

**PROPOSED 2018 CHANGES TO THE 2015 MEDICAL STAFF BYLAWS
and RULES AND REGULATIONS**

1. Update the composition and terms of several Medical Staff Committees to align with current practices and committee memberships and governance. These include the following committees with changes:
 - a. PSPIC (added BH med staff representative; added voting membership to Patient Safety Officer and Patient representative and cleaned up composition language) (9.3.17)
 - b. Perinatal Morbidity & Mortality Committee (added Anesthesia as core department on committee) (9.3.19.B)
 - c. MEAO (inactive committee - delete from bylaws) (9.3.13)
 - d. Critical Care Committee –delete from bylaws (replaced by creation of Critical Care Department and should have been removed per 2014 approved bylaws changes)(9.3.7)

2. Add "Licensed Acupuncturists, LAc." as a category of Allied Health Practitioner eligible for affiliate MS membership. (4.2.1.E & 4.4.5)

3. Change "Hospitalist Medicine" department to: "Department of Hospital Medicine". (8.1.1.3)

4. Change the Internal Medicine department to: "Department of Internal & Specialty Medicine". (8.1.1.2)

5. Combine the Department of Family Medicine and the Ambulatory Division of the Department of Internal Medicine into: "Department of Family and Adult Medicine (DFAM)" with the following geographic divisions (8.1.1.1):
 - a. West County Division (WCHC & NRHC)
 - b. Martinez Division (MHC & MVC)
 - c. Concord Division Head (CHC1 & CHC2, WPWC)
 - d. East County Division (PHC & Baypoint)
 - e. Far East County Division (AHC & BHC)

6. Apply several minor modifications and corrections to language throughout various sections to reduce redundancy, confusion and possibility for misinterpretation, including:
 - a. 2.2.1. second paragraph: Except for Honorary and Resident membership.....
Add "Administrative" to this line
 - b. 3.1.2.2.3. delete "current professional competence"
 - c. 4.4.2. delete "Certified Nurse Midwives" and only say "Midwives," followed by "A midwife shall have.....," instead of "CNM."
 - d. 5.2. under misstatements and omissions, add:.....applications/ re-applications.....
and add: "stopping the processing of the application due to a misstatement or omission does not entitle applicant to procedural hearing or appellate review rights."
 - e. 5.5.5.5. add:in a satisfactory manner, i.e. provide the requested information by the date specified, is deemed a voluntary.....

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- f. 5.5.5.12.A.2. delete entire paragraph (redundant and easily misinterpreted).
 - g. 6.6. Add: "Initial Focused Professional...."
 - h. 6.6.C. delete "The MEC may allow Department Heads to remove.....".
 - i. 6.6.3. add: "The Credentialing Committee or the Medical Executive Committee may extend....."
 - j. 7.4.1-7.4.3: Clarification of how vacancies in MSP, past, present and elected, are to be addressed.
 - k. 12.3.1; 12.3.8; 12.3.9: Change "Request for Hearing" and subsequent communication(s) responsibilities regarding that hearing to go to Medical Staff President instead of to the Administrator
7. Apply several minor modifications and corrections to rules and regulations including:
- a) Unify time requirements around inpatient and outpatient documentation
 - b) Removal of inconsistent language around time frames for delinquency and suspension
 - c) It no longer says that the "delinquent" warning letter is signed by the medical staff president. MSP unable to sign letter electronically that is sent by HIM via ccLink. don't have the bandwidth to sign every letter. HIM sends this letter electronically, via ccLink.
 - d) It indicates that the medical staff office will also contact the "delinquent" provider. Additionally, states that the provider has the responsibility (if they want timely notification of delinquent records) to keep the office updated on their contact information
 - e) The Medical Board says it must be notified if someone is suspended for 30 days (cumulative) in a 12-month period. Our bylaws used to say in a "calendar year", which is not the same thing. So I corrected that and added "cumulative".