

UC Davis Policy and Procedure Manual

Chapter 200, Organization and Management

Section 40, UCDMC Hospital and Clinics Operating Policies and Procedures

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I. Purpose

This section documents the authorities and responsibilities relating to operation of the University of California, Davis Medical Center hospital and clinics (UCDMC) and constitutes the bylaws of the Governing Body of UCDMC as required by Joint Commission standards, Centers for Medicaid and Medicare Services (CMS) Conditions of Participation, and the provisions of Title 22 of the California Code of Regulations.

II. Policy

A. Scope of operation

1. UCDMC is operated as an academic medical center that provides comprehensive primary and specialty care services.
2. The range of services provided by UCDMC must minimally meet the following requirements:
 - a. Teaching and research needs of UC Davis School of Medicine as determined by the Chancellor upon recommendation from the Vice Chancellor—Human Health Sciences and the faculty of the school.
 - b. Legal requirements for hospitals and clinics of this classification.
3. UCDMC is licensed as a general acute care hospital with supplemental services, hospital-based clinics, and Primary Care Network clinics; and holds special permits to provide the following services:
 - a. Burn center.
 - b. Cardiovascular surgery service.
 - c. Chronic dialysis service.
 - d. Comprehensive emergency medical service.
 - e. Intensive care newborn nursery service.
 - f. Renal transplant service.
 - g. Radiation therapy service.
4. Home Care Services and Hospice Services operate under separate state licenses.

B. Bylaws of the Medical Staff

1. Bylaws governing the professional activities of physicians, clinical psychologists, dentists, and podiatrists are developed by the Medical Staff, which become effective when endorsed by an appropriate action of its membership and approved by the Governing Body.
2. Each patient's medical care is the responsibility of physician member of the Medical Staff as required by Medical Staff bylaws.

- a. Only members of the Medical Staff may admit patients to the hospital.
 - b. A Medical Staff member must be responsible for the diagnosis and treatment of patients within the area of that member's privileges.
 - c. The Medical Staff bylaws specify the conditions under which persons in training programs or other professional personnel may provide medical care under supervision of a Medical Staff member.
3. Rules pertaining to implementation of the Medical Staff bylaws and to such other matters necessary to properly conduct Medical Staff business are adopted in accordance with provisions of the Medical Staff bylaws.

C. Policies and Procedures

1. Systemwide and UC Davis policies pertaining to personnel, finance, use of facilities, and other administrative matters apply to the operation of UCDCMC unless noted otherwise in the specific policy.
2. Policies and procedures relating exclusively to UCDCMC operations may be adopted, so long as the policy is not less stringent than and does not conflict with any systemwide or UC Davis policy.

III. Roles and Responsibilities

A. Governing Body

1. The Provost and Executive Vice Chancellor, and Vice Chancellor—Human Health Sciences, acting jointly as the Governing Body, are responsible for fulfilling responsibilities required by Joint Commission standards, CMS Conditions of Participation, and Title 22 of the California Code of Regulations, and other responsibilities including the following:
 - a. Ensuring that this section of the UC Davis Policy and Procedure Manual is reviewed at least every two years and revised as necessary to comply with changes in Joint Commission standards, CMS Conditions of Participation, and Title 22 of the California Code of Regulations.
 - b. Receiving reports from the Chief Executive Officer—UCDCMC and the Chief of Staff, and reviewing all relevant reports to determine that UCDCMC quality and safety programs are properly administered, appropriately maintained, effectively operated, and that deficiencies in administrative or patient care activities are identified and corrected. Relevant reports include but are not limited to the following:
 - 1) Quarterly reports from the following Medical Staff Committees:
 - a) Executive
 - b) Credentials and Privileges
 - c) Health Information and Clinical Informatics
 - d) Medical Staff Well Being
 - e) Quality and Safety Operations
 - f) Invasive Procedures Review
 - g) Transfusion
 - h) Utilization Review

- i) Infection Prevention
- j) Pharmacy and Therapeutics
- 2) Quarterly reports from the Safety Committee.
- 3) Annual reports from each clinical department.
- c. Ensuring that all activities of UCDMC conform to applicable Federal, State, and local laws and regulations.
- d. Acting on all appointments and reappointments to the Medical Staff within 60 days of receipt of recommendation from the Medical Staff Executive Committee with endorsement of the Chief of Staff.

Recommendations must be accompanied by certification that peer review has been accomplished by appropriate committees of the Medical Staff who have examined the credentials and performance records of the applicant and found them to comply with Medical Staff requirements for the privileges to which the appointment or reappointment pertains.

- e. Establishing and jointly chairing a Governance Advisory Council.
 - f. Evaluating its own performance annually by way of the Governance Advisory Council's annual report to the Chancellor.
 - g. Reporting annually to the Chancellor, and through the Chancellor to the President and the Board of Regents, on significant matters relating to these responsibilities (see Regents' Bylaw 12.7).
 - h. Providing appropriate medical sciences planning, ensuring coordination with UCDMC administration, Medical Staff, and School of Medicine.
 - i. Facilitating adequate interaction among administrative offices at the UC Davis campus, Office of the President, UC Davis School of Medicine, and UCDMC to ensure that timely responses are made to documented personnel, equipment, and other resource requirements of the Medical Center.
 - j. Promptly acting on or responding to recommendations from the Medical Staff.
 - k. Consulting with the Governance Advisory Council before taking any actions contrary to recommendations made by the Medical Staff Executive Committee.
 - l. Referring significant quality and safety issues to the Governance Advisory Council for advice on appropriate assignment of responsibility for action when necessary.
- B. Governance Advisory Council
- 1. The Governing Body serves as chair of the Governance Advisory Council.
 - 2. The Governance Advisory Council is comprised of the following individuals:
 - a. Chief Executive Officer—UCDMC
 - b. Chief of Staff
 - c. Chief Medical Officer
 - d. Chief Operating Officer
 - e. Chief Patient Care Services Officer

- f. Dean—School of Medicine
 3. The Council meets at least quarterly and maintains records of the matters discussed and the actions taken.
- C. Medical Staff
1. General Responsibilities
 - a. The Medical Staff is a self-governing organization that is directly responsible to the governing body for the adequacy and quality of the medical care provided to patients in the hospital and clinics.
 - b. Has responsibility for compliance with Joint Commission standards, CMS Conditions of Participation, and Title 22 of the California Code of Regulations pertaining to Medical Staff matters.
 - c. Provides leadership in UCDCM-wide performance improvement and patient safety activities to improve quality of care, treatment, and services.
 - d. Ensures that reports required under III.A.2, above, document implementation of effective quality and safety programs, contain descriptions of any significant deficiencies identified in the patient-care system, and the actions taken or planned for correction of those deficiencies.
 - e. Maintains accurate medical records sufficient to comply with the requirements of Joint Commission standards, CMS Conditions of Participation, and Title 22 of the California Code of Regulations.
 - f. Informs the department chair of any matter that, in their judgment, influences the ability to provide safe, quality medical care.
 2. Chief of Staff
 - a. Serves as the elected leader of the Medical Staff and Chair of the Medical Staff Executive Committee.
 - b. Is responsible for compliance with and implementation of the bylaws and rules of the Medical Staff and for a comprehensive review of those bylaws at least every two years.
 - c. Holds primary responsibility for compliance with Joint Commission, CMS Conditions of Participation, and Title 22 of the California Code of Regulations relating to Medical Staff matters.
 - d. In cooperation with the Chief Executive Officer—UCDCM and Chief Medical Officer, ensures that requirements related to quality and safety are satisfied.
 3. Medical Staff Executive Committee
 - a. Ensures that all Medical Staff committees properly fulfill their responsibilities.
 - b. In cooperation with the Chief of Staff, Chief Medical Officer, and Chief Executive Officer—UCDCM, is responsible for compliance with all provisions of the bylaws of the Medical Staff.
 - c. Conducts a comprehensive review, and as necessary, proposes amendments to the bylaws on an annual basis.
 4. Credentialing of Medical Staff Members

- a. The appropriate department chair forwards a membership or reappointment request to the Chief of Staff.
 - b. The Chief of Staff arranges for evaluation of credentials and other information by an appropriate committee of the Medical Staff, which forwards its recommendations to the Medical Staff Executive Committee.
 - 1) Required documentation includes the privileges requested and certification by the committee that the candidate's capability relating to each of these privileges has been examined.
 - 2) Recommendations for reappointment must provide evidence of the candidate's completion of continuing education and other requirements necessary to satisfy regulations pertaining to the privileges for which reappointment is being recommended.
 - c. Following action by the Medical Staff Executive Committee, the nomination is endorsed by the Chief of Staff and transmitted to the Governing Body for approval.
- D. Chief Medical Officer
1. Assists the Chief of Staff in the performance of duties.
 2. Oversees compliance with Joint Commission standards, CMS Conditions of Participation, and Title 22 of the California Code of Regulations relating to quality, patient safety, and the delivery of patient care.
 3. Oversees Medical Staff administration, and its functions, including peer review.
 4. Is responsible for the Medical Center Quality and Safety Program in cooperation with officers of the Medical Staff, clinical department chairs, and the Chief Executive Officer—UCDMC.
 5. Coordinates Medical Staff committees.
 6. Serves as the liaison between hospital administration, the Medical Staff, and the Governing Body.
- E. Chief Executive Officer
1. Has operational and financial authority for the ongoing management of UCDMC.
 2. Is accountable for satisfying requirements of Joint Commission standards, CMS Conditions of Participation, and Title 22 of the California Code of Regulations pertaining to physical facilities and other administrative matters.
 3. Communicates with the California Department of Public Health on matters relating to licensing and operations.
 4. In cooperation with the Chief of Staff and Chief Medical Officer, ensures that requirements related to quality and safety are satisfied.
 5. Ensures compliance with systemwide and UC Davis policies, and oversees the development and implementation of UCDMC policies in compliance with II.C, above.
 6. Ensures that reports required under III.A.2, above, document implementation of effective quality and safety programs, contain descriptions of any significant deficiencies identified in the patient-care system, and the actions taken or planned for correction of those deficiencies.

7. Establishes a system of institutional and organizational planning consistent with applicable law and accreditation requirements.
8. Ensures maintenance and operation of the physical facilities of UCDCM.
9. Ensures maintenance of a disaster plan, integrated into the Area Disaster Plan for command and communication with civil authorities, police, medical societies, and other hospitals; and provision of reports to the Executive Committee regarding changes in the plan and drills.
10. Recommends appointment of Senior Managers or Managers and Senior Professional employees to the Chancellor as required, and appoints other administrative officers in accordance with established personnel policies.
11. In cooperation with the Vice Chancellor—Human Health Sciences, recommends the names of individuals to serve as chairs and vice chairs of medical services departments to the Chancellor.
12. In cooperation with the Vice Chancellor—Human Health Sciences, reviews and approves any proposal for charitable contribution from UCDCM resources up to \$100,000.