

San Francisco General Hospital and Trauma Center

San Francisco
Department of Public Health
San Francisco General Hospital

James Marks, MD
Chief of Staff

To: Medical Executive Committee

From: Jim Marks, MD, PhD, Chief of Staff
Shannon Thyne, MD, Chief of Staff-Past

Date: July 7, 2014

Re: **Amendments to the Medical Staff Bylaws**

The Medical Staff Bylaws Committee conducted a thorough page by page review of the Bylaws this year. Many changes were made to be clearer, more concise, and grammatically correct. However, substantive revisions were made as well and those changes of substance are summarized below.

- **Definitions.** Added definitions for the San Francisco Health Network and the Director of the San Francisco Health Network to reflect that the hospital is a component of a larger health care delivery system.
- **Section 2.2-2 Drug Enforcement Administration Licenses.** Added the requirement that applicants to the medical staff must possess a valid federal DEA number unless the Applicant will never prescribe or supervise the prescribing of medications.
- **Section 2.2-3 Board Certification.** The requirement has been clarified to reflect that applicants/re-applicants must become board certified before their first reappointment, Where this is not possible due to board requirements, the applicant must become board certified within two years of meeting board requirements and no later than six years after the initial granting of Medical Staff membership. Reapplicants who have let their board certification lapse must become Board certified no later than the second reappointment after their certification lapsed.
- **Section 2.8 E Basic Responsibilities of the Medical Staff.** Added the requirement that hospital orientation must be completed within thirty days of receipt of temporary privileges or appointment to the Medical Staff.
- **Section 4.7 Affiliated Professionals.** Added Licensed Acupuncturists as a category of professions that could join the Affiliated Professionals staff. Currently the Bylaws provide that Affiliated Professionals are employees of the City or faculty or employees of the University. In order to enable volunteer Licensed Acupuncturists to become Affiliated Professionals, language was added that Affiliated Professionals could function under an MOU approved by the MEC and Governing Body.
- **Section 6.3-3 D and Section 7.4-15 Ad Hoc Investigatory Committee and Judicial Review Committee.** Added a standard for these committees to apply when considering whether corrective action is warranted as follows: “The investigatory body shall determine whether the Member has provided a quality of care or professionalism that, in its unbiased and good faith determination, is consistent with the expectations for Members of the medical Staff.”
- **Section 9.2-3 Review and Reappointment of the Chiefs of the Clinical Services.** Clarified that the Chiefs of Clinical Services shall be reviewed every five years or at any time as requested by the Chief of Staff, the Vice Dean, or the Chief Executive Officer. Continuation as the Chief of a Clinical Service is contingent upon a favorable result of this review. The review shall be conducted by the Chief of Staff, the Vice Dean, and the Chief Executive Officer and a summary of the review shall be placed in the

Service Chief's credentials file that includes strengths/accomplishments and areas for improvement. The reappointment shall require approval by a majority vote of the MEC and the Governing Body.

- **Section 9.3-4 C. Functions of Chiefs of Clinical Services.** Added that it is the expectation that the Chiefs of the Clinical Services attend at least 50% of the Medical Executive Committee (MEC) meetings each year and that they shall send a designee when unable to attend.
- **Section 10.2-8. Attendance Requirements for Medical Staff Committees.** Added that all committee members are expected to attend or have a designee present for 50% of the committee meetings.
- **Section 10.3-1 Composition of MEC.** Adds the Chief Medical Officer of the San Francisco Health Network as a member of MEC.
- **Section 10.3-2 Attendance of MEC Meetings.** If a Medical Staff Member of the MEC fails to attend 50% of the MEC meetings during a Medical Staff year, the Chief of Staff may appoint an alternate to serve in that Member's place for the following Medical Staff Year.
- **Section 10.3-3 and 10.4-2 Attendance of At-Large Members at MEC Meetings.** Adds that an at-large member of the MEC shall not be appointed to a successive term if he/she has not attended at least 50% of the MEC meetings during the current appointment term.
- **Section 10.6 Ambulatory Care Committee.** Clarifies that the purpose and focus of the committee is communication and integration for outpatient services both on and off the hospital campus.
- **Section 10.13 Medical Staff Well Being Committee.** Adds organization and oversight of "Schwartz Rounds" to its responsibilities. These rounds are ad hoc multidisciplinary meetings for Members and hospital staff around difficult and/or challenging cases.
- **Section 10.16 Performance Improvement and Patient Safety Committee.** Adds the following subcommittees: Pediatric Emergency Medicine, Tissue, and Procedural Sedation (the latter replaces the Moderate Sedation Committee which was a subcommittee of the Pharmacy and Therapeutics Committee).
- **Section 10.17 Utilization Management Committee.** This is a new committee and its primary functions are (1) To provide oversight for all Utilization Management functions, and (2) To make rational and system coordinated recommendations on the priority of clinical services and resource allocation related to clinical care based on best available evidence.
- **Section 10 Deleted Committees.** The Moderate Sedation Subcommittee, Patient Concern Subcommittee, Community Primary Care Subcommittee, Substance Abuse Committee, and Information Systems Committee were deleted and their duties have been transferred to other medical staff or administrative committees.
- **Section 12.2-2 When Disclosure of Confidential Information Is Permitted.** Add that the initiation of a corrective action investigation, submission of an 805 report to the California Medical board, and adverse actions related to medical staff membership and/or privileges shall be reported to the peer review bodies of any other component of the San Francisco Health Network in which the Member provides patient care services.
- **Rules and Regulations.** The section on Medical Records was re-drafted for purposes of clarity and to have a more logical flow.

Conclusion

As Co-Chairs of the Bylaws Committee, we'd like to thank the committee members for their dedication and thorough review of this document. The committee members were Drs Todd May, Alan Gelb, Teresa Villela, Rick Coughlin, Bob Mackersie, Nora Goldschlager, and Jeff Critchfield.

Your consideration of these proposed amendments is very much appreciated.