

## ZSFG Medical Staff Bylaws and Rules and Regulations Summary of Changes

July 16, 2020

The MEC Executive Committee has approved the following changes to the ZSFG Medical Staff Bylaws and Rules and Regulations. Key changes are listed below. A redline copy showing the change between the proposed new versions and the current versions is available from the Medical Staff Services Department on request. The tables below do not list individual sections in relation to changes that are included in the first item in each table (General/global changes).

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1. General/global	Misc.	<p>Corrects typos.</p> <p>Replaces gendered pronouns (he/she, his/hers) with position titles or other phrases consistent with City practices on gender expression.</p> <p>Adjusts white spaces between sections and other formatting.</p> <p>Adds the document title to the header of each page.</p> <p>Updates the Table of Contents.</p> <p>For numbers, ensures that both the word and numeral are used (e.g., “three (3)”).</p> <p>Generally replaces “ZSFG” with “the Hospital” for consistency except where “ZSFG” makes sense to use.</p> <p>Rewords some phrases for clarity without changing the meaning.</p>
2. Section 2.2.3.B (Board Certification)	6	<p>Adds a new subsection regarding waiver of board certification requirements.</p>
3. Section 4.2.3 (Applicant’s Burden and Incomplete Application)	12	<p>The first paragraph is new and is based on the Stanford Hospital Medical Staff Bylaws. Clarifies the burden an Applicant to the Medical Staff has to submit complete and accurate information. Failure to meet this burden is grounds for denial of the application.</p>
4. Section 4.3.3 (Recommendation for Reappointment)	14	<p>Adds new sentences to the first paragraph regarding timing for the reapplication process. The MSSD must forward a completed application to the Chief(s) of Service(s) within 30 days of completion of the application, and the Chief(s) must return the application with a written recommendation is at least 60 days prior to the expiration of the Member’s appointment to the Medical Staff.</p>
5. Section 4.3.7 (Failure to Return	15	<p>Clarifies the process for dealing with a Member who has not completed a reappointment application. If no</p>

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a Completed Reappointment Application)		progress is made by the Member within the listed time, the information is forwarded to the Credentials Committee for a decision on an automatic resignation for failure to complete the application.
6. Section 4.4.A (Access to Own Credentials File)	16	Clarifies that a Member's right to access their own credentials file documents includes OPPE and FPPE reports.
7. Section 6.1.2 (Focused Professional Practice Evaluation)	25-26	New section. Adds a description of the FPPE process, including some language from the Joint Commission standard on FPPE. The two types of FPPE include Proctoring FPPE and Secondary FPPE. FPPE outcomes must be documented.
8. Section 6.1.3 (Ongoing Professional Practice Evaluation (Maintaining Privileges))	26	New section. Adds a description of the OPPE process, including some language from the Joint Commission standard on OPPE.
9. Section 6.2.1.C (Professional Conduct)	27	Updates the section that gives the Director of Health or the Director's designee the authority to revoke access to DPH systems or facilities for violations of laws or Hospital policies. These changes do not materially change the existing language and bring this section in line with the analogous section in the Laguna Honda Hospital Medical Staff Bylaws.
10. Section 6.3.3 (Formal Investigations)	30	Reduces the time during which the written report must be submitted to MEC after completion of an investigation in order to reduce delays in the Investigation process and gives MEC discretion to extend the deadline for good cause.
11. Section 6.4.1 (Medical Executive Committee Action)	30-31	Reduces the time for MEC to take action after submission of an Investigation report in order to reduce delays in the process and gives MEC discretion to extend the deadline for good cause.
12. Section 6.5.3 (Procedural Rights)	32	Reduces the time for commencing a hearing when a Summary Action is consolidated with a hearing on corrective action in order to reduce delays in the process.

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13. Section 6.6.2 (Licensure)	33-34	<p>Changes the things that trigger automatic suspension or termination of privileges, as described in the following subsections of Section 6.6.2:</p> <p>A. Notes that a Member has the responsibility for renewing the Member’s own professional license or other credential.</p> <p>D. New subsection that automatically suspends the Member’s membership and Privileges when the Member’s professional liability insurance lapses. This language mirrors parallel language from the Laguna Honda Hospital Medical Staff Bylaws.</p> <p>E. New subsection that automatically terminates or suspends a Member’s membership and Privileges if their employment with either the City or UCSF is terminated or suspended. Also suspends membership and Privileges if a Member’s assignment to conduct patient care at the Hospital is ended or they are transferred elsewhere by their employer. Allows for continuance of membership and Privileges when someone leaves employment and becomes a volunteer at the Hospital if certain requirements are met.</p> <p>F. Clarifies that if a Member’s Privileges are automatically suspended under this Section, they may be reinstated during the then-current term on written notice from the Chief of Staff (or designee) and the Hospital CEO.</p>
14. Section 6.6.3 (DEA Certificate)	34	<p>Clarifies that the Member must notify MSSD if their DEA certificate is revoked, limited, suspended, or expires.</p>
15. Section 7.3.1 (Notice of Action for Proposed Action)	36	<p>In relation to any recommendation or action that would be grounds for a hearing, shortens the time to request a hearing in order to reduce delays in the process.</p>
16. Section 7.3.2 (Request for Hearing)	36	<p>In relation to any request for a hearing, shortens the time to request the hearing (consistent with Section 7.3.1) in order to reduce delays in the process.</p>
17. Section 7.3.4 (Time and Place for Hearing)	37	<p>In relation to any hearing, shortens the time for notice and commencement of the hearing in order to reduce delays in the process and gives the Chief of Staff discretion to extent the time to commence the hearing for good cause.</p>

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18. Section 7.4.5.A (Rights of Inspection and Copying)	38-39	Reduces the time to respond to discovery requests prior to a hearing in order to reduce delays in the process. Notes that the Petitioner may not possess unredacted patient health information and that unredacted records must be kept securely during the Hearing process.
19. Section 7.4.5.B (Limits on Discovery)	39	Requires that protected health information be provided only in redacted form. If the volume is too high, requires the Judicial Review Committee to impose restrictions on the information to protect private information and to prevent removal from the Hospital of such information.
20. Section 7.4.7 (Pre-Hearing Document Exchange)	39	Reduces the deadline for exchanging documents that will be introduced at the hearing in order to reduce delays in the process.
21. Section 7.4.8 (Witness Lists)	39-40	Reduces the deadline for providing the name of any witness in order to reduce delays in the process.
22. Section 7.4.16 (Decision of the Judicial Review Committee)	41	Reduces the time allotted for the Judicial Review Committee to render a written decision after adjournment of the Hearing in order to reduce delays in the process.
23. Section 7.5.1 (Time for Appeal)	42	Reduces the time allotted for requesting the Governing Body to review the decision of the Judicial Review Committee in order to reduce delays in the process.
24. Section 9.2.2.C (Selection of a Chief of Service)	47	Clarifies that the Director of Health and the Hospital CEO may use a designee to participate in a search committee for CPC Chief.
25. Section 11.2.6 (Quorum)	54	Clarifies that a quorum requires a certain number of people present at the time of the discussion or vote.
26. Section 11.2.10 (Minutes and Reporting)	54-55	Adds the Lab Committee to the list of committees that must make regular reports to MEC and specifies such reports from the Lab Committee must be done at least quarterly.
27. Section 11.6.1 (Composition)	59	Clarifies that Affiliated Staff may join the Bylaws Committee as non-voting members to provide input.
28. Section 11.12.3 (Meetings)	65	Clarifies that the Medical Staff Wellbeing Committee must meet at least every quarter.

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29. Section 11.14.1 (Composition)	66	Removes the House Staff representative from the Pharmacy and Therapeutics Committee.
30. Section 11.14.2 (Duties)	66-67	Adds three new duties to the Pharmacy and Therapeutics Committee related to Epic, review of ordersets/smarsets and related information, and review of medication use policies and related information.
31. Section 11.14.5 (Subcommittees)	67-68	Deletes the subsection regarding the Medication Use and Safety Subcommittee from the Pharmacy and Therapeutics Committee and a reference to that subcommittee.
32. Section 11.17 (Laboratory Utilization Committee)	74-75	New section. Adds the Laboratory Utilization Committee.
33. Section 16.2 (Amendments)	80	Clarifies that the City Attorney's Office serves as legal counsel for the Medical Staff in relation to amendments to the Medical Staff Bylaws.
34. Section 17.1 (Notice and Duty to Advise of Contact Information)	81	New section. Adds the duty for Members to keep MSSD updated regarding contact information for the Member, including email address, personal telephone number, and mailing address. Except for Notices or Special Notices related to Articles 6 and 7 (Corrective Action, Hearings, and Appeals), notice may be sent by email. Members may advise MSSD of a secondary email address (other than City-provided or UCSF-provided emails).
35. Section 17.2 (Sharing of Information for Disciplinary and Other Investigatory Purposes)	81-82	New section. Clarifies that when certain allegations arise the Medical Staff, through the Chief of Staff or MSSD, must notify the Hospital Administration <u>and</u> the City Attorney's Office of the nature of the allegations or information in order for a decision to be made about whether a referral for investigation by the City, UCSF, or law enforcement must be made. The allegations requiring such notice include: unprofessional conduct of Hospital staff or people in other City or UCSF departments; alleged discrimination, harassment, or retaliation; patient privacy violations; patient abuse; an unsafe work environment; misuse of public resources; mistreatment of patients or other staff; fraudulent billing or other medical practices; medical malpractice; or other ethics or civil or criminal law violations. The City Attorney's Office must be consulted if there are

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		questions about what kind of information is to be disclosed.
36. Section 17.3 (Notice to MSSD and City Attorney's Office of Investigation by Professional Licensing Entity)	82	New section. When a Member is being investigated by their professional licensing entity or body or action is taken against their license, the Member must notify to the MSSD and City Attorney's Office within seven days. Also, any associated request for medical records of any Hospital patient must be given to Hospital Health Information Systems for handling.

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37. General/global	Misc.	Updates the Table of Contents. Rewords some phrases for clarity without changing the meaning. Updates references to the medical record from antiquated references (e.g., "the chart"). Clarifies some deadlines must be consistent with current policy rather than listing deadlines.
38. Section 1 (Admission and Attendance Policies)	2-3	Changes to subsections include the following: A. Minor changes clarifying what a Member may do regarding evaluation and treatment recommendations for a patient. C. Clarifies that admission requires a provisional diagnosis by the Member who admits the patient and that the diagnosis must be recorded by that Member. G. Clarifies conditions that must be met when a patient is transferred from one Clinical Service to another, including a note recorded by the transferring service.
39. Section 4 (Consultations/ Communications)	5	Subsection B. updated to clarify the timing for in-patient consultations, including standard, urgent, and emergency consultations.
40. Section 6.B (Inpatient Medical Records)	6	Deletes the prior subsection regarding "Antibiotic Orders."

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41. Section 6.F (Practitioner Responsibilities)	8	Removes outdated language regarding medical recordkeeping and authentication other than electronic authentication.