

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

603
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FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
January 17, 2012

SUBJECT: Amendment to the 2011-2012 Medical Staff Bylaws Rules and Regulations

RECOMMENDED MOTION: Approval of the attached proposed amendment to the 2011-2012 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 amendment has been reviewed and approved by the Medical Executive Committee on November 10, 2011. Likewise, the proposed amendment has been reviewed by County Counsel and is approved as to form and content.

Departmental Concurrence

Attachment



 Douglas D. Bagley, Hospital Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost FY:	\$ 0	For Fiscal Year:	11/12

SOURCE OF FUNDS:

Positions To Be Deleted Per A-30
 Requires 4/5 Vote

C.E.O. RECOMMENDATION:

APPROVE



 Debra Courmoyer

County Executive Office Signature

Dep't Recomm.: Consent Policy
 Par Exec. Ofc.: Consent Policy

Prev. Agn. Ref.:

District: 5

Agenda Number:

2.3

3.6 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

Members of the medical staff shall:

- (a) Provide patients with care at the generally recognized professional level of quality and efficiency established by the hospital's medical staff.
- (b) Retain responsibility within the area of professional competence for the continuous care and supervision of patients at the hospital for whom providing services, or arrange for a suitable alternative physician, who is on the medical staff with equivalent clinical privileges, to assure such care and supervision.
- (c) Abide by the medical staff bylaws and rules and regulations and by all other lawful standards, policies, and rules of the hospital and shall conform to current JC, HIPAA, CMS and state mandated standards.
- (d) Comply with all requirements set forth in the medical staff bylaws and rules and regulations, including, but not limited to, those requiring maintenance of professional liability insurance (Section 15.3), payment of medical staff dues (Section 15.4), acceptance of principles (Section 15.7), and refraining from division of fees (Section 15.8).
- (e) Discharge such personal medical staff, department, committee and hospital functions, including, but not limited to, peer review, patient care audit, utilization review, quality assessment, emergency service and back-up functions, for which the member is responsible by virtue of staff category assignment, appointment, election, utilization of allied health professionals or exercise of privileges, prerogatives or other rights in the hospital.
- (f) Prepare and complete in a timely fashion the medical and other required records for all patients the staff member admits or in any way provides care to at the hospital.
- (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, and required updates, must be in the chart within 24 hours after the patient's admission.
An updated examination of the patient, including any changes in the patient's condition, be completed and documented within 24 hours after admission or registration, but prior to surgery, or structure, routine laboratory services, when the medical history and physical examination are completed within 30 days before admission or registration. The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a physician (as defined in section 1001(1) of the Act) or oromaxillofacial surgeon, or other qualified licensed individual in accordance with State Law and hospital policy.
- (h) Aid in any educational programs for medical staff members, medical students, interns, resident physicians, resident dentists, nurses, and other personnel when so assigned. A medical staff member who chooses not to participate in the teaching programs is not subject to denial or limitation of privileges for this reason alone.
- (i) Agree to provide continuous quality care for patients.
- (j) Assist the hospital in fulfilling its uncompensated or partially compensated patient care obligations within the areas of the staff member's professional competence and credentials.
- (k) Pledge not to receive or pay to another physician or dentist, either directly or indirectly, any part of a fee received for professional services.
- (l) Pledge to maintain an ethical practice, including refrain from illegal inducements for patient referral, and refrain from failing to disclose to patients when another surgeon

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 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 November 10, 2011

Wade Feerber, DO.*

Chief of Medical Staff

Afsheen Molkara, 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

*Signature on file

FORM APPROVED COUNTY COUNSEL

BY: TAMMY V. ZIFU DATE: 1/17/12