

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

487 A



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
6/30/11

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

RECOMMENDED MOTION: Approval of the attached proposed amendments 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 amendments have been reviewed and approved by the Medical Executive Committee on April 14, 2011 and by the medical staff organization at the Annual Medical Staff Meeting held on June 16, 2011. Likewise, the proposed amendments have been reviewed by County Counsel and are approved as to form and content.

Departmental Concurrence

Attachment

Douglas D. Bagley

Douglas D. Bagley, Hospital Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$	In Current Year Budget:
	Current F.Y. Net County Cost:	\$	Budget Adjustment:
	Annual Net County Cost:	\$	For Fiscal Year:

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

BY: *Debra Courmoyer*
Debra Courmoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, seconded by Supervisor Benoit and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Stone, Benoit and Ashley
Nays: None
Absent: Tavaglione
Date: July 26, 2011
xc: RCRMC

Kecia Harper-Ihem
Clerk of the Board
By: *Kecia Harper-Ihem*
Deputy

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

FORM APPROVED COUNTY COUNSEL
BY: *Tawny V. Lieu* 6/30/2011 DATE

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

RCRMC Medical Staff Bylaws, Rules & Regulations, 2011-2012

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 These bylaws may be adopted, amended, or repealed at any regular or special meeting of the medical staff, provided that notice of such business is sent to all members no later than twenty (20) days before such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, 2011-2012

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 16, 2011



Chief of Medical Staff



Secretary-Treasurer of the Medical Staff

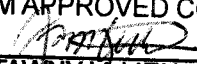
APPROVED by the Governing Board on _____
Board of Supervisors of Riverside County

Chair, Riverside County Board of Supervisors

BOB BUSTER

ATTEST:
KECIA HARPER-IHEM, Clerk

By _____
DEPUTY

FORM APPROVED COUNTY COUNSEL
BY:  6/30/2011
TAWNY V. LIEU DATE

2011 – 2012 PROPOSED AMENDMENTS TO THE MEDICAL STAFF BYLAWS AND RULES & REGULATIONS

Underline denotes addition
 Strikethrough denotes deletion

MEDICAL STAFF BYLAWS

BYLAWS AMENDMENT		REASON FOR CHANGE		APPROVAL
<p>ARTICLE</p> <p>Bylaws Article VI, Procedures for Appointment and Reappointment</p>	<p>6.4-8 FAILURE TO FILE REAPPOINTMENT FORM A member shall be deemed to have voluntarily resigned his/her medical staff membership and clinical privileges if the member fails to file a complete application for reappointment at least sixty (60) seventy-five (75) days prior to the expiration date of medical staff membership and clinical privileges. If a practitioner subsequently wishes to apply for membership and clinical privileges at Riverside County Regional Medical Center, s/he shall be required to apply for membership and clinical privileges as a new applicant.</p>	<p>60 days does not allow sufficient time for providers to return a complete application for reappointment prior to the relevant Credentials Committee meeting</p>	<p>Bylaws: 3/8/11 MEC: 4/7/11 Annual MS Meeting:</p>	
<p>Bylaws Article VIII, Corrective Action</p>	<p>8.1-2 CRITERIA FOR INITIATION 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, to be disruptive to 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 governmental authority; an investigation or corrective action against such person may be requested by any medical staff officer, by the medical director, or 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. Department Chairs may initiate Focused Professional Practice Review (FPPE). If the FPPE initiated by the Department Chair results in any corrective action, it must be approved by the Medical Executive Committee. The chair of any standing medical staff committee, the governing board, or the hospital director may also request an investigation or corrective action.</p>	<p>Person authorized to request an investigation or corrective action expanded to include medical director; addition of requirement for MEC to approve any FPPE initiated by a Department Chair that results in any corrective action</p>	<p>Bylaws: 3/8/11 MEC: 4/7/11 Annual MS Meeting:</p>	
<p>Bylaws Article X, Clinical Departments and Divisions</p>	<p>10-2 DESIGNATION The departments and divisions are: (j) Pediatrics with Division of Neonatology and Division of Critical Care</p>	<p>To align the RCRMC Medical Staff Bylaws with the Department of Pediatrics Rules and Regulations</p>	<p>Bylaws: 3/8/11 MEC: 4/7/11 Annual MS Meeting:</p>	

MEDICAL STAFF COMMITTEES AND FUNCTIONS MANUAL

Manual	REVISIONS	REASON FOR CHANGE	APPROVAL
Committees and Functions Manual	Due to changes by the joint commission to its accreditation manual (renumbered all standards, changes to Leadership chapter, and NPSG requirements, etc.). Also included a new Ad-Hoc committee: Conflict Resolution and Management Committee	To comply with The Joint Commission Standards	Bylaws: 3/8/11 MEC: 4/7/11

File: Bylaws Summary of Proposed Amendments 6/3/11 ea