

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

622
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FROM: RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

SUBMITTAL DATE:
6/17/10

SUBJECT: AMENDMENTS TO THE 2010-2011 MEDICAL STAFF BYLAWS, RULES AND REGULATIONS.

RECOMMENDED MOTION: Approval of the attached proposed amendments to the 2010-2011 Medical Staff Bylaws, Rules, and Regulations and for the Chairman of the Board to sign the Adoption and Amendment page of the Bylaws.

BACKGROUND: The proposed amendments have been reviewed and approved by the Medical Executive Committee on May 13, 2010 and by the medical staff organization at the Annual Medical Staff Meeting held on June 17, 2010. Likewise, the proposed amendments have been reviewed by County Counsel and are approved as to form and content.

Attachment

Ellie Bennett For Doug Bagley
Ellie Bennett, Chief Operating Officer for
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 Cournoyer
BY: Debra Cournoyer
Debra Cournoyer

County Executive Office Signature

FORM APPROVED COUNTY COUNSEL
BY: *Tawny Valieu*
DATE: 6/30/2010
TAWNY VALIEU

Departmental Concurrence

Dept't Recomm.: Consent
Per Exec. Ofc.: Consent
Policy
Policy

Prev. Agn. Ref.: | District: 5 | Agenda Number: **2.18**

RCRMC Medical Staff Bylaws, Rules & Regulations, 2010-2011

ARTICLE XVI ADOPTION AND AMENDMENT OF BYLAWS

16.1 ADOPTION AND AMENDMENT

The medical staff adopts and amends medical staff bylaws, rules and regulations. The adoption or amendment of medical staff bylaws cannot be delegated.

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 These bylaws may be adopted, amended, or repealed at any regular or special meeting of the medical staff, provided that notice of such business is sent to all members no later than twenty (20) days before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

The organized medical staff has the ability to adopt medical staff bylaws, rules and regulations, policies, and amendments thereto, and to propose them directly to the governing board.

If the voting members of the organized medical staff propose to adopt a rule, regulation, or policy, or an amendment thereto, they first communicate the proposal to the Medical Executive Committee. If the Medical Executive Committee proposes to adopt a rule or regulation, or an amendment thereto, it first communicates the proposal to the medical staff; when it adopts a policy or an amendment thereto, it communicates this to the medical staff.

In cases of documented need for an urgent amendment to rules and regulations necessary to comply with law or regulation, the Medical Executive Committee, as delegated by the voting members of the organized medical staff, may provisionally adopt and the governing body may provisionally approve an urgent amendment without prior notification of the medical staff. In such cases, the medical staff will be immediately notified by the Medical Executive Committee. The medical staff has the opportunity for retrospective review of and comment on the provisional amendment at the annual medical staff meeting. If there is no conflict between the organized medical staff and the Medical Executive Committee, the provisional amendment stands. If there is conflict over the provisional amendment, the process for resolving conflict between the organized medical staff and the Medical Executive Committee is implemented. If necessary, a revised amendment is then submitted to the governing body for action.

The organized medical staff has a process which is implemented to manage conflict between the medical staff and the Medical Executive Committee on issues including, but not limited to, proposals to adopt a rule, regulation, or policy or an amendment thereto. This process begins with the Conflict Management Committee. Nothing in the foregoing is intended to prevent medical staff members from communicating with the governing body on a rule, regulation, or policy adopted by the

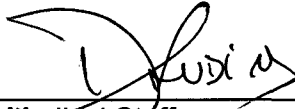
RCRMC Medical Staff Bylaws, Rules & Regulations, 2010-2011

organized medical staff or the Medical Executive Committee. The governing body determines the method of communication.

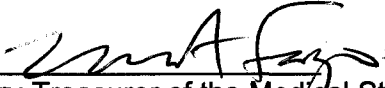
16.2 TECHNICAL AND EDITORIAL AMENDMENTS

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, 2010



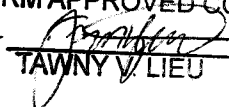
Chief of Medical Staff



Secretary-Treasurer of the Medical Staff

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

Chair, Riverside County Board of Supervisors

FORM APPROVED COUNTY COUNSEL
BY:  6/30/2010
TAWNY V. LIEU DATE

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
2010 – 2011 PROPOSED AMENDMENTS TO THE MEDICAL STAFF BYLAWS AND RULES & REGULATIONS

Underline denotes addition
~~Strikethrough~~ denotes deletion

BYLAWS AMENDMENT		REASON FOR CHANGE	APPROVAL
<p>Article VI Procedures for Appointment and Reappointment</p>	<p>6.4 Reappointment 6.4-8 Extension of Appointment 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. Such extension of an appointment shall not be deemed to create a right for the member to be automatically reappointed for the coming term.</p>	<p>Conflicts with Joint Commission standard MS.06.01.07 requirement and Bylaws sections 3.7 & 6.4-10</p>	<p>Bylaws: 7/23/09 MEC: 8/13/09 Annual MS Meeting: 6/17/2010</p>
<p>Article XII Committees</p>	<p>12.2 Medical Executive Committee (MEC) 12.2-1 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, and the vice chair and chair of clinical departments. When the department vice chair and chair are both present at the meeting, only one vote will be cast, with the vice chair having the vote. When either the chair or vice 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. <u>The associate medical director shall serve as medical director designee (with vote) in the absence of the medical director.</u></p>	<p>To represent the Medical Director in the event of the Medical Director's absence</p>	<p>Bylaws: 8/27/09 MEC: 9/10/09 Annual MS Meeting: 6/17/2010</p>
<p>Article XII Committees</p>	<p>12.2 Medical Executive Committee (MEC) 12.2-1 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, and the vice chair and chair of clinical departments. When the department vice chair and chair are both present at the meeting, only one vote will be cast, with the vice chair having the vote. When either the chair or vice 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. <u>Also, by virtue of a member-at-large position, all active staff category members of the medical staff organization of any discipline or specialty are eligible for voting membership on the MEC for a two-year term.</u> The hospital director or designee and the chief nursing officer shall be ex-officio members without the power to vote.</p>	<p>To further comply with The Joint Commission standard MS.01.01.01 and MS.02.01.01</p>	<p>Bylaws: 9/24/09 MEC: 10/8/09 Annual MS Meeting: 6/17/2010</p>

ARTICLE		BYLAWS AMENDMENT	RATIONALE	APPROVAL
Bylaws Section III, Membership	Section III, Membership Section 3.6 (g) Perform a medical history and physical examination not more than 30 days prior to a patient's 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, physical examination, <u>and required updates</u> , must be in the chart within 24 hours after the patient's admission.	To further comply with The Joint Commission standard MS.03.01.01	Bylaws: 9/24/09 MEC: 10/8/09 Annual MS Meeting: 6/17/2010	
Bylaws Article XV, General Provisions	15.4 Fees and Dues All members of the medical staff and allied health staff, except for Honorary staff, shall be required to pay biennial fees/dues, <u>unless waived by the Medical Executive Committee</u> . Fees/dues shall become delinquent if not paid within 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 (Failure to Pay Dues/Assessments). 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.	To comply with MEC decision of 4/8/10 regarding waiver of fees.	Bylaws: 4/22/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010	
Bylaws Article XI, Department Chair	11.3-4 Duties (o) <u>Recommends space and other resources needed by the department or service.</u> (p) <u>Provides continuous assessment and improvement of the quality of care, treatment, and services.</u>	To comply with The Joint Commission standard MS 01.01.01, EP 36.	Bylaws: 5/6/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010	
Bylaws Article XII, Committees	12.2 Medical Executive Committee (MEC) 12.2-1 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, and the vice chair and chair of clinical departments. When the department vice chair and chair are both present at the meeting, only one vote will be cast, with the vice chair having the vote. When either the chair or vice 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 <u>chief executive officer hospital-director or designee</u> and the chief nursing officer shall be ex-officio members without the power to vote.	Consistency of language	Bylaws: 5/6/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010	
Bylaws Article XII, Committees	12.2 Medical Executive Committee (MEC) <u>By action of 2/3 of the medical staff members present and entitled to vote, the medical staff may, at a regular or special meeting, pursuant to Section 13.1, at which a quorum is achieved, remove and reassign a duty or duties delegated to the Medical Executive Committee for a stated period of time, for a reason identified and supported by the meeting.</u>	To comply with The Joint Commission standard MS 01.01.01, EP 20.	Bylaws: 5/6/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010	
Bylaws Article	<u>13.4-2 Annual Staff Meeting</u>	To comply with The	Bylaws: 5/6/10	

ARTICLE	BYLAWS AMENDMENT	RATIONALE	APPROVAL
XIII, Meetings	<p>The presence of 51% of the total members of the active medical staff at any regular or special meeting of the medical staff shall constitute a quorum for the purpose of removing and reassigning a duty or duties delegated to the Medical Executive Committee. For all other actions, the number of active staff members present at any regular or special meeting of the medical staff shall constitute a quorum.</p>	<p>Joint Commission standard MS 01.01.01, EP 20.</p>	<p>MEC: 5/13/10 Annual MS Meeting: 6/17/2010</p>
Bylaws Article XV, General Provisions	<p>15.3 Credentialing Policies and Procedures Manual This manual describes the process for credentialing, re-credentialing, and privileging licensed independent practitioners and allied health professionals, including the process for appointment and reappointment to membership on the medical staff. Other processes included in the manual are the granting of temporary privileges and emergency disaster privileges, provisional evaluation, focused professional practice evaluation, etc. This manual is reviewed periodically by the Credentials Committee of the medical staff organization and recommendations for revisions are forwarded to the Medical Executive Committee and the governing board for approval and adoption.</p>	<p>To comply with The Joint Commission standard MS 01.01.01, EP 3.</p>	<p>Bylaws: 5/6/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010</p>
Bylaws Article XV, General Provisions	<p>15.4 Medical Staff Policies and Procedures Manual This manual describes the policies and procedures of the medical staff including the process for resolving conflicts between the medical staff and the Medical Executive Committee, impaired physicians, etc. This manual is reviewed periodically by the Bylaws Committee and recommendations for revisions are forwarded to the Medical Executive Committee and the governing board for approval and adoption.</p>	<p>To comply with The Joint Commission standard MS 01.01.01, EP 3.</p>	<p>Bylaws: 5/6/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010</p>
Bylaws Article XVI, Adoption and Amendment of Bylaws	<p>16.1 Adoption and Amendment The medical staff adopts and amends medical staff bylaws, rules and regulations. The adoption or amendment of medical staff bylaws cannot be delegated.</p>	<p>To comply with The Joint Commission standard MS 01.01.01, EP 1 & 2</p>	<p>Bylaws: 5/6/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010</p>
Bylaws Article XVI, Adoption and Amendment of Bylaws	<p>16.1 Adoption and Amendment The organized medical staff has the ability to adopt medical staff bylaws, rules and regulations, policies, and amendments thereto, and to propose them directly to the governing board.</p>	<p>To comply with The Joint Commission standard MS 01.01.01, EP 8.</p>	<p>Bylaws: 5/6/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010</p>
Bylaws Article XVI, Adoption and Amendment of Bylaws	<p>16.1 Adoption and Amendment If the voting members of the organized medical staff propose to adopt a rule, regulation, or policy, or an amendment thereto, they first communicate the proposal to the Medical Executive Committee. If the Medical Executive Committee proposes to adopt a rule or regulation, or an amendment thereto, it first communicates the proposal to the medical staff; when it adopts a policy or an amendment thereto, it communicates this to the medical staff.</p>	<p>To comply with The Joint Commission standard MS 01.01.01, EP 9.</p>	<p>Bylaws: 5/6/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010</p>
Bylaws Article XVI, Adoption	<p>16.1 Adoption and Amendment In cases of documented need for an urgent amendment to rules and regulations</p>	<p>To comply with The Joint Commission</p>	<p>Bylaws: 5/6/10</p>

BYLAWS AMENDMENT		RATIONALE	APPROVAL
ARTICLE	BYLAWS AMENDMENT	RATIONALE	APPROVAL
and Amendment of Bylaws	<p>necessary to comply with law or regulation, the Medical Executive Committee, as delegated by the voting members of the organized medical staff, may provisionally adopt and the governing body may provisionally approve an urgent amendment without prior notification of the medical staff. In such cases, the medical staff will be immediately notified by the Medical Executive Committee. The medical staff will be opportunity for retrospective review of and comment on the provisional amendment at the annual medical staff meeting. If there is no conflict between the organized medical staff and the Medical Executive Committee, the provisional amendment stands. If there is conflict over the provisional amendment, the process for resolving conflict between the organized medical staff and the Medical Executive Committee is implemented. If necessary, a revised amendment is then submitted to the governing body for action.</p>	standard MS 01.01.01, EP 11.	MEC: 5/13/10 Annual MS Meeting: 6/17/2010
Bylaws Article XVI, Adoption and Amendment of Bylaws	<p>16.1 Adoption and Amendment <u>The organized medical staff has a process which is implemented to manage conflict between the medical staff and the Medical Executive Committee on issues including, but not limited to, proposals to adopt a rule, regulation, or policy or an amendment thereto. This process begins with the Conflict Management Committee. Nothing in the foregoing is intended to prevent medical staff members from communicating with the governing body on a rule, regulation, or policy adopted by the organized medical staff or the Medical Executive Committee. The governing body determines the method of communication.</u></p>	To comply with The Joint Commission standard MS 01.01.01, EP 10.	Bylaws: 5/6/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010
MEDICAL STAFF COMMITTEE MANUAL			
COMMITTEE MANUAL REVISIONS		REASON FOR CHANGE	APPROVAL
	Add Orthopedic Surgery as a voting member of the Ambulatory Care Committee.	Orthopedic Surgery requested to be added.	Bylaws: 4/22/10 MEC: 5/13/10 Annual MS Meeting: 6/17/2010