC: 4/12/07</p>
4	<p><b>Preamble (Page 1)</b>            WHEREAS, only duly qualified physicians, dentists, <u>clinical psychologists</u>, and podiatrists are eligible for medical staff membership, privileges and prerogatives; and</p> <p>THEREFORE, the physicians, dentists, <u>clinical psychologists</u>, and podiatrists practicing at this hospital hereby organize themselves into a medical staff in conformity with these bylaws.</p>	<p>Adds psychologist as members of the medical staff instead of AHPs. Per California law they have the same hearing/appeal rights as members of the medical staff.</p>	<p>Bylaws: 3/22/07 MEC: 4/12/07</p>
5	<p><b>1. Allied Health Professional (Page 2)</b>            Allied Health Professional or AHP means an individual, other than a licensed physician, dentist, <u>clinical psychologist</u>, or podiatrist, who exercises judgment within the areas of professional competence and the limits established by the governing board, the medical staff and the applicable State Practice Acts; who is qualified to render direct or indirect medical, dental, <u>clinical psychological</u>, or podiatric care under the supervision or direction of a medical staff member possessing privileges to provide such care in the hospital; and who may be eligible to exercise practice privileges and prerogatives in conformity with the rules adopted by the governing board, if any, these bylaws, and the medical staff rules and regulations. AHPs are not eligible for medical staff membership.</p> <p><b>5. CLINICAL PRIVILEGES OR PRIVILEGES: (Page 3)</b>            Clinical Privileges or Privileges means the permission granted to a medical staff member to render specific diagnostic, therapeutic, medical, dental, <u>clinical psychological</u>, podiatric, or surgical services.</p>	<p>Adds psychologist as members of the medical staff instead of AHPs. Per California law they have the same hearing/appeal rights as members of the medical staff.</p>	<p>Bylaws: 3/22/07 MEC: 4/12/07</p>
16.	<p><b>MEDICAL STAFF OR STAFF (Page 3)</b>            Medical staff or staff means the formal organization of all licensed physicians, dentists, <u>clinical psychologists</u>, and podiatrists who are privileged to attend patients at the hospital.</p>		
21.	<p><b>PRACTITIONER (Page 4)</b>            Practitioner means, unless otherwise expressly limited, any physician, dentist, <u>clinical psychologist</u>, or podiatrist who is applying for medical staff membership and/or clinical privileges, or who is a medical staff member and/or who exercises clinical privileges at the hospital.</p>		

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6 Article III Membership	<p>3.2 <b>Qualifications for Membership</b>            3.2-2 Particular Qualifications (Page 7)            (e) <u>Clinical Psychologist. An applicant for clinical psychologist membership, except for the honorary staff, must hold a clinical psychologist degree, have not less than two (2) years clinical experience in a multi-disciplinary facility licensed or operated by this or another state or by the United States to provide healthcare or be listed in the latest edition of the National Register of Health Service Provider in Psychology, and hold a valid, unrevoked, and unsuspended license to practice clinical psychology issued by the Board of Psychology.</u></p>	Adds psychologist as members of the medical staff instead of AHPs.	Bylaws: 5/7/07 MEC: 5/10/07
7 Article III Membership	<p>3.7 <b>Duration of Appointment</b> (Page 9)  <u>Except as otherwise provided in these bylaws, initial appointment to the medical staff shall not exceed a period of two (2) years, be for a period of 42 (twenty-four) months. Reappointment shall be for a period of not more than two (2) years.</u></p>	Complies with JC standards of medical staff appointment not to exceed two years.	Bylaws: 3/22/07 MEC: 4/12/07
8 Article III Membership	<p>3.8 <b>Proctoring Requirements</b> (Page 10)            3.8-1 For Initial Appointment  <u>Except as otherwise determined by the Medical Executive Committee, all initial appointees to the medical staff that have been granted clinical privileges and all members granted additional clinical privileges, shall be subject to a period of proctoring. The adjunct staff shall not require proctoring.</u></p> <p>3.8-3 <b>Term of Proctoring Period</b>  <u>Each department may establish, in its rules and regulations, a term of proctoring and the number of cases, and/or specific number of cases applicable to particular clinical privileges whenever such requirements are appropriate in view of the clinical privileges which are involved. Proctoring will begin when privileges are initially granted, whether at the time of initial appointment or the granting of temporary privileges. The term of proctoring may be extended in increments of not more than six (6) twelve (12) months each, for a total proctoring period of not more than twelve (12) twenty-four (24) months. If an initial appointee fails within that period to complete the minimum number of cases and/or furnish the certificates required in Section 3.8-1, the appointee's medical staff membership or particular clinical privilege, as applicable, shall be automatically terminated. If a medical staff member requesting modification fails within that period to complete the minimum number of cases and/or furnish the certifications required in Section 3.8-1, the change in medical staff category or department assignment or the additional privileges, as applicable, shall be automatically terminated.</u></p>	Since proctoring is the primary method of carrying out focused professional practice evaluation (FPPE) for new applicants, it should be completed in a short period of time.	Bylaws: 3/22/07 MEC: 4/12/07

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<p>9</p>	<p>Article IV Categories of Membership</p>	<p>4.2 Active Staff (Page 14) 4.2-2 Prerogatives (a) Admit patients consistent with their privileges, unless otherwise provided in the medical staff bylaws or rules and regulations so long as the activities required by the position fall within the member's scope of practice as authorized by law.</p> <p>4.3 Provisional Staff (Page 15) 4.3-1 Qualifications The provisional staff member shall consist of practitioners who meet the qualifications specified for members of the active staff for membership set forth in Section 3.2 except that they have not yet satisfactorily completed the proctoring requirements specified in Section 3.8...</p> <p>4.3-2 Prerogatives (a) Admit patients consistent with their privileges, unless otherwise provided in the medical staff bylaws or rules and regulations.</p> <p>4.3-5 Action at Conclusion of Provisional Staff Status (b) In all other cases, the appropriate department chair shall advise the Credentials Committee, who shall make its recommendation to the Medical Executive Committee regarding a modification of clinical privileges, a modification of staff category, or termination of staff membership.</p> <p>4.4 Courtesy Staff (Page 16) 4.4-1 Qualifications (b) Involve in sufficient patient care activities at the hospital so that the medical staff will be able to evaluate the staff member's current clinical competency on an ongoing basis. Courtesy staff members who provide services for more than five (5) patients during each medical staff year will be given the opportunity to be appointed to the active medical staff. Admit or otherwise provide services for not more than five (5) patients at the hospital during each medical staff year.</p> <p>4.4-2 Prerogatives (b) Exercise such clinical privileges as are granted to them pursuant to Article VII (Clinical Privileges).</p> <p>4.7 Adjunct Staff (Page 17) 4.7-1 Qualifications The adjunct staff shall consist of physicians and dentists practitioners who do not have clinical privileges.</p>	<p>Eliminates privileging issues out of a medical staff category (i.e., currently category descriptions address admitting of patients).</p> <p>Members may not want to apply for active staff appointment, but they need to meet Section 3.2 requirements.</p> <p>Allows for provisional staff member to be transferred to Adjunct staff if s/he has insufficient clinical activity to evaluate competency.</p> <p>Provides guidance that there has to be sufficient activity to evaluate competency, but does not put a limit on the amount of activity. Going to active staff is an option, not a requirement.</p> <p>Clarifies all practitioners' not just physicians and dentists.</p>	<p>Bylaws: 5/7/07 MEC: 5/10/07</p>
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<p>10</p>	<p>Article VI Procedures for Appointment &amp; Reappointment</p>	<p>6.3.3 Department and Credentials Committee Action (Page 25) Under the direction of the Credentials Committee, the department chair and/or appropriate subject matter experts as deemed necessary by the Credentials Committee, shall review the application and supporting documentation according to established medical staff criteria regarding clinical privileges, professional conduct and competence, and may conduct a personal interview with the applicant. The department chair and/or subject matter expert shall forward a written evaluation to the Credentials Committee. The department chair and/or subject matter expert may also suggest that the Credentials Committee defer action. The Credentials Committee or in cases eligible for expedited process, the duly appointed designee, shall transmit to the Medical Executive Committee its report and recommendation, prepared in accordance with Section 6.3-6.</p> <p><b>Note: The below two sections will be combined and will be replaced with the above. This change will also necessitate renumbering of current Sections 6.3.4 thru 6.3-13.</b></p> <p>6.3-3 DEPARTMENT ACTION Upon receipt, the relevant department chair or designee shall review the application, the supporting documentation, and transmit to the Credentials Committee its written report and recommendation prepared in accordance with Section 6.3-6. The department chair or designee shall interview the applicant and may request further documentation.</p> <p>6.3-4 CREDENTIALS COMMITTEE ACTION The Credentials Committee shall investigate the character, qualifications and standing of the applicant, and shall have the power to make any investigation into the training and background of the applicant it deems necessary. The Credentials Committee or in cases eligible for expedited process, the duly appointed designee, shall review the application, the supporting documentation, the report and recommendation submitted by the department chair or designee, and such other relevant information as may be available. The Credentials Committee may interview the applicant and/or request further documentation from the applicant. The Credentials Committee or in cases eligible for expedited process, the duly appointed designee, shall transmit to the Medical Executive Committee its report and recommendation, prepared in accordance with Section 6.3-6.</p>	<p>Allows Credentials Comm to establish some privileges that do not "belong" to a specific clinical department. Most of the time, a dept chair will be involved in review of an application/request for clinical privileges and make a recommendation. However, there may be some crossover privileges that are administrated by Credentials, who will select subject matter experts for review/evaluation as necessary.</p>	<p>Bylaws: 3/22/07 MEC: 4/12/07</p>
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## ARTICLE

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11 Article VII Clinical Privileges	<p><b>7.4 Temporary Privileges (Page 33)</b> 7.4-1 Pending Application Temporary clinical privileges may be granted to a physician, dentist, podiatrist, clinical psychologist or allied health professional under strictly defined and enforced circumstances. Temporary privileges may be granted for up to 120 days when a complete and clean application for membership or clinical privileges is pending review and recommendation by the Medical Executive Committee.</p> <p><b>7.2.2 Specific Patient Care</b> Temporary clinical privileges may be granted on a case-by-case basis when an important patient care issue exists that mandates an immediate authorization to practice for a limited period of time, where good cause exist to a physician, dentist, podiatrist, clinical psychologist or allied health professional, to fulfill important patient care, treatment, and service need provided that the procedures described in the medical staff organization's Temporary Privileges Policy and Procedure, located in the Credentials Policies and Procedures Manual, are followed</p>	Allows temporary privileges for clinical psychologist and allied health professional; and specifics TPs timeframe per JC.	Bylaws: 3/22/07 MEC: 4/12/07
12 Article XIII Meetings	<p><b>13.7 Attendance Requirement (Page 67)</b> 13.7-1 Regular Attendance A member of the provisional staff, courtesy staff, consulting staff, adjunct staff, and honorary staff All members of the medical staff shall be encouraged to attend departmental meetings, the Annual Medical Staff meeting, and to participate in scientific presentations of the medical staff.</p>	Replaces listing of staff categories with "all members."	Bylaws: 3/22/07 MEC: 4/12/07
13 Article IX Hearing & Appellate Reviews	<p><b>9.6-2 Allied Health Professional - Termination of Privileges (Page 48)</b> Independent allied health professionals, e.g., clinical psychologist, certified nurse midwife, whose practice privileges are denied or restricted by action of the medical staff shall have the same right for fair hearing and appeal as do members of the medical staff.</p>	Removes clinical psychologist as member of the allied health.	Bylaws: 3/22/07 MEC: 4/12/07
14 Article XV General Provisions	<p><b>15.4 Fees/Dues (Page 72)</b> Active, provisional, courtesy, consulting, and adjunct staff members, including allied health professionals All members of the medical staff and allied health professionals, except for Honorary staff, shall be required to pay biennial dues/fees. Fees/dues shall become delinquent if not paid within 60- thirty (30) days from when notice is sent for payment. A failure to pay fees/dues shall result in those actions specified in Section 8.3-5. The Medical Executive Committee shall have the power to set the amount of fees/dues for each medical staff category, the amount of the processing fee for initial application, application for temporary privileges, and reapplication, and the amount to be paid by a practitioner whenever any unusual expenses are involved. The Medical Executive Committee shall determine the expenditure of all medical staff funds.</p>	Replaces listing of staff categories with "all members."	Bylaws: 3/22 & 5/1/07 MEC: 5/10/07

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## RULE

## MEDICAL STAFF RULES AND REGULATIONS

## COMMENT

## APPROVAL

15	1. Assignment of Patients	<p>1. <b>Assignment of Patients (Page 75)</b>          Patients shall be admitted only upon the order and under the care of a member of the medical staff of the hospital who is lawfully authorized to diagnose, prescribe and treat patients. The patient's condition and provisional diagnosis shall be established at the time of admission by the member of the medical staff who admits the patient. The house staff may perform these functions as outlined in the Rules and Regulations, Graduate Education Programs. The medical staff member shall be responsible for the following: the medical care and treatment of the member's patient at the hospital; the prompt completeness and accuracy of the medical record, including medical history and physical examination <u>to be done not more than thirty (30) days prior to admission or within twenty-four (24) hours after admission</u>; for necessary special instructions; and for transmitting reports of the patient's condition to the referring practitioner and to the patient's relatives. If these responsibilities are transferred to another staff member, a note documenting the transfer of responsibility shall be entered on the order form of the medical record. Assignment of patient care duties shall be in accordance with departmental rules and regulations.</p>	Complies with new CMS re H&P requirement, effective 01/26/07.	Bylaws: 3/22/07 MEC: 4/12/07
16	19. Orders, Verbal	<p>19. <b>Orders, Verbal (Page 78)</b>          These orders are to be countersigned by the physician or any physician by the team caring for the patient <u>within forty-eight (48) hours</u>. <del>These orders are to be countersigned by the physician or associate when the physician is not available within 48 hours.</del></p>	Complies with new CMS re verbal orders requirement, effective 01/26/07.	Bylaws: 3/22/07 MEC: 4/12/07
17	39. Physician Reference Manual	<p>39. <b>Physician Reference Manual (Page 80)</b>  <del>There shall be a reference manual to assist practitioners, allied health professionals, and physicians in training with orientation to various hospital units and functions.</del></p>	Clarifies that purpose of manual is for orientation and is not an authoritative document.	MEC: 10/12/06