

RULES and REGULATIONS

9. Outpatient Medical Screening/Emergency Medical Treatment and Labor Act (EMTALA)

B. The medical screening exam must be performed by a ~~p~~Physician Member of the Medical Staff or ~~other qualified medical personnel as designated by the clinical service~~ by a Nurse Practitioner, Physician Assistant, or Certified Nurse Midwife pursuant to a standardized procedure.

Rationale: A commitment that medical screening exams would only be performed by physicians, nurse practitioners, physician assistants, and certified nurse midwives was made in the hospital's Plan of Correction pursuant to the recent EMTALA survey. This is also consistent with the community standard.

ARTICLE X: COMMITTEES OF THE MEDICAL STAFF

10.2 General Provisions

10.2-7 Manner of Action

Having established a voting ~~quorum~~quorum, the action of a simple majority of the voting members present at a meeting shall represent the action of the committee. Action may be taken without a meeting ~~by unanimous consent in writing signed by every member entitled to vote.~~when, in the discretion of the Committee Chair, the action is sufficiently straightforward that discussion and deliberation is not necessary. In such an event, and if there are no objections from committee members who are Active Members of the Medical Staff, action may be taken by vote through email and upon the approval of the number of committee members that constitute a quorum.

Rationale: To enable expedited approval of straightforward and non-controversial matters.

DEFINITIONS

Clean Application

An application for membership to the Medical staff for which there is no missing information, all primary source verifications have been completed, and there are no issues that give rise to the ethics, judgement, or quality of care of the application. The Chair of the Credentials Committee, in his/her sole discretion, shall make the final determination as to whether the application is clean. Such applications may be approved by an email vote of the Credentials Committee and the Medical Executive Committee. Approval by the Governing Body must occur at a meeting of the Governing Body or a Committee of the Governing Body.

5.2 Temporary Privileges

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5.2-1 Pending Application for Permanent Medical Staff Membership

A. In the event that there is a compelling patient care need for which the Chief of the Clinical Service could not have anticipated, the Chief of Staff may grant temporary privileges to an applicant who has a Clean Application that has been approved by the Credentials Committee and the Medical Executive Committee and is pending the next meeting of the Governing Body for final approval. Temporary Privileges may be granted on a case-by-case basis to meet an important patient care need when an applicant has submitted a complete application, which on its face does not suggest any irregularities or concerns, and is awaiting the review and approval of the Credentials Committee, Medical Executive Committee and the Governing Body.

B. No person with Temporary Privileges may vote or hold office.

C. Temporary Privileges may be granted for a period not to exceed ~~120~~ sixty (60) days.

5.2-2 Application and Review

~~The Chief of Staff, with the concurrence of the Chief Executive Officer, may grant Temporary Privileges after the following has been completed:~~

A. The Chair of the Credentials Committee has determined that the Applicant has a "Clean Application" as defined in the Definition section of these Bylaws.

B. The Applicant has been approved by a quorum of both the Credentials Committee and the Medical Executive Committee. Such approval may be obtained through a vote via email.

C. The Chief of the Clinical Service provides the Chief of Staff with a compelling patient care need that could not have been anticipated and that requires that the services of the Applicant begin before the application can be approved at the next meeting of the Governing Body.

~~A. The Medical Staff Services Department has confirmed that the applicant has submitted a complete application, which on its face does not suggest any irregularities or concerns;~~

~~B. The National Practitioner Data Bank report has been received and evaluated;~~

~~C. Current California licensure has been verified; and~~

~~D. The appropriate Chief of Service, (or Chiefs of Services if the applicant is seeking privileges in more than one Clinical Service) has documented an important patient care need and interviewed the applicant. Additionally, the Chief of Service(s) shall contact at least one person who has recently worked with the applicant, directly observed the applicant's professional performance over a reasonable period of time, and can provide reliable information regarding the applicant's current professional competence to perform the privileges requested, ethical character, and ability to work well with others so as not to adversely affect patient care.~~

5.2-3 General Conditions