OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS

Thursday, December 17, 2009 – 6:00PM
Kaweah Delta Medical Center – Mineral King Wing {400 W. Mineral King}
Blue Room {Basement Conference Room}

CONSENT CALENDAR

NOTE: All items listed on the Consent Calendar are considered to be routine by the District Board of Directors, and will be enacted by one motion. There will be no separate discussion of these items unless a Board Member so requests, in which event, the item will be removed from the Consent Calendar and considered in its normal sequence on the regular agenda.

A) Approval of the following Board minutes: {11/23/09}

B) Approval of the following report: Anesthesiology {W. Walters, MD & M. Catellier, RN}

C) Approval of the following report: Environment of Care {J. Pasquini}

D) Approval of the following report: ICU – Critical Care {D. Allain, RN}

E) Request approval of the Renal Services policies {See Policy Submission Summary and attached policies for detail}.

1)	Dialysis Machine Cleaning and Disinfection	RS-N.01	Revised
2)	KDVD Mixing, Dispensing, Rinsing and Disinfecting of Bicarbonate System	RS-N.02	Revised
3)	PHF Mixing, Dispensing, Rinsing, and Disinfecting of Bicarbonate System	RS-N.03	Revised
4)	KDVD Rinsing and Mixing of Acid Concentrate	RS-N.04	Revised
5)	Disinfecting Bicarbonate Containers	RS-N.05	Revised

F) Request approval of the IS policy {See Policy Submission Summary and attached policies for detail}.

1)	Information Systems Security Incident Response Policy	ISS.010	New

G) Request approval of the HIM policies {See Policy Submission Summary and attached policies for detail}.

1)	Batching Documents When Scanning	MI.6025	Reviewed
2)	Calibrating the Kodak Scanners	MI.6050	Reviewed
3)	Chart Scanning	MI.6056	Revised
4)	Kodak Scanner Jams	MI.6181	Reviewed
5)	Telephone Requests for Medical Records	MI.6381	NEW

H) Request approval of the Patient Care policies {See Policy Submission Summary and attached policies for detail}.

1)	Standardized Communication	CP.139	Delete

I) Request approval of the Patient Care policies {See Policy Submission Summary and attached policies for detail}.

1)	Current Title: Lift Team Utilization Policy / New Title: Patient Transfer Service Department	CP.83	Revised

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CONSENT CALENDAR (continued)

J) Approval of the following report: Finance {*G. Herbst*}

K) Approval of the proposed revisions to the Medical Staff Bylaws.

The following proposed revisions to the medical staff bylaws have been approved by the Active medical staff and are being forwarded to the Board of Directors for approval.

There were 254 active staff members eligible to vote; 30% shall constitute a quorum (77). There were 87 votes submitted. Affirmative vote of 51% of the members voting is needed for passage (45).
1 – 55 yes; 28 no; 4 did not vote on this revision
2 – 75 yes; 8 no; 4 did not vote on this revision
3 – 83 yes; 1 no; 3 did not vote on this revision
4 – 79 yes; 3 no; 5 did not vote on this revision

1. 4.6-10 REAPPLICATION AFTER ADVERSE APPOINTMENT DECISION
An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the medical staff for a period of **three years** ~~six months~~. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

2. Article 6 PEER REVIEW AND CORRECTIVE ACTION
[Add new Section 6.1, then re-number remaining sections in Article]:
6.1 PEER REVIEW (new section)
The Medical Staff committees and services are responsible for carrying out delegated review and quality improvement functions in accordance with the Medical Staff's peer review policy. Such peer review activities include, but are not limited to, quality improvement, utilization review, on-going professional practice evaluation (including quality data collection and evaluation, privilege volume data collection and evaluation, and individual case review), focused professional practice evaluation (including individual monitoring, proctoring, and focused reviews), and other review and evaluation activities. Peer review activities are designed to include evaluation of all practitioners in accordance with the general competencies of patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice, as further described in the Medical Staff's peer review policy. They may counsel, educate, refer for education or evaluation, issue letters of warning or censure, or institute retrospective or concurrent monitoring (so long as the practitioner is only required to provide reasonable notice of admissions and procedures) in the course of carrying out their duties without initiating formal corrective action proceedings. Comments, suggestions and warnings may be issued orally or in writing. The practitioner shall be given an opportunity to respond in writing and may be given an opportunity to meet with the committee. Any informal actions, monitoring or counseling shall be documented in the member's file. Medical Executive Committee approval is not required for such actions, although the actions shall be reported to the Medical Executive Committee. This shall not be construed to confer any rights upon a practitioner to any routine monitoring and education prior to corrective action. These actions shall not constitute a restriction of privileges or grounds for any formal hearing or appeal rights under Article 8.

3. 10.18 PEER REVIEW COMMITTEE (PRC)

10.18-1 COMPOSITION

The PRC shall consist of members of the Active medical staff as appointed by the chief of staff based on the recommendation from the PRC chair, with a representation member from each of the following departments: family practice, internal medicine, cardiac services, surgery, OB/GYN, pediatrics, emergency medicine, anesthesiology **and critical care, pulmonary and adult hospitalist medicine**. The PI medical director and VPMA are ex-officio members without vote. The chair will only vote to break a tie. The chief of staff and vice-chief of staff are welcome to attend any meetings.

The chair will be a member of the Active medical staff and will be appointed by the chief of staff from committee members who have served for more than one year. The chair shall be eligible to succeed themselves. The chair will be a non-voting regular attendee of the MEC.

4. 12.6 INDEMNIFICATION

Provided the Covered Individual to be indemnified has endeavored in good faith to comply with the applicable Medical Staff Bylaws, rules and regulations and policies of the medical staff, the hospital shall indemnify, defend and hold harmless the Covered Individual from and against losses and expenses (including attorneys' fees, judgments, settlements, and all other costs, direct or indirect) incurred or suffered by reason of or based upon any threatened, pending or completed action, suit, proceeding, investigation, or other dispute relating or pertaining to any alleged act or failure to act within the scope of peer review, ~~or~~ quality assessment ~~activities~~ **or other medical staff functions as described in the Bylaws, Rules and Regulations** including, but not limited to, (1) as a member of or witness for a medical staff department, division, committee or hearing panel, (2) as a member of or witness for the hospital board or any hospital task force, group, or committee, and (3) as a person providing information to any medical staff or hospital group, officer, board member or employee for the purpose of aiding in the evaluation of the qualifications, fitness or character of a medical staff member or applicant. The Covered Individual may seek indemnification for such losses and expenses under this bylaws provision, statutory and case law, any available liability insurance or otherwise as the Covered Individual sees fit, and concurrently or in such sequence as the Covered Individual may choose. Payment of any losses or expenses by the Covered Individual is not a condition precedent to the hospital's indemnification obligations hereunder. For purposes of this section, "Covered Individual" shall include the medical staff organization, administrative personnel, medical staff members, witnesses, consultants, hearing officers, arbitrators, hearing panel members, and invited participants in medical staff **functions** ~~activities~~ described above.

All issues regarding coverage, indemnification or defense arising from this Article shall be resolved by an Ad Hoc Dispute Resolution Committee described in Section 10.20 of these Bylaws.