**DATE: June 14, 2017**

**TO: All Active & Senior Active Staff Members**

**FROM: Sajen Mathews, M.D., Chief of Staff**

**RE: Proposed Amendments - General Rules & Regulations**

**Comment Period**



Please review the proposed amendments to the General Rules & Regulations that will be voted on by the Medical Executive Committee (MEC) at their next scheduled meeting on July 11, 2017. As an Active/Senior Active Member of the Medical Staff you are being provided with an opportunity to review and comment on the proposed rules. If you have any comments please submit no later than July 10, 2017 by faxing to the Medical Staff Office at 714-447-6411. All comments will be summarized and provided to the MEC prior to MEC action on the proposed rules.

**2.5.3.** **HIPAA Compliant Communication Platform**

The efficiency and expediency in communicating a patient’s condition by text message is an accepted practice. In order to improve and expedite patient care and safety, many physicians have requested the ability to have immediate/point of care contact with members of the care team. Also, in order to improve the transition of care at hospital discharge, the ability of the hospital-based physician to communicate with the ambulatory provider/PCP via a “texting” feature is encouraged. However, texting about a specific patient may only be performed if the patient’s information is kept protected and shielded from inadvertent or deliberate disclosures. To that end, the Medical Staff has approved a HIPAA Compliant Communication Platform (“HCCP”) to be downloaded on a provider’s phone and used when texting about a specific patient with a care team member.

2.5.3.1 All members of the Active, Senior Active, Courtesy and Provisional Medical Staff and Allied Health Professional Staff (“Members”) are required to download, activate, and maintain activation on their mobile devices of the hospital’s approved HCCP to receive and send patient specific text messages to and from care team members. Any other form of texting will not be recognized and may be considered to be non-compliant with Hospital and Medical Staff confidentiality requirements. The HCCP may be used to respond to messages from care team members but may not be used to transmit patient care orders.

The purpose of the HCCP is to improve patient care by communication of pertinent, non-urgent messages from other care team members. For example, ambulatory providers may receive FYI messages about their patients from a discharging provider with important follow-up care information. Similarly, providers with inpatients may receive clinical updates from other members of the care team.

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2.5.3.2 Failure to install and activate the HCCP within the time period established by the Medical Executive Committee shall result in temporary suspension of Medical Staff privileges. The suspension shall be the same as a temporary suspension for delinquent medical records

and shall follow the same process and have the same force and affect as the temporary suspension set forth in Section 2.5.2.1 of these Rules and Regulations. Prior to imposing the temporary suspension, the provider shall receive written notice of the pending suspension. In the event of a provider is temporarily suspended evidence provided to the Medical Staff Office or Chief of Staff or his/her designee showing compliance shall result in lifting of the temporary suspension. A provider who is temporarily suspended for failure to download and activate the HCCP shall not have rights to a Hearing or Appeal as set forth in the Bylaws.

2.5.3.2. Texting of patient specific information outside of the HCCP via any non HIPAA compliant platform is prohibited.

**Definition of Suspension Day:** Any day a physician has privileges restricted for failure to complete delinquent medical records or download, activate and maintain the HCCP. (Date off suspension – the date on suspension = suspension days.)

**4.1. Emergency Call Requirement**

All Active Staff and Provisional Staff members are required to participate in emergency department specialty back-up call if their specialty is one of those required by the Paramedic Receiving Center criteria for a base station hospital. If the required specialty consists of four or fewer specialists on ER Call, Courtesy Staff members will be required to participate in emergency department specialty back up call.

## 12.8 Steering Committee Meetings

For the purpose of improving the quality and efficacy of Hospital service lines, Administration and the Medical Staff may periodically form steering committees to jointly address operational and quality issues. These Steering Committees are thought leaders focused on improvement of specific service lines and are advisory to the MEC and Administration. As such, the committees may periodically review clinical cases and provider performance reports and make recommendations for improvement. The steering committees shall maintain the confidentiality of any patient or provider specific information and shall report to the Medical Executive Committee on a periodic basis.

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### 12.8-2 COMPOSITION

Steering Committees shall include at least two Active Staff members of the Medical Staff, who may be designated by Administration and who are approved by the Medical Executive Committee.

12.8-3 DUTIES

The Steering Committees will be responsible for the following:

* Continuing education relative to quality assurance activities
* Case Review for educational purpose
* Presentation of scientific or educational papers
* Review of provider specific quality outcome data

Individual peer review cases are to be forwarded to the respective Department QRC.

12.8.3 MEETINGS

Each Steering Committee shall meet as often as necessary. It shall maintain a record of its proceedings and shall report its activities and recommendations to their respective Medical Staff Department or Patient Safety and Performance Improvement Committee.