

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

828A



FROM: RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

SUBMITTAL DATE:
06/19/08

SUBJECT: AMENDMENTS TO THE 2008-2009 MEDICAL STAFF BYLAWS, RULES AND REGULATIONS.

RECOMMENDED MOTION: Request (1) that the Board of Supervisors approve the proposed amendments to the 2008-2009 Medical Staff Bylaws, Rules and Regulations; (2) that the Chairman of the Board sign the Adoption and Amendment of Bylaws 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 and by the medical staff at the Annual Medical Staff meeting held on June 19, 2008. Likewise, the proposed amendments have been reviewed by County Counsel and are approved as to form and content.

Departmental Concurrence

FORM APPROVED COUNTY COUNSEL
BY: TANNY LIEU 6/19/08 DATE

Douglas D. Bagley

Douglas D. Bagley, Hospital Director

FINANCIAL DATA	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

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

C.E.O. RECOMMENDATION: APPROVE

Debra Courtney
BY: _____
Debra Courtney

County Executive Office Signature

- Dep't Recomm.: Consent Policy
- Per Exec. Ofc.: Consent Policy

Prev. Agn. Ref.: | **District: #E2015.** | **Agenda Number:**

2.9

**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 These bylaws may be adopted, amended, or repealed at any regular or special meeting of the medical staff, provided that notice of such business is sent to all members no later than twenty (20) days before such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 19, 2008

Asma Jafri, MD
Chief of Medical Staff

Ramiz Fargo, 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
2008 – 2009 PROPOSED MEDICAL STAFF BYLAWS' AMENDMENTS

Underline denotes addition
Cross out denotes deletion

ARTICLE	BYLAWS AMENDMENT	RATIONALE	APPROVAL
Article VII Corrective Action	<p>8.1 Routine Corrective Action (Page 35)</p> <p>8.1.1-1 <u>Focused Professional Practice Review</u> <u>The Medical Executive Committee shall define, on a continuous basis, the circumstances warranting further intensive review of a member or other practitioner's services provided under privileges held and establish the parameters for participation of the subject under review in the focused review process. When circumstances warrant, the Medical Executive Committee shall refer the matter to the Professional Practice Evaluation Committee (PPEC) who shall conduct the review following the timeframes set for that focused review by the Medical Executive Committee. A focused professional review may result in recommendations for changes to improve the member's performance; recommendations for system, protocol or policy changes; a request for investigation or corrective action; or other action.</u></p>	<p>New JC requirements (MS.4.40) in regard to focused practice review.</p>	<p>Bylaws: 5/6/08 MEC: 5/8/08</p>
Article VIII Corrective Action	<p><u>8-1-1 8.1-2 Criteria for Initiation</u> (Page 35) Whenever a practitioner with clinical privileges shall engage in, make, or exhibit acts, statements, demeanor, or professional conduct, either within or outside of the hospital, and the same is, or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care at the hospital, or to be disruptive to the hospital operations, or improper use of hospital resources, or act contrary to the bylaws, or to constitute fraud or abuse; or the same results in the imposition of sanctions by any government authority; an investigation or corrective action against such person may be requested by any medical staff officer, by the chair or vice chair of any department in which the practitioner is a member to exercise clinical privileges, by the chair of any standing medical staff committee, by the governing board, or by the hospital director upon the complaint, request, or suggestion of any person.</p> <p><u>8-1-3 8.1-4 Investigation</u> An external peer review consultant may be considered when: (a) Litigation seems likely. (b) The hospital is faced with ambiguous or conflicting recommendations from medical staff committees, or where there does not appear to be a strong consensus for a particular recommendation. In these circumstances consideration may be given by the Medical Executive Committee or the governing board to retain an objective external review. (c) There is no one on the medical staff with expertise in the subject under review, or when the only physicians on the medical staff with appropriate expertise are direct competitors or partners of the physician under review. (d) In addition, the Medical Executive Committee or Governing Body may require external peer review in any circumstances deemed appropriate by either of these bodies.</p>	<p>To include in bylaws based upon review of the CMA model bylaws by the chief of medical staff.</p>	<p>Bylaws: 10/02/07 MEC: 10/11/07</p>

ARTICLE	BYLAWS AMENDMENT	RATIONALE	APPROVAL
	<p>8.1-4 8.1-5 MEDICAL EXECUTIVE ACTION (Page 35) As soon as is practicable after the conclusion of the investigative process, if any, but in any event within sixty (60) days after the initiation of proposed corrective action, unless deferred pursuant to Section 8.1-5 8.1-6, the Medical Executive Committee shall act thereon. Such action may include, without limitation, the following actions or recommendations:</p> <ul style="list-style-type: none"> (a) <u>determine no corrective action to be taken, and if the Medical Executive Committee determines there was no credible evidence for the complaint in the first instance, removing any adverse information from the member's file;</u> (b) <u>refer the member to the Well-Being Committee for evaluation and follow-up as appropriate;</u> (c) <u>issue letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude clinical department chairs from issuing informal written or oral warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected member may make a written response which shall be placed in the member's file;</u> (d) <u>recommend the imposition of terms of probation or special limitation upon continued medical staff membership or exercise of clinical privileges, including, without limitation, requirements for co-admission, mandatory consultation, or monitoring;</u> (e) <u>recommend reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care;</u> (f) <u>recommend suspension, revocation or probation of medical staff membership; and</u> (g) <u>take other actions deemed appropriate under the circumstances.</u> <ul style="list-style-type: none"> (a) No corrective action. (b) Rejection or modification of the proposed corrective action. (c) Letter of admonition, reprimand, or warning. (d) Terms of probation or individual requirements of consultation. (e) Reduction or revocation of clinical privileges. (f) Suspension of clinical privileges until completion of specific conditions or requirements. (g) Reduction of membership status or limitation of any prerogatives directly related to the practitioner's delivery of patient care. (h) Suspension of medical staff membership until completion of specific conditions or requirements. (i) Revocation of medical staff membership. (j) Other actions appropriate to the facts which prompted the investigation. 	<p>CMA model bylaws text and better clarifies the MEC's action.</p>	<p>Bylaws: 5/6/08 MEC: 5/6/08</p>
	<p>8.1-5 8.1-6 DEFERRAL (Page 36) If additional time is needed to complete the investigative process, the Medical Executive Committee may defer action on the request, and it shall so notify the affected practitioner. A subsequent recommendation for any one or more of the actions provided in Section 8.1-4 8.1-5, Paragraphs (a) through (j) (g) above must be made within the time specified by the Medical Executive Committee, and if no such time is specified, then within thirty (30) days of the deferral.</p> <p>(Will require renumbering of sections 8.1-7 and 8.1-8)</p>	<p>Change to section due to renumbering.</p>	<p>Bylaws: 5/6/08 MEC: 5/6/08</p>

ARTICLE	BYLAWS AMENDMENT	RATIONALE	APPROVAL
<p>Article XII Committees</p>	<p>12.2 Medical Executive Committee (Page 63)</p> <p>12.2-1 Composition (MEC) 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, the chair of the <u>Performance Improvement Committee</u>, and the vice chair and chair of <u>clinical</u> departments.</p> <p>12.2-3 Duties (MEC) (q) Affirmatively implement, enforce, and safeguard the self-governance rights of the medical staff to the fullest extent permitted by law, such rights of the medical staff include, but are not limited to, <u>the ability to retain and be represented by independent legal counsel at the expense of the medical staff.</u></p>	<p>Based on an analysis by county counsel of CA Business & Professions Code 2282.5 Subdivision 5, (a) which enumerates various rights of the medical staff to self-governance, and mandates that the medical staff bylaws provide procedures for the ability of the medical staff to retain and be represented by independent legal counsel at its own expense.</p>	<p>Bylaws: 10/02/07 MEC: 10/11/07</p>
<p>Article XV General Provisions</p>	<p>15.8 Medical Staff Representation by Legal Counsel (Page 72) <u>Upon the authorization of the medical staff or of the Medical Executive Committee acting on its behalf, the medical staff may retain and be represented by independent legal counsel at the expense of the medical staff.</u></p>	<p>Same as above.</p>	<p>Bylaws: 10/02/07 MEC: 10/11/07</p>
<p>Article III Membership</p>	<p>3.8-3 Term of Proctoring Period (Page 10) Proctoring will begin when privileges are initially granted, whether at the time of initial appointment or the granting of temporary privileges. Effective 01/01/08, the term of proctoring may be extended not more than six (6) months, for a total proctoring period of not more than twelve (12) months.</p>	<p>To comply with FPPE, allowed departments an additional extension to bring their delinquent proctoring current through 1/1/08.</p>	<p>Bylaws: 5/6/08 MEC: 5/6/08</p>