

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



ITEM
3.22
(ID # 5496)

MEETING DATE:

Tuesday, November 14, 2017

FROM : RIVERSIDE UNIVERSITY HEALTH SYSTEM (RUHS):

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER: Update to
Medical Center Governing Board Bylaws; All Districts: [\$0].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and adopt amended bylaws for the Riverside University Health System Medical Center Governing Board;
2. Designate a section of its regular Agenda for matters considered by the Board in its role as the Riverside University Health System Medical Center Governing Board; and
3. Adopt Resolution No. 2017-118 rescinding Resolution #88-166.

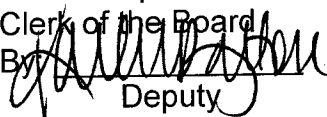
ACTION:


Jennifer Cruikshank, Chief Executive Officer - Health System 10/3/2017

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: November 14, 2017
xc: RUHS

Kecia Harper-Ihem
Clerk of the Board
By 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment:	No
			For Fiscal Year:	17/18

C.E.O. RECOMMENDATION: [CEO use]

BACKGROUND:

Summary

The Riverside University Health System – Medical Center (RUHS-MC) is a licensed and accredited acute care hospital serving the needs of County residents since 1893. RUHS-MC currently has two campuses – one in Moreno Valley and one off County Farm Road in the City of Riverside. The recommended Board action would update the RUHS-MC Governing Board Bylaws. The RUHS-MC Governing Board Bylaws lay out the procedures and practices by which the Board of Supervisors, acting as the governing body of RUHS-MC, exercises that authority and meets the expectations of the State, the medical center’s accrediting bodies and the federal healthcare programs. The Bylaws were most recently reviewed and revised in 2014 (October 21, 2014, 2-12). It would also create a new Board agenda section for items requiring Governing Board review.

As an acute care hospital RUHS-MC is required by the State of California to have a “governing body” separate from its administrative leaders and medical staff leadership. The “governing body” is “the person, persons, board of trustees, directors or other body in whom the final authority and responsibility is vested for conduct of the hospital.” 22 CCR §70035. (See also 42 CFR 482.12 and Joint Commission Standard LD.01.03.01) The Board of Supervisors has declared itself to be the “governing body” for the hospital (Motion, February 23, 1988, 3-35). On April 12, 1998, the Board also determined that it would hold at least one regularly scheduled meeting each month, acting as the Medical Center governing board, to “review hospital policy, quality of care, medical staff credentialing, institutional planning and continuing education matters” pursuant to Resolution No. 88-166.

Items relating to the operation of RUHS-MC frequently appear on the Board of Supervisor’s public and closed session agendas, including approval of Medical Staff appointments, reports relating to various matters, the RUHS-MC budget, and contracts for which the Board has not delegated purchasing authority to either the Medical Center CEO or the Purchasing Agent. Those items would continue to be brought forward on the Board’s regular agendas after adoption of these revised Bylaws.

The FY 2017/2018

- Update references to the hospital’s former name “Riverside County Regional Medical Center”

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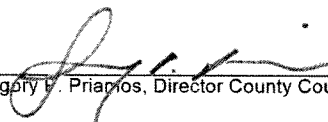
- Add detail to the "Statement of History"
- Reflect the current "TRIED" values of RUHS
- Clarify the reporting relationship of the Medical Center CEO to the Board of Supervisors
- Provide for meetings to be held at least twice a year bi-annual of the Governing Board, operating as a "Committee of the Whole", at the Moreno Valley campus for more extensive review and discussion of certain matters which require consideration by the medical center's governing board
- Include descriptions of three administrative committees of the medical center which will periodically provide information to the Governing Body
- Refine the description of the "Joint Conference Committee", an ad hoc dispute resolution mechanism.

These changes will continue to ensure compliance by RUHS-MC with the expectations of its regulators and accrediting bodies and will also provide the board of Supervisors, as the RUHS-MC governing body, with increased insight into the operations at both medical center campuses.

To harmonize existing County legal provisions with these revised bylaws approval of the attached Resolution No. 2017-118 is recommended in order to rescind Resolution 88-166, which established a regularly scheduled bi-annual meeting date for the Board of Supervisors to sit as the hospital "Governing Board."

Impact on Residents and Businesses

In 2016, RUHS-MC provided care to residents of the county and others in more than 19,000 inpatient stays and more than 230,000 emergency and outpatient encounters. As part of its operations it employs more than 3,000 individuals and contracts with over 1,000 other individuals and businesses. An efficient, well-functioning medical center provides many positive benefits for Riverside County citizens and its businesses.



Gregory V. Priamos, Director County Counsel 10/3/2017

FORM APPROVED COUNTY COUNSEL

DATE: 1
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7
BY: MARTHANN KNUTSON

Board of Supervisors

County of Riverside

RESOLUTION NO. 2017-118

RESCINDING RESOLUTION NUMBER 88-166

RELATING TO

RIVERSIDE UNIVERSITY HEALTH SYSTEM MEDICAL CENTER

8 WHEREAS, the Board of Supervisors acts as the governing body of Riverside University Health
9 System Medical Center; and

10 WHEREAS, in Resolution No. 88-166 the Board of Supervisors set aside a specific meeting each
11 month upon which it would consider certain matters, as the governing body of Riverside University
12 Health System (then known as Riverside General Hospital - University Medical Staff); and

13 WHEREAS, the Board of Supervisors is committed to the efficient, effective and safe operation of
14 Riverside University Health System Medical Center; and

15 WHEREAS, such efficient, effective and safe operation requires that certain matters receive
16 attention more frequently than once per month.

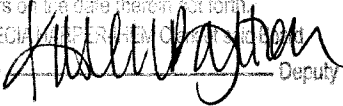
17 NOW, THEREFORE, be it resolved that the Board of Supervisors, County of Riverside, State of
18 California in regular session on November 14, 2017 hereby

- 19 (1) rescinds Resolution No. 88-166; and
- 20 (2) determines that matters relating to Riverside University Health System Medical Center may be
- 21 considered on the agenda of any regular meeting of the Board of Supervisors; and further
- 22 (3) determines that matters relating to Riverside University Health System Medical Center shall
- 23 be noticed within a specific section of the Agenda to demonstrate that those matters are
- 24 determined and decided by the Board of Supervisors sitting as the governing board of the
- 25 Medical Center.

26 ROLL CALL:

27 Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
 28 Nays: None
 Absent: None

The foregoing is certified to be a true copy of a resolution duly adopted by said Board of Supervisors on the date therein set forth.

KECIA WILSON
By:  Deputy

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Riverside University Health
System- Medical Center
Moreno Valley, California

2017/ 2018
GOVERNING BOARD BYLAWS

TABLE OF CONTENTS

Preamble		2
Article I	Hospital	2
Article II	Board of Supervisors	4
Article III	Administration	5
Article IV	Medical Staff	8
Article V	Auxiliary Organizations	12
Article VI	Hospital Committees	12
Article VI	Joint Conference Committee	13
Article VII	Fiscal Year	15
Article VIII	Amendment to Bylaws	15
Article IX	Adoption	15

Bylaws
Of
Riverside University Health System – Medical Center

PREAMBLE

WHEREAS, the County of Riverside owns and operates Riverside University Health System – Medical Center (formerly known as 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 University Health System – Medical Center; and

WHEREAS, Riverside University Health System – 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 University Health System – Medical Center attached hereto be adopted.

ARTICLE I

HOSPITAL

SECTION 1 - NAME

The name of the organization shall be Riverside University Health System – Medical Center (hereinafter called the “Hospital” or “RUHS MC”) which is a department of the County of Riverside, a 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, with Western University of Health Sciences in 1998 and the University of California Riverside, School of Medicine in 2011. 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.

With the passage of Federal Law 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 improve the health and well – being of our patients and communities through our dedication to exceptional and compassionate care, education and research.

The Values of the Hospital shall be:

Teamwork	We value and cultivate the contributions of team members, academic institutions, and community and corporate partners
Respect	We embrace diversity and treat one another and those we serve with dignity and compassion
Integrity	We uphold the highest standards of professionalism, ethics and fiscal accountability through our commitment to confidentiality, public trust and transparency.
Excellence	We strive for the best in everything we do and are committed to continuously improving quality, safety, and service
Discovery	We welcome innovative ideas, and promote learning to provide the latest advancements in health care and technology

And TRUE to our values

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.

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 University Health System – Medical Center. Resolution # 2017-118 repeals Resolution #88-166 and establishes that the Board of Supervisors shall meet as the Governing Board at the time of regularly scheduled meetings of the Board of Supervisors. 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.

Committee of the Whole: The Committee of the Whole (the Committee), by definition includes all members of the Governing Body. The Committee shall meet at least twice a year bi-annually on a date established by the Governing Board at the Riverside University Health System-Medical Center to allow the Board an opportunity for a more extensive review and discussions of hospital matters. A majority of the Committee (3) will constitute a quorum.

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 Administration 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 CEO (A criteria-based process for selecting a qualified and competent Hospital CEO is used);
- To establish the qualifications, authority, and duties of the Hospital CEO;
- To evaluate the Hospital CEO'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 and for 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 CEO and review of strategic plans developed by the Hospital CEO.

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

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

ARTICLE III

ADMINISTRATION

SECTION 1- HOSPITAL CHIEF EXECUTIVE OFFICER (CEO)

The Hospital CEO is selected by the CEO of Riverside University Health System and the CEO the County of Riverside with the approval of the Governing Board. The Hospital CEO shall be the Governing Board's representative in the management of the Hospital. The Hospital CEO 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 CEO must meet the following criteria:

- a. Education: Graduation from an accredited college or university with a Master's degree in business, public health, hospital, or healthcare administration. (Four years of additional responsible hospital or ambulatory health care system administration experience may substitute for the Master's degree.)
- b. Experience: Five years of experience as an administrator in charge of a large ambulatory health care system or accredited acute care hospital of two-hundred-bed capacity or

larger, or as assistant administrator of a three-hundred-bed or larger capacity hospital. Public administration experience preferred.

- c. Knowledge of: Principles and methods of hospital or ambulatory health care administration and management; standards of medical or ambulatory services and practices; budgetary planning, financial management and fiscal control; personnel management; Federal and State regulations and standards pertaining to patient care and hospital or ambulatory health care operations; understanding of electronic medical records system preferred.
- d. Ability to: Plan and execute a large-scale administrative program including preparing budgets and controlling large expenditures; establish and maintain collaborative relationships with the general public, with medical and other professional groups, with affiliated universities, 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 CEO 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 is administered through the countywide organizational structure of which it is a part. The Hospital CEO reports to the CEO of Riverside University Health System who reports in turn to the County CEO. The County CEO reports directly to the Board of Supervisors. The Hospital CEO 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 CEO for ensuring administrative support and oversight of the Medical Staff's quality of care, patient safety, and performance improvement mechanisms

The Hospital CEO shall ensure that the priorities set by the Quality Assurance and Performance Improvement (QAP) 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 CEO 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 CEO 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. Ensure 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, state, and local 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) Provision for employee health services, in consultation with the Medical Staff.
 - (5) Provide a process or processes designed to ensure 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 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
- s. Designate an Administrative Representative as the individual to act in the CEO'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 ORGANIZATION, 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 to grant clinical privileges for practice at RUHS MC and associated clinics and appoint and reappoint to medical staff to any 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, which hereafter are referred to as appointments and reappointments. These appointments and reappointments do not establish any employment relationship.

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 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 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 only if subsequently 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 ensure 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 (MEC) 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, and 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 CEO 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, reappointments, 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 MEC 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 MEC 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

HOSPITAL COMMITTEES

The Hospital shall have a minimum of three (3) standing committees: Finance, Quality and Compliance. Each committee shall include a representative from the County Executive Office. Members of the Governing Board shall be invited to attend Committee meetings, however, no more than two (2) Board members may attend any such meeting.

SECTION 1 - FINANCE COMMITTEE

The Chief Financial Officer shall serve as chair of the Finance Committee. The committee is charged with responsibility oversight of financial planning and management; financial reporting; budgeting, and all other financial matters for the hospital. The Finance Committee shall meet as often as necessary and appropriate, but not less than once per quarter. This committee shall present financial reports to the Governing Board not less than three times per year.

SECTION 2 - QUALITY COMMITTEE

The Executive Director for Quality and Medical Director for Quality shall serve as co-chairs of the Quality Committee. The Quality Committee is charged with responsibility for Oversight, review and administration of all aspects of quality of patient care and safety. The Quality committee shall include representation from the various clinical staff as well as other members as may be designated. The Quality Committee shall meet as often as necessary and appropriate, but not less than six times per year. The committee shall present reports and updates to the Governing Board not less than three times per year.

SECTION 3 - COMPLIANCE COMMITTEE

The Chief Compliance Officer shall serve as chair of the Compliance Committee. The Compliance Committee is charged with review and oversight of the Compliance Program. The Compliance Committee shall meet as often as necessary, but not less than once per quarter. The Compliance shall insure the Board of Supervisors is kept informed of all Compliance activities, including but not limited to reports of regulatory alleged regulatory violations. Such reports shall be as often as necessary. The committee shall provide a formal report to the Governing Board not less than three times per year.

ARTICLE VII

JOINT CONFERENCE COMMITTEE

SECTION 1 PURPOSE

The Joint Conference Committee (JCC) is an ad hoc committee is a committee of the Medical Staff which

exists as a forum for discussion and resolution of any conflicts between the medical staff organization and the Governing Board, as well as differences in recommendations concerning quality of care, medical staff credentialing and granting of clinical privileges. The Governing Board recognizes the JCC as a committee of the Medical Staff.

The JCC is not required by any regulatory or licensing agency. However, in order to fulfill its purpose, the members of the JCC 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	Appointed by virtue of elected office
First Alternate – Chief of Medical Staff elect	
Past chief of Medical Staff	Appointed by virtue of elected office
First Alternate: Chief of Medical Staff elect	
Board of Supervisors Member	Governing Board Member
Board of Supervisors Member	Governing Board Member

Individuals Who Attend in a Non-Voting Advisor Capacity Appointed by virtue of position with RUHS MC	
Hospital Administrator	Appointed by virtue of position with RUHS MC
Hospital Ambulatory Health Care System	Appointed by virtue of position with RUHS MC
Medical Director	Appointed by virtue of position with RUHS MC
Chief of Medical Staff elect	Appointed by virtue of position with RUHS MC
Physician Member-at-Large	Appointed by MEC on the recommendation of the

	chief of the medical staff
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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 the liaison between the Governing Board, Medical Staff, and Hospital Administration for the purpose of facilitating communication and resolution of conflicts. This committee shall:

- a. 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.
- b. Receive and make recommendations to the Governing Board regarding any communications, requests or recommendations, presented by the Medical Staff through its duly authorized representatives.

SECTION 5 - MEETINGS

The Joint Conference Committee shall meet as needed, to fulfill its purposes. Meetings are called by the committee chair or by the Governing Board.

ARTICLE VIII

FISCAL YEAR

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

ARTICLE IX

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 X

ADOPTION

These bylaws shall be adopted at any regular or special meeting of the Governing Board, and shall become