

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

929A



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
November 28, 2012

**SUBJECT:** 2012/2013 Riverside County Regional Medical Center Governing Board Bylaws

**RECOMMENDED MOTION:** That the Board of Supervisors accepts and execute the proposed 2012/2013 Governing Board Bylaws.

**BACKGROUND:** The Governing Board Bylaws have been reviewed and revised in accordance with Title 22 of the California Code of Regulations and Joint Commission Standards.

The Bylaws have been reviewed and approved for form by County Counsel.

DB:sl

*Douglas D. Bagley*

Douglas D. 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>	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*  
Debra Cournoyer

**County Executive Office Signature**

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Tavaglione, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
 Nays: None  
 Absent: None  
 Date: December 18, 2012  
 xc: RCRMC

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

**Prev. Agn. Ref.:**

**District:**

**Agenda Number:**

**2.12**

FORM APPROVED COUNTY COUNSEL

BY: *Beauford T. Miller, Jr.* DATE: 12/10/12  
 Beauford T. MILLER, JR. Departmental Concurrence

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

**Riverside County  
Regional Medical Center  
Moreno Valley, California**

**2012/2013  
GOVERNING BOARD BYLAWS**

Riverside County  
Regional Medical Center  
Moreno Valley, California

REVISED  
GOVERNING BOARD BYLAWS

**Riverside County  
Regional Medical Center  
Moreno Valley, California**

**2012/2013  
GOVERNING BOARD BYLAWS**

**TABLE OF CONTENTS**

Preamble		3
Article I	Hospital	4
Article II	Board of Supervisors	6
Article III	Administration	8
Article IV	Medical Staff	13
Article V	Auxiliary Organizations	17
Article VI	Joint Conference Committee	18
Article VII	Fiscal Year	21
Article VIII	Amendment to Bylaws	21
Article IX	Adoption	21

**Bylaws  
of  
Riverside County  
Regional Medical Center**

**PREAMBLE**

WHEREAS, the County of Riverside owns and operates Riverside County Regional Medical Center on a non-profit basis to provide for the health needs of the county's population regardless of race, color, creed, national origin, sex or economic status; and

WHEREAS, the County Board of Supervisors did establish rules and regulations for the governing of the Hospital by resolution; and

WHEREAS, the Joint Commission and Title 22, Division 5, California Code of Regulations require that the Governing Board of the Hospital formally adopt Bylaws for Riverside County Regional Medical Center; and

WHEREAS, Riverside County Regional Medical Center has developed Bylaws in accordance with the requirements of the Joint Commission on Accreditation of Healthcare Organizations and Title 22, Division 5, California Code of Regulations, and which are consistent with the provisions of Riverside County Resolutions;

NOW, therefore, it is hereby resolved that the Bylaws of Riverside County Regional Medical Center attached hereto be adopted.

## **ARTICLE I**

### **HOSPITAL**

#### **SECTION 1- NAME**

The name of the organization shall be Riverside County Regional Medical Center (hereinafter called the "Hospital") which is a department of the County of Riverside, a corporate body and political subdivision of the State of California.

#### **SECTION 2- LOCATION**

The Post Office address of the Riverside County Board of Supervisors is County Administrative Center, 4080 Lemon Street, Riverside, California 92501. The Post Office address of the Hospital is, 26520 Cactus Avenue, Moreno Valley, California, 92555.

#### **SECTION 3- AUTHORITY**

The Hospital is established and maintained in accordance with Chapter 2.5, Division 2 of the California Health and Safety Code and Section 14000.2 of the California Welfare and Institutions Code. County of Riverside Resolutions amplify the State provisions and define the role of the Hospital.

#### **SECTION 4- STATEMENT OF HISTORY**

In 1893, the first Board of Supervisors of the newly formed Riverside County authorized and instituted a hospital for the care of the indigent sick of the County. First housed in a building near Riverside's Santa Fe Station, it was moved in 1896 to a newly erected brick building in San Jacinto. After this structure was destroyed in a disastrous earthquake and a fire two years later, the patients were moved back to Riverside in temporary housing. Hospital property on Magnolia Avenue was purchased immediately. The first building at this site was occupied on Thanksgiving Day, 1900. The increase in population in Riverside County had necessitated construction of additional buildings to provide services for the increasing number of patients. A replacement hospital was constructed in Moreno Valley and opened March 1998.

The Hospital became affiliated with Loma Linda University School of Medicine in 1963 and with Western University of Health Sciences in 1998. The Hospital also has residency programs on-site and this system provides training for medical students, interns, and residents. The Hospital is also affiliated with various local schools of nursing and other specialty training schools. An affiliation is underway with the new University of California, Riverside Medical School, pursuant to the 2013 opening of that program.

With the passage of Federal Laws implementing Medicare and Medicaid in 1967-68, the Hospital's admission policy was modified not only to include indigent patients but anyone in need of hospitalization.

The Hospital continues to expand and vary services in order to meet the ever-changing needs of Riverside County's population.

**SECTION 5- MISSION AND VALUES**

The Mission of the Hospital shall be:

To provide superior quality health care to Riverside County residents with a special focus on individuals and populations in need.

The Values of the Hospital shall be:

Commitment	Superior service to all
Compassion	Service with respect, dignity and sensitivity
Integrity	The highest level of ethical and professional conduct
Fiscal Responsibility	Careful use of scarce resources
Quality	Achieve the best outcomes
Safety	Make patient safety the utmost concern
Innovation	Encourage creativity and a willingness to accept new ideas
Collaboration	Value and cultivate teamwork among all staff and outside organizations or groups
Community	Reflect community needs in planning for services
Diversity	Recognize the values and diversity of staff, patients and community

## **ARTICLE II**

### **BOARD OF SUPERVISORS**

#### **SECTION 1- GOVERNING BOARD**

The Governing Board of the Hospital is the Riverside County Board of Supervisors (hereinafter the "Governing Board").

#### **SECTION 2- MEMBERSHIP- ELECTION- TERM OF OFFICE**

Supervisors are nominated and elected in the manner and for the term of office as prescribed by Government Code Section 25000 et seq. Any qualified resident of the County, including members of the Medical Staff, may run for election to the Board of Supervisors under provisions of Government Code Section 25000 et seq.

At the first meeting in January of each year, the Board of Supervisors shall elect from among its members the Chairperson and Vice-Chairperson of the Board of Supervisors. At the same meeting, and/or at other appropriate times, the Board shall appoint from among its members representatives to the various committees as prescribed in Board of Supervisors' Policy Number A-3. The Board of Supervisors shall appoint two of their members to the Joint Conference Committee of the Hospital.

#### **SECTION 3- MEETINGS- NOTICES- QUORUM**

The Board of Supervisors meets at the Riverside County Administrative Center. The date and time of each meeting is held in accordance with Riverside County Ordinance No.531. Resolution #88-166 established a regularly scheduled monthly meeting date for the Board of Supervisors to meet as the Governing Board of the Riverside County Regional Medical Center. A majority of the Board of Supervisors constitutes a quorum for the transaction of business. A record of the Governing Board proceedings is maintained by the Clerk of the Board.

**Special Meetings:** In an emergency affecting the interest of the County or when any defalcation or official misconduct comes to his/her knowledge, the Chairperson shall forthwith call a special meeting of the Governing Board to consider the matter as authorized by Government Code, Section 25022. The Governing Board may also hold special meetings as otherwise authorized by law.

#### **SECTION 4- DUTIES AND RESPONSIBILITIES OF THE GOVERNING BOARD**

The Governing Board has full authority for the maintenance and operation of the Hospital.

This authority includes the power:

- to determine and maintain the objectives, purposes, and statement of philosophy of the Hospital;
- to ensure that the accreditation of hospital accrediting agencies, licensing requirements of the California State Department of Health Services Title 22, California Code of Regulations Sections 70001 et seq.) and the Federal Conditions of Participation of the Centers for Medicare and Medicaid Services (CMS) are met;
- to receive and make recommendations on Performance Improvement, Safety and Risk Management reports from the Joint Conference Committee and the Medical Executive Committee;
- to assign or curtail privileges of Medical Staff members;
- to approve or disapprove initial staff appointments or non-appointments, and all Medical Staff re-appointments or terminations;
- to employ a Hospital Director (A criteria-based process for selecting a qualified and competent hospital director is used.);
- to establish the qualifications, authority, and duties of the Hospital Director;
- to evaluate the Hospital Director's performance;
- to formulate, control and manage the budgeted and fiscal affairs of the Hospital.

New members of the Governing Board shall participate in an orientation program. All members of the Governing Board shall participate in a continuing education program. The Governing Board evaluates its own performance.

In accordance with applicable State Law, the Governing Board has a written Conflict of Interest policy on file, which includes guidelines for the resolution of existing or apparent conflicts of interest.

The Governing Board provides support for the Medical Staff in the establishment and maintenance of operational linkages between Risk Management functions related to the clinical aspects of patient care and safety and the performance improvement functions.

The Governing Board provides for institutional planning through the Hospital Director.

The Governing Board provides a process designed to assure that all individuals who provide patient care services, whether specifically subject to the Medical Staff privileging process or not, are competent to provide service.

The Governing Board provides for the collaboration of leaders in developing, reviewing, and revising policies and procedures.



## ARTICLE III

### ADMINISTRATION

#### SECTION 1- HOSPITAL DIRECTOR

The Governing Board shall select and appoint a Hospital Director. This will be done through a panel interview process. The Hospital Director shall be the Governing Board's representative in the management of the Hospital. The Hospital Director shall be qualified by education and experience in accordance with the specifications for the position adopted by the Governing Board. Candidates for the position of Hospital Director must meet the following criteria:

- a. Education: Graduation from a recognized college with a Master's Degree in hospital administration. (Two years of additional responsible hospital administration experience may be substituted for the Master's Degree).
- b. Experience: Two years of experience as an administrator in charge of a large general hospital of three-hundred bed capacity or larger, or as assistant administrator of a two-hundred bed or larger capacity hospital.
- c. Knowledge of: Principles and methods of hospital administration and management; standards of medical service; budgetary planning and fiscal control; personnel management; regulations pertaining to hospital operations; the organization and maintenance of records.
- d. Ability to: Plan and execute large-scale administrative programs including preparing budgets and controlling large expenditures; establish and maintain cooperative relationships with the general public, with medical and other professional groups, and with other public agencies and departments of government, communicate effectively in oral and written form.

The California Department of Public Health shall be notified in writing whenever a change in administrators occurs.

The Hospital Director shall be given the necessary authority and responsibility to operate the Hospital in all its activities and departments, subject to the provisions of Riverside County Ordinances, policies adopted by the Governing Board and applicable Federal and State laws and regulations. The Hospital Director shall act as the duly authorized representative of the Governing Board in all matters in which the Governing Board has not formally designated some other person to so act.

## **SECTION 2- AUTHORITY- DUTIES AND RESPONSIBILITIES**

The Governing Board grants authority and responsibility to the Hospital Director for ensuring administrative support and oversight of the Medical Staff's quality of care, patient safety, and performance improvement mechanisms

The Hospital Director shall ensure the priorities set by the Quality Assessment and Performance Improvement (QA/PI) program are reflective of the Hospital's services, ensure quality of care, and protect the safety of the patients.

The Governing Board grants authority and responsibility for the selection of the Medical Staff Department Chairs to the Hospital Director in cooperation with the Departments, Divisions and the Medical Executive Committee, and for the recruitment and selection of other physician staff in coordination with the appropriate Medical Staff Department Chair and administrative staff.

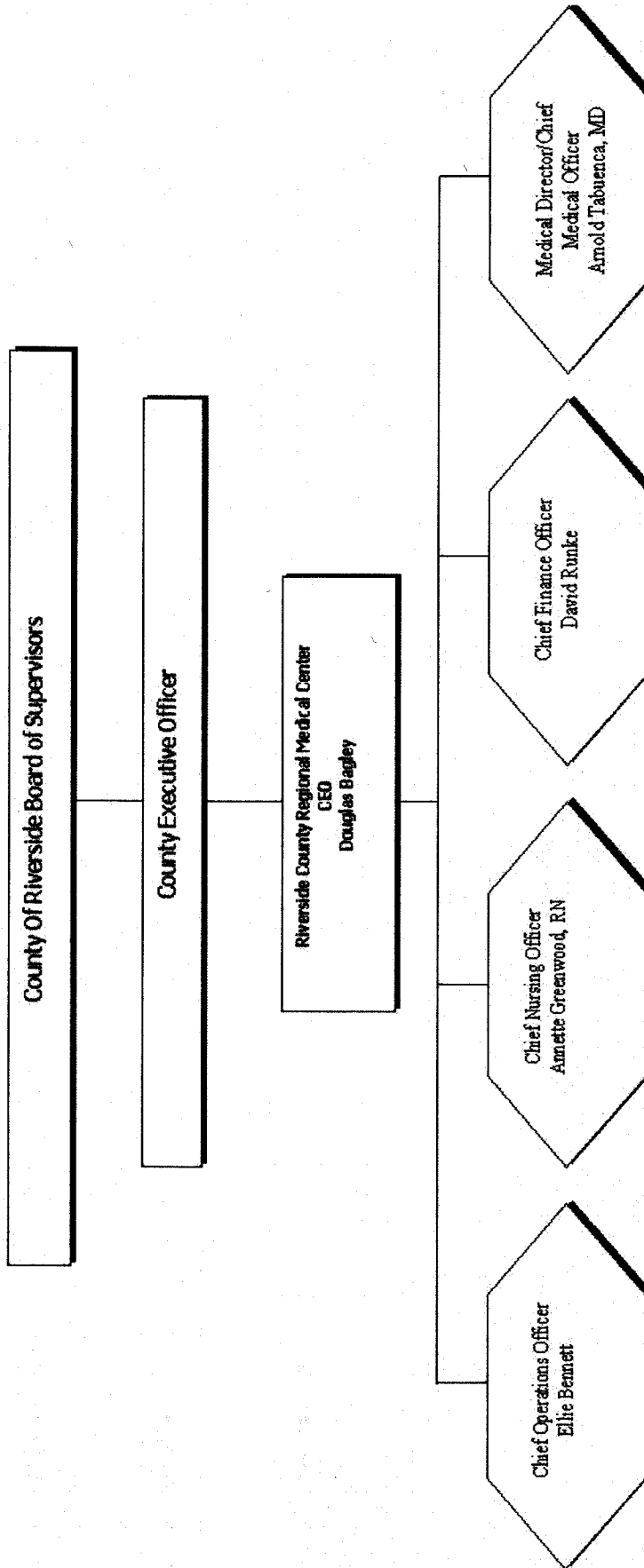
The Hospital Director shall:

- a. Undertake the continuous responsibility for the management of the Hospital in accordance with the policies established by the Governing Board.
- b. Recommend policies in the best interest of the Hospital to the Governing Board for approval.
- c. Assure that a formal mechanism exists for providing medical staff input into the development of appropriate policies at the Hospital.
- d. Approve Hospital policies and procedures that are necessary to implement Governing Board approved policies.
- e. Develop an organizational plan for the Hospital and establish a formal means of accountability on the part of subordinate staff (See figure 1, Organizational Chart).
- f. Take responsible steps to conform to all applicable federal, state, and local laws and regulations, including those relating to licensure, regulatory compliance, fire inspection, and other safety measures, and to review and take prompt action on reports and recommendations from such federal and state agencies.
- g. Present to the Governing Board periodic reports on the overall activities of the Hospital and on appropriate federal, state, and local developments that affect health care in the Hospital.
- h. Represent the Hospital in its plan to meet the health needs of the community.
- i. Provide for internal controls protecting human, physical, financial, and information resources for the Hospital. This includes preparation of an annual budget showing the anticipated revenue and expenditures for the ensuing year, subject to the approval of

the Governing Board, and provide a long-term capital expenditure plan.

- j. Provide personnel policies and practices through management and administrative staff that pertain to at least the following:
  - (1) The employment of personnel, without regard to sex, race, creed, or national origin, whose qualifications are commensurate with anticipated job responsibilities.
  - (2) Verification of all licenses/certificates required by law and applicable regulations.
  - (3) A periodic criteria-based employee performance evaluation based on job description, and for each person providing direct patient care or support services under a contract, who is not subject to a clinical privileging process.
  - (4) A provision for employee health services, in consultation with the Medical Staff.
  - (5) Provide a process or processes designed to assure the competency of all individuals responsible for the assessment, treatment, or care of patients as appropriate to their ages, including the following:
    - a. The ability to obtain information and interpret information in terms of patient's needs;
    - b. A knowledge of growth and development; and
    - c. An understanding of the range of treatment needed by these patients.
- k. Provide for maintenance of patient's rights through a policy on patients' rights and responsibilities. The policy shall include the rights and responsibilities of neonate, child, and adolescent patients and of their parents and/or guardians.
- l. Provide for the coordination of Hospital services with the identified needs of the patient population, including the needs of neonate, child and adolescent patients.
- m. Determine priorities regarding which Hospital processes affecting patient safety and clinical outcomes, monitoring with data collection and subsequent development of planned improvement efforts, as needed, for QA/PI.
- n. Support the Medical Staff in the establishment and maintenance of operational linkages between risk management functions related to the clinical aspects of patient care, safety and the performance improvement functions.

- o. Make reports to the Governing Board, through Joint Conference Committee, concerning risk management, performance improvement, and safety functions.
- p. Attend all meetings of the Governing Board which affect the Hospital.
- q. Attend all Joint Conference Committee meetings.
- r. Act as the liaison between the Medical Staff of the Hospital and the Governing Board and any of the Governing Board committees as appropriate.
- s. Designate an Administrative Representative as the individual to act in the Administrator's absence.
- t. Perform all duties that may be necessary and in the best interest of the Hospital and/or the County.



## **ARTICLE IV**

### **MEDICAL STAFF**

#### **SECTION 1- ORGANIZATIONS, APPOINTMENTS AND HEARINGS**

The Governing Board shall organize the physicians, dentists, podiatrists, and clinical psychologists granted Medical Staff membership and clinical privileges in the Hospital into a medical staff under Medical Staff Bylaws, Rules and Regulations approved by the Governing Board. The Governing Board shall consider recommendations of the medical staff and appoint and reappoint to the medical staff physicians, dentists, podiatrists, and clinical psychologists that meet the Governing Board's qualifications for membership as set forth in the Bylaws of the Medical Staff. It is recognized that the Governing Board has the ultimate authority and responsibility for all aspects of the Hospital operations, including the provision of medical care, and, therefore, the Medical Staff is accountable to the Governing Board for the proper discharge of its responsibilities. All Medical Staff activities and actions are subject to review and approval by the Governing Board. Each member of the Medical Staff shall have appropriate authority and responsibility for the care of his/her patients, subject to such limitations as are contained in these bylaws and in the Bylaws, Rules, and Regulations for the Medical Staff, and to any limitations attached to his/her appointment.

Duly qualified allied health professionals may be eligible to participate as independent practitioners in the provision of certain patient care services in the hospital.

All applications for appointment and reappointment to the Medical Staff shall be in writing, signed by the applicant and submitted on a form prescribed by the Medical Executive Committee. The application shall require the applicant to provide information listed as required by the Medical Staff Bylaws.

Initial appointments to the Medical staff shall not exceed a period of two years. Reappointments shall be for a period of no more than two years. When an appointment is not to be renewed, or when privileges have been or are proposed to be reduced, altered, suspended, or terminated, the Medical Staff member shall be afforded due process as set forth in the Medical Staff Bylaws.

#### **SECTION 2- MEDICAL CARE AND ITS EVALUATION**

The Governing Board shall, in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority for ensuring appropriate professional care to the Hospital's patients pursuant to the Medical Staff Bylaws, Rules and Regulations.

The Governing Board shall require that only a member of the Medical Staff with admitting privileges may admit a patient to the Hospital, that such individuals may practice only within the scope of privileges granted by the Governing Board, and that each patient's general medical condition is the responsibility of a qualified oral surgeon or physician member of the Medical Staff.

The Governing Board requires the provision of one level of patient care in the Hospital.

The Medical Staff, and all individuals who provide patient care services but who are not subject to the Medical Staff privileges delineation, shall conduct an ongoing review and appraisal of the quality of professional care rendered in the Hospital, and shall report such activities and their results to the Performance Improvement Committee and the Governing Board.

The Medical Staff shall make recommendations to the Governing Board concerning: (1) appointments and reappointments; (2) granting of clinical privileges; (3) disciplinary actions; (4) all matters relating to professional competency; and (5) such specific matters as may be referred to it by the Governing Board. The Governing Board will act on these recommendations within a reasonable period of time as specified in the Medical Staff Bylaws.

### **SECTION 3- MEDICAL STAFF BYLAWS**

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 a 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. Amendments that are approved by medical staff in this manner shall be submitted to the Governing Board for approval, which approval shall not be withheld unreasonably. If approval is withheld, the reasons for doing so shall be specified by the Governing Board in writing, and shall be forwarded to the Chief of the Medical Staff, the Medical Executive Committee, and the Bylaws Committee. The amendment shall become effective if then approved by the Governing Board.

The Governing Board may impose conditions on the Medical Staff that are required for continued state or federal licensure or regulatory compliance, approval by hospital accrediting agencies, to comply with a court judgment, or to otherwise assure the safe and effective functioning of the hospital. In such an event, Medical Staff recommendations and views shall be carefully considered by the Governing Board and its action.

### **SECTION 4- MEDICAL STAFF EXECUTIVE COMMITTEE**

#### **COMPOSITION**

The Medical Executive Committee shall consist of the Chief of Medical Staff, and the Immediate past Chief of Medical Staff, the Chief of Medical Staff elect, the Secretary-Treasurer, the Medical Director, the chair of the Performance Improvement Committee, the chair and vice chair of departments. When the department chair and vice chair are both present at the meeting, only one vote will be cast, with the chair having the vote. The hospital director or designee and the chief nursing officer shall be ex-officio members without the power to vote.

## **OFFICERS**

The Chief of Medical Staff, the Chief of Medical Staff-elect, and the Secretary-Treasurer shall serve as chair, vice-chair, and secretary treasurer of the Medical Executive Committee, respectively.

## **DUTIES**

Duties of the Medical Executive Committee include, but are not limited to the following:

- a. Make recommendations directly to the Governing Board pertaining to the following:
  1. The structure of the medical staff.
  2. The mechanism used to review credentials and to delineate individual clinical privileges.
  3. Recommendations regarding medical staff initial appointments, re-appointments, and clinical privileges for eligible individuals.
  4. The organization of quality care activities of the medical staff as well as the mechanism used to conduct, evaluate and revise such activities.
  5. The mechanism in which membership on the medical staff may be terminated.
  6. The mechanism for fair hearing procedures.
- b. Represent and empowered to act on behalf of the medical staff between meetings of the organized Medical Staff.
- c. Coordinate and implement the professional and organizational activities and policies of the medical staff.
- d. Upon good cause, and in consultation with Administration, eliminate, establish and determine the composition and duties of medical staff committees. Said actions shall be incorporated into the Medical Staff Committees and Functions manual as approved by the Medical Executive Committee.
- e. Participate in the development of medical staff and hospital policy, practice, and planning.
- f. Take reasonable steps to promote ethical conduct and competent clinical performance on part of all members and Allied Health Providers to the extent required by these bylaws, including the initiation of and



- participation in medical staff corrective or review measures when warranted.
- g. Fulfill the medical staff's accountability to the Governing Board for medical care rendered to patients at the Hospital.
  - h. Take reasonable steps to develop continuing education activities and programs for the medical staff.
  - i. Report to the medical staff at each regular meeting.
  - j. Assure the medical staff is informed about the accreditation programs and status of the Hospital, and assist in obtaining and maintaining of hospital accreditation.
  - k. Evaluate the medical care provided to patients at the Hospital.
  - l. Receive and act on reports and recommendations from medical staff committees, clinical departments/divisions, and assigned activity groups appointed pursuant to the Medical Staff bylaws.
  - m. Receive and review reports and recommendations of the Environment of Care Committee, including methods for the protection and care of patients and others in the event of internal or external disasters.
  - n. Appoint such special or ad hoc committees as may seem necessary or appropriate to assist the Medical Executive Committee in carrying out its functions and those of the medical staff.
  - o. Request evaluations of practitioners privileged through the Medical Staff process in instances where there is doubt about a practitioner's ability to perform the privileges requested.
  - p. Perform other functions as may be assigned to it by these bylaws, the medical staff or the Governing Board.

## **MEETINGS**

The Medical Executive Committee shall meet as often as necessary, but at least ten (10) times a year, and shall maintain a record of its proceedings and actions. Fifty (50) percent of the membership shall constitute a quorum.

The requirements for a quorum of the Medical Executive Committee shall be bifurcated. In order to meet urgent requirements of any department for credentialing and granting of clinical privileges or when necessary to meet requirements of any regulatory agency, a meeting of the MEC may be called by any medical staff officer, and three (3) members will be sufficient to constitute a quorum. Any actions taken will be reported at the next regularly scheduled MEC meeting.

## **ARTICLE V**

### **AUXILIARY ORGANIZATIONS**

#### **SECTION 1- AUTHORITY**

Under its authority, the Governing Board may grant official recognition to certain organizations as auxiliaries to the Hospital, and such recognition shall serve as the legitimate basis for the existence of such organizations.

#### **SECTION 2- BYLAWS**

The Auxiliary organizations shall have bylaws for the governance of the organizations and such bylaws shall describe at least the following:

- a. Purpose of the organization
- b. Membership and Organization
- c. Dues (if any)
- d. Officers and their duties
- e. Meetings
- f. Committees of the organization and their functions
- g. The manner of distribution of funds (if any)
- h. Amendment procedures

#### **SECTION 3- BYLAWS APPROVAL**

The Bylaws, Rules and Regulations of the Auxiliary organizations shall be approved by the Governing Board before the Auxiliary organizations may receive official recognition by the Hospital.

## ARTICLE VI

### JOINT CONFERENCE COMMITTEE

#### SECTION 1- PURPOSE

The Joint Conference Committee (JCC) exists to provide a forum for the discussion of matters of hospital and medical staff policy, practice, and planning, and a forum for interaction among the Board of Supervisors, administration and the medical staff on such matters as may be referred by the Medical Executive Committee, Hospital Director or the Board of Supervisors. The Joint Conference Committee functions as a means to communicate sensitive and confidential matters to the Board of Supervisors. In addition, the Joint Conference Committee is the venue to resolve any conflicts between the medical staff organization and the Board of Supervisors, as well as differences in recommendations concerning quality of care, medical staff credentialing and granting of clinical privileges. The Governing Body recognizes the JCC as a committee of the Medical Staff.

The Joint Conference Committee is not required by any regulatory or licensing agency. However, in order to fulfill its purpose, the members of the Joint Conference Committee and others who attend JCC meetings should be aware of the following:

Regulatory Body	Specific Citations	Comments
Title 22	Governing Body, 70701  Organized Medical Staff 70703	These sections of Title 22 describe the relationship between the governing body and the organized medical staff. It is clear from review of these sections that regular communication between the governing body and medical staff is necessary in order for the governing body and medical staff to fulfill their responsibilities.
CMS / Title 42: Medicare Conditions of Participation for Hospitals	Governing Body: • §482.12 Medical Staff: • §482.22	These sections describe the responsibilities of the medical staff organization and the governing body's responsibilities as related to the medical staff organization.
Joint Commission: Hospitals	Leadership: • LD.01.01.01 • LD.02.01.01 • LD.04.01.07 • LD.03.01.01	Leadership standards describe the Hospital's governance responsibilities. Also, that leaders communicate the hospital's mission, appropriate policies, plans and goals to the staff. The Joint Conference Committee is one of those mechanisms.
California Evidence Code §1157		Immunity from discovery for quality assurance and peer review committees.

**SECTION 2- COMPOSITION**

Voting Members	How Appointed
Chief of Medical Staff First Alternate: Chief of Medical Staff-elect	Appointed by virtue of elected office
Past Chief of Medical Staff First Alternate: Chief of Medical Staff-elect	Appointed by virtue of elected office
Board of Supervisors Member	Appointed by the Board of Supervisors
Board of Supervisors Member	Appointed by the Board of Supervisors
Individuals Who Attend in a Non-Voting Advisor Capacity Appointed by virtue of position with RCRMC	
Hospital Director	Appointed by virtue of position with RCRMC
Hospital Chief Operating Officer	Appointed by virtue of position with RCRMC
Medical Director	Appointed by virtue of position with RCRMC
Chief of Medical Staff-elect	Appointed by virtue of elected office
Physician Member-at-Large	Appointed by MEC on the recommendation of the chief of medical staff
Joint Conference Committee Support	
Agendas are prepared a week in advance of Joint Conference Committee meetings by the following individuals: <ul style="list-style-type: none"> <li>• Medical Director</li> <li>• Hospital Director</li> <li>• Chief of Medical Staff</li> <li>• Chief of Medical Staff-elect</li> <li>• Immediate Past Chief of Medical Staff</li> <li>• Physician Member-at-Large</li> </ul>	
Support for meetings (securing a room, meeting notices, completion of minutes, etc.) is assigned by Administration.	

The committee will have a chair, elected by the voting members, from among the voting members. The JCC may request that additional individuals attend on an "as needed" basis, without vote, in order to benefit from their specialized knowledge and experience.

Two (2) voting members of the Joint Conference Committee constitute a quorum.

**SECTION 3- REPORTING RELATIONSHIPS**

The Joint Conference Committee reports its findings, recommendations and actions to the Board of Supervisors and to the Medical Executive Committee.

#### **SECTION 4 - DUTIES**

The Joint Conference Committee is charged with the responsibility of being liaison among the Board of Supervisors (Governing Board), Medical Staff, and Hospital Administration. This committee shall:

- a. Develop, approve and have oversight of strategic planning for the medical staff organization and the hospital.
- b. Consider plans for the future growth of, and change in, the hospital services and organization, and discuss problems that arise in operation of the hospital.
- c. The Governing Board through the Joint Conference Committee shall provide for institutional planning to meet the health needs of the County and develop an overall plan that includes, as a minimum, an annual operating budget provided by management and approved by the Governing Board.
- d. Receive and consider reports on the work of the Medical Staff and make such recommendations to the Governing Board in respect thereto as the committee considers to be in the best interests of the Hospital and its patients.
- e. Receive and consider a summary of the findings of, and specific recommendations resulting from Performance Improvement, Patient Safety, Risk Management, and Clinical Indicators.
- f. Receive and make recommendations to the Governing Board regarding any communications, requests or recommendations, presented by the Medical Staff through its duly authorized representatives.
- g. Be responsible for the acquisition and retention of hospital accreditation from Joint Commission, State Licensure, and of the Conditions of Participation of the Centers for Medicare and Medicaid Services (CMS).
- h. Approve policies upon the recommendation of the Director and the Medical Staff. Policies approved by this committee shall be signed by a Governing Board member of this committee.
- i. Shall exercise any other responsibilities delegated by the medical staff, through the Medical Executive Committee and the Governing board.

#### **SECTION 5- MEETINGS**

The Joint Conference Committee shall meet not less than quarterly, and more often if necessary to fulfill its purposes. Meetings are called by the committee chair.

#### **SECTION 6- RELATED DOCUMENTS** - No specific documents are identified

## **ARTICLE VII**

### **FISCAL YEAR**

The Fiscal Year of the Hospital shall be July 1 through June 30 of each year.

## **ARTICLE VIII**

### **AMENDMENT OF BYLAWS**

These bylaws may be amended by an affirmative vote of a majority of the Governing Board at any meeting with proper notice of the proposed amendment contained in the notice and agenda of the meeting.

## **ARTICLE IX**

### **ADOPTION**

These bylaws shall be adopted at any regular or special meeting of the Governing Board, and shall become effective when approved by the Governing Board.


Approved and Adopted by the:  
Riverside County Board of Supervisors

\_\_\_\_\_  
Chairperson, Board of Supervisors

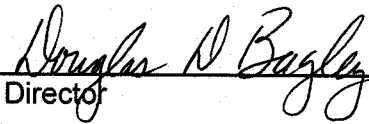
\_\_\_\_\_  
Date

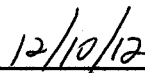
Approved as to Form by County Counsel

  
\_\_\_\_\_  
Deputy

  
\_\_\_\_\_  
Date

Approved by Administration of  
Riverside County Regional Medical Center

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Date

Approved by the Joint Conference Committee

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Date

Rev: November 27, 2012