BYLAWS OF THE ATTENDING STAFF ASSOCIATION

OF THE

LOS ANGELES COUNTY + UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

Amendments incorporated version

Rules and Bylaws Committee approved 5/3/2017

Executive Committee approved 5/3/2017

Medical Staff approved 6/2/2017

Governing Body 10/3/2017

PREAMBLE

These bylaws provide for the self-government and organization of the attending staff of the Los Angeles County+University of Southern California Medical Center in order to permit the attending staff to discharge its responsibilities in matters involving the quality of care and to govern the orderly resolution of these matters.

DEFINITIONS

1. ASSOCIATION means the formal organization of licensed or Section 2113 certified physicians, dentists, podiatrists and clinical psychologists at the Medical Center which is formally known as the Attending Staff Association of the Los Angeles County+University of Southern California Medical Center.

2. ASSOCIATION YEAR means the period from the first day of July to the last day of June, inclusive.

3. CHIEF EXECUTIVE OFFICER or CEO means the administrator appointed by the Governing Body to be responsible for the overall management of the Medical Center.

4. CHIEF MEDICAL OFFICER means the physician whose title is Chief Medical Officer, appointed by the CEO with advisement from the Dean of the Keck School of Medicine of USC and the Executive Committee.

5. CHIEF MEDICAL OFFICER OF HEALTH SERVICES means the person, whose title is Chief Medical Officer of Health Services, appointed by the Governing Body to act on behalf of the Governing Body in the overall management of the Department of Health Services' hospitals and clinics, one of which is the Medical Center.

6. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a practitioner or mid-level provider to render specific diagnostic, therapeutic, medical, surgical, dental, or podiatric or clinical psychological services in the Medical Center.

7. CLINICAL PSYCHOLOGIST means an individual who holds a doctoral degree in psychology conferred by an approved school and who is licensed to practice clinical psychology in the State of California.

8. COUNTY means Los Angeles County unless otherwise stated.

9. DAY(S) means calendar day(s) and not business or working day(s) unless otherwise indicated.

10. DENTIST means an individual who has graduated from an approved school of dentistry and who is licensed to practice dentistry in the State of California or who has been granted a special permit by the Board of Dental Examiners of the State of California.

11. DEPARTMENT means an administrative unit representing a medical specialty as recognized by the American Board of Medical Specialties and granted departmental status under these bylaws. Dentistry is also designated as a department. A department may include one or more divisions or sections. Designations of departments, divisions or sections shall generally conform to the administrative organization of the Keck School of Medicine of the University of Southern California. Chair of the Department refers to the role approved by the Executive Committee to fulfill the duties of chair as designated in these bylaws.

12. DIRECTOR means the Director of the Los Angeles County Department of Health Services delegated by the Governing Body to act on its behalf in the overall management of the Department of Health Services' hospitals and clinics, one of which is the Medical Center.

13. DIVISION means a subunit of a department designated under these bylaws which may or may not be recognized as a specialty by the American Board of Medical Specialties.

14. EXECUTIVE COMMITTEE means the Executive Committee of the Association as described in these bylaws.

15. EX-OFFICIO means a person who is entitled by these bylaws to a position on a committee, for as long as he or she holds a certain office, and shall not have voting rights, except as otherwise

provided by these bylaws.

16. GOVERNING BODY means the Board of Supervisors of Los Angeles County or designees and may include one or more members of the Association (or ex-officio members of the Medical Executive Committee) approved by the Association. For Governing Body meetings the Department of Health Services Director or Department of Health Services Chief Medical Officer may represent the Governing Body.17. HOSPITAL or MEDICAL CENTER means the Los Angeles County+University of Southern California Medical Center (LAC+USC Medical Center), and includes all inpatient and outpatient locations, clinics, associated health centers and services operated under the auspices of the Medical Center's license.

18. IN GOOD STANDING means a member is currently not under suspension or serving with any limitation of voting or other prerogatives imposed by operation of the bylaws, rules and regulations or policy of the Association.

19. LIMITED LICENSE PRACTITIONERS means dentists, clinical psychologists, and podiatrists.

20. MEMBER means, unless otherwise expressly limited, any physician, dentist, podiatrist or clinical psychologist holding a current license to practice within the scope of that license who is a member of the Association.

21. ALLIED HEALTH PROFESSIONAL means an individual, other than a physician, podiatrist, dentist, or clinical psychologist, who exercises independent judgment within the areas of his or her professional competence and the limits established by the department, Association, and applicable law, who is qualified to render direct or indirect patient care under the supervision of an Association member, and who is licensed and has been accorded privileges, to provide such care in the Medical Center.

22. NOTICE shall be: (i.) in writing, hand delivered or properly sealed, and sent through the United States Postal Service, first-class postage prepaid, (ii.) by electronic mail or (iii.) posted on a website dedicated to communications with Association members. SPECIAL NOTICE shall be in writing and delivered by personal delivery with an acknowledgment of receipt or by Certified mail, Return Receipt Requested. WRITTEN NOTICE shall be (i.) in writing, hand delivered or properly sealed, and sent through the United States Postal Service, first-class postage prepaid or (ii.) by electronic mail.

23. PHYSICIAN means an individual who is a graduate of an approved school of medicine or osteopathy and who is licensed or Section 2113 certified to practice medicine in the State of California.

24. PODIATRIST means an individual who holds a D.P.M. degree conferred by an approved school of podiatric medicine and who is licensed to practice podiatry in the State of California.

25. PRACTITIONER means, unless otherwise expressly limited, any physician, dentist, podiatrist or clinical psychologist applying for or exercising clinical privileges in the Medical Center.

26. PRESIDENT means the President of the Association who, as chief officer of the Association elected by members of the Association, serves as chief of staff.

27. PROFESSIONAL SCHOOL(S) means the Keck School of Medicine, the School of Dentistry and/or the School of Pharmacy of the University of Southern California (USC).

28. SECTION means a unit administratively assigned to a department or division designated under these bylaws which may or may not be recognized as a specialty by the American Board of Medical Specialties. A section may be a Medical Center clinical service that does not have a corresponding administrative unit in the Keck School of Medicine of the University of Southern California.

29. WRITING means any recorded information, regardless of medium or format; i.e., written, audio, visual, electronic, etc.

ARTICLE I NAME

The name of this organization shall be the Attending Staff Association of the Los Angeles County+University

of Southern California Medical Center.

ARTICLE II MEMBERSHIP

2.1 Nature of Membership

2.1-1 Eligibility:

Membership in the Association is a privilege which shall be extended only to professionally competent and currently licensed or 2113 certified practitioner who continuously meet the qualifications, standards, and requirements set forth in these bylaws. No practitioner including those in a medical administrative position by virtue of a contract with the hospital, shall admit or provide medical or health-related services to patient in the hospital unless the physician, dentist, podiatrist or clinical psychologist is a member of the attending staff or has been granted temporary privileges in accordance with the procedures set forth in these bylaws.

2.1-2 Employees:

Physicians, dentists, podiatrists and clinical psychologists employed by the County of Los Angeles or the University of Southern California whose duties include clinical responsibilities or functions involving their professional capabilities, must apply for membership in the Association and the appropriate clinical privileges.

2.1-3 Non-Eligibility:

Post-graduate physician, podiatric or dental trainees enrolled in a core specialty training program shall not be eligible for membership in the Association in that training program. Mid-level Providers (allied health professionals), and students shall not be eligible for membership in the Association.

2.1-4 Post-Graduate Physician or Dental Trainees:

A post-graduate physician or dental trainee may apply for Association membership as a licensed independent practitioner outside of his or her training program, provided that the Association membership and/or clinical privileges of such person shall automatically terminate on the date of termination of his or her training program and such person shall not be entitled to a hearing and appellate review under Article VII. Such practitioner may retain his or her Association membership and/or clinical privileges, with change in category of membership, if requested in writing to the Executive Committee by the chair of the practitioner's department and with concurrence of the practitioner prior to the termination of the contract.

2.1-5 Membership and Privileges:

Membership in the Association is separate and distinct from any individually granted clinical privileges, and Association membership shall not automatically confer any clinical privileges.

2.1-6 Contracted Practitioners:

Contract with the County or Non-County Entity: Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner, who has any contract with the County to provide health services at the Medical Center, or who provides health services at the Medical Center under the contract of a non-County entity, shall automatically terminate on the date of expiration or termination of such contract, and the practitioner shall not be entitled to a hearing and appellate review under Article VII.

2.2 Qualifications for Membership

2.2-1. Basic Requirements:

Membership and clinical privileges shall be granted, revoked or otherwise restricted or modified based only on the professional training, experience and current clinical

competence criteria as set forth in these bylaws.

2.2-2. Qualifications:

Only practitioners, currently licensed to practice in the State of California or certified under Business and Professions Code Section 2113 who can document the following:

1. their background,
2. their current California licensure or Section 2113 certification,
3. their adequate experience, education and training,
4. their current professional competence and good judgment,
5. their adherence to the ethics of their profession,
6. their good reputation,
7. their willingness to keep confidential as required by law and these bylaws all information or records received in the physician-patient relationship,
8. their current adequate physical and mental health status,
9. their ability to work cooperatively with others so as not to adversely affect patient care,
10. their willingness to participate in and properly discharge those responsibilities determined by the Association,
11. possession of insurance coverage as indicated in Article XVII, if applicable.
12. if requesting privileges only in departments or services operated under an exclusive contract, be a member, employee or subcontractor of the group or person that holds the contract

with sufficient adequacy to demonstrate to and assure the Association and the Governing Body that they are professionally and ethically competent and qualified shall be qualified for membership in the Association. Qualifications of Emeritus and Honorary Staff are exempted from the above and are listed in Section 3.3-1 and 3.4-1.

2.2-3 Nondiscrimination:

No applicant shall be granted or denied Association membership or clinical privileges on the basis of gender, race, age, creed, color, religion, ancestry, national origin, disability, physical or mental impairment, marital status or sexual orientation or any other criterion not based upon professional qualifications that does not pose a threat to the quality of patient care.

2.2-4 Economic Credentialing:

Association membership and privileges may be granted, continued, modified or terminated by the Governing Body only upon recommendation of the Executive Committee for reasons directly related to quality of patient care and other provisions of the Association bylaws, according to the procedures set forth in these bylaws. Under no circumstances shall economic criteria unrelated to quality of care be used to determine qualification for initial or continuing Association membership or privileges.

2.2-5 Particular Qualifications:

1. **Physicians:** A physician applicant for membership in the Association, except for Emeritus Staff or Honorary Staff categories, must hold a M.D. or D.O. degree or equivalent degree issued by a medical or osteopathic school approved at the time of the issuance of such degree by the Medical Board of California or the Board of Osteopathic Examiners of the State of California and must also hold a valid and

unsuspended license or certificate to practice medicine issued by the Medical Board of California or the Board of Osteopathic Examiners of the State of California.

2. **Dentists:** A dentist applicant for membership in the Association, except for Emeritus Staff or Honorary Staff categories, must hold a D.D.S., D.M.D or equivalent degree issued by a dental school approved at the time of the issuance of such degree by the Board of Dental Examiners of California and must also hold a valid and unsuspended license or certificate to practice dentistry issued by the Board of Dental Examiners of California.

3. **Podiatrists:** A podiatrist applicant for membership in the Association, except for Emeritus Staff or Honorary Staff categories, must hold a D.P.M. degree conferred by a school approved at the time of issuance of such degree by the Medical Board of California Board of Podiatric Medicine and must hold a valid and unsuspended license or certificate to practice podiatry issued by the Medical Board of California Board of Podiatric Medicine.

4. **Clinical Psychologists:** A clinical psychologist applicant for membership in the Association, except for Emeritus Staff or Honorary Staff categories, must hold a clinical psychologist degree conferred by a school approved at the time of issuance of such degree by the California Board of Psychology, have not less than 2 years clinical experience in a multi-disciplinary facility licensed or operated by this or another state or by the United States to provide health care, and hold a valid unsuspended license or certificate to practice clinical psychology issued by the California Board of Psychology.

2.3 Basic Responsibilities of Association Membership:

Except for members in the Emeritus Staff, and Honorary Staff, the ongoing responsibilities of each member of the Association shall include, but are not limited to:

1. Providing patients with continuing care and quality of care meeting the professional standards of the Association of the Medical Center;

2. Abiding by the Association bylaws, Association rules and regulations and departmental rules and regulations, and policies approved by the Executive Committee;

3. Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Association membership, including, but not limited to, committee assignments and quality improvement, and risk management activity;

4. Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Medical Center;

5. Abiding by the lawful ethical principles of the California Medical Association and/or the member's professional association;

6. Participating in any Association approved educational programs and actively supervising (including, without limitation, providing direct supervision) resident physicians or dentists in the course of his or her responsibilities and assignments as a member of the Association to ensure that the health services provided by residents are safe, effective, compassionate, and within the scope of the knowledge and documented competence of residents as required by Department of Health Services and Medical Center policies as approved by the Association;

7. Working cooperatively so as not to adversely affect patient care;

8. Making appropriate arrangements for coverage for his or her patients as determined by the Association;

9. Refusing to engage in improper inducements for patient referral and adhering to

County policy regarding "running and capping";

10. Participating in continuing education programs as determined by the Association;

11. Participating in such emergency service coverage or consultation panels as may be determined by the Association;

12. Discharging such other Association obligations as may be lawfully established from time to time by the Association;

13. Providing information to and/or testifying on behalf of the Association, the County, or any practitioner under review, regarding any matter under review pursuant to Articles VI or VII;

14. Notifying, in writing, his or her department chair/chief, President and the Attending Staff Office Director immediately after, but in no event later than ten (10) days after, the occurrence of any of the following:

    a. the practitioner is notified in writing by the Medical Board of California or other appropriate State licensing agency that an investigation regarding the practitioner is being conducted,

    b. the practitioner is served with an accusation by the Medical Board of California or other appropriate State licensing agency,

    c. the practitioner is served with a statement of issues by the Medical Board of California or other appropriate State licensing agency,

    d. the practitioner has been convicted of a misdemeanor or felony that relates to the qualifications, functions or duties of the practitioner;

    e. exclusion or suspension from a federal or state health care program;

    f. the practitioner's membership and/or clinical privileges are voluntarily or involuntarily revoked, suspended, reduced, or relinquished at any hospital or health care facility,

    g. the practitioner's Drug Enforcement Administration certificate, or his or her license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, or relinquished,

    h. any professional liability litigation involving the practitioner is commenced and/or

    i. all information that would otherwise correct, change, modify or add to any information provided in the application or most recent reapplication when such correction, change, modification or addition many reflect adversely on current qualifications for membership or privileges;

15. Serving as a proctor or other peer reviewer, and otherwise participating in medical staff peer review as reasonably requested;

16. Promptly paying annual dues to the Association, if any dues are approved pursuant to these bylaws;

17. Providing insurance coverage as indicated in Article XVII, if applicable.

18. Submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee. The applicant may select the examining physician from an outside panel of three (3) physicians chosen by the Executive Committee.

2.4 Members Conduct Requirements

As a condition of membership and privileges, an Association member shall continuously meet the requirements for professional conduct established in these bylaws.

2.4-1 Acceptable Conduct:

Acceptable Association member conduct is not restricted by these bylaws and includes, but is not limited to:

1. Advocacy on medical matters;

2. Making recommendations or criticism intended to improve care;

3. Exercising rights granted under the Association bylaws, rules and regulations and Medical Center policies;

4. Fulfilling duties of Association membership or leadership;

5. Expressing dissatisfaction with policies through appropriate grievance channels or other civil means of communication;

6. Professional comments to any professional, managerial, supervisory or administrative staff, or to members of the Governing Body about patient care or safety;

7. Seeking legal advice or the initiation of legal action for cause; and

8. Expressing concern about a patient's care and safety;

Acceptable conduct is not subject to discipline under these bylaws.

2.4-2 Disruptive and Inappropriate Conduct

Disruptive and inappropriate Association member conduct at the Medical Center affects or could affect the quality of patient care at the Medical Center and includes:

1. Harassment by an Association member against any individual involved with the Medical Center (e.g., against another Association member, trainee, house staff, Medical Center employee or patient) on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical disability, age, marital status, gender or sexual orientation which has the purpose or direct effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.

2. "Sexual harassment" defined as unwelcome verbal or physical conduct of a sexual or gender-based nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physical harassment (such as unwelcome touching, assault, or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings, or posters). Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when (a) submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment; or (b) this conduct substantially interferes with the individual's employment or creates and/or perpetuates an intimidating, hostile, or offensive work environment. Sexual harassment also includes conduct which indicates that employment and/or employment benefits are conditioned upon acquiescence in sexual activities.

3. Deliberate physical, visual or verbal intimidation or challenge, including disseminating threats or pushing, grabbing or striking another person involved in the Medical Center;

4. Inappropriate conduct reasonably interpreted to be demeaning or offensive including, but not limited to:

   a. belittling or berating statements;

   b. name calling;

   c. use of profanity or disrespectful language;

   d. writing inappropriate comments in the medical record;

   e. blatant failure to respond to patient care needs or staff requests;

   f. deliberate refusal to return phone calls, pages or other messages concerning patient care or safety;

   g. deliberate lack of cooperation without good cause; and

   h. making degrading or demeaning comments about patients and their families, nurses, physicians, Medical Center personnel and/or the Medical Center.

   Such conduct when persistent can become a form of harassment;

5. Carrying a gun or other weapon in the Medical Center; and

6. Refusal or failure to comply with these member conduct requirements.

2.5 Association Conduct Complaints

All complaints or reports of conduct issues will be discussed and decisions made in executive session of the Executive Committee. Complaints or reports of disruptive and inappropriate conduct by Association members are subject to review whether or not the witness or complainant requests or desires action to be taken. Complaints or reports must be in writing, and will be transmitted to the Department Chair/Chief and President, or to the Association Staff officer designated by either the President or Executive Committee to handle the complaint and must include, to the extent feasible:

1. The date(s), time(s) and location of the alleged inappropriate or disruptive conduct;

2. A factual description of the alleged inappropriate or disruptive conduct;

3. The circumstances which precipitated the alleged incident;

4. The name and medical record number of any patient or patient's family member who was involved in or witnessed the alleged incident;

5. The names of other witnesses to the alleged incident;

6. The consequences, if any, of the alleged inappropriate or disruptive conduct as it relates to patient care or safety, or Medical Center personnel or operations; and

7. Any action taken to intervene in, or remedy, the alleged incident, including the names of those intervening.

2.5-1 Complaints are shared with the subject member, who will be given the opportunity to respond in writing. The Department Chair/Chief, in consultation with the President shall refer the matter immediately to the Well Being Committee for evaluation and monitoring and treatment if needed, if there is any indication that the member's health is implicated. The Department Chair/Chief, in consultation with the President shall determine if the complaint report is obviously specious and warrants no further action. If the Department Chair/Chief, in consultation with the President determines no action is warranted, the decision is reported

at the next Executive Committee in executive session, and may be discussed and acted upon at the request of any Executive Committee member with the support of the majority of the Executive Committee members present at that meeting.

2.5-2 Complaints not referred to the Well-Being Committee or not dismissed by the Department Chair/Chief, in consultation with the President are referred to the appropriate department for peer review committee evaluation and investigation, if needed. The decision will be forwarded to the Executive Committee. Any action taken shall be commensurate with the nature and severity of the conduct in question. Interventions should initially be non-adversarial in nature, if possible, with the focus on restoring trust, placing accountability on and rehabilitating the offending Association member, and protecting patient care and safety. The Association supports tiered, non-confrontational intervention strategies, starting with informal discussion of the matter with the appropriate division chief and/or Department Chair/Chief. Further interventions can include an apology directly addressing the problem, a letter of admonition, a final written warning, or corrective action pursuant to Article VI, if the behavior is or becomes disruptive. The use of summary suspension may be considered only where the member's disruptive behavior presents an imminent danger to the health of any individual. At any time rehabilitation may be recommended. If corrective action is decided by the Executive Committee, the members will be afforded hearing rights per Article VII. If the Executive Committee decides no further actions is necessary, the complaint will be closed and filed in the member's peer review file(s). If either the Department Chair/Chief or President is the subject of the complaint, then the Department /Chief and or President shall be recused and the role defined in this section shall be performed by Department Vice-Chair/Chief or the President-Elect, respectively.

2.6 Medical Center Staff Conduct Complaints

Association members' reports or complaints about the conduct of any Medical Center administrator, nurse or other employee, contractor, Governing Body member or others affiliated with the Medical Center must be reduced to writing and submitted to the President or any Association officer. The President shall forward the complaint or report to the appropriate Medical Center authority for action. Reports and complaints regarding Medical Center staff conduct will be tracked through the Attending Staff Office, which will report results of such results and complaints to the Executive Committee.

2.7 Abuse of Process

Retaliation or attempted retaliation against complainants or those who are carrying out Association duties regarding conduct will be considered inappropriate and disruptive conduct and could give rise to evaluation and corrective action pursuant to these bylaws.

ARTICLE III CATEGORIES OF ASSOCIATION MEMBERSHIP

3.1 Membership Categories

The Association membership shall be divided into:

1. Active Staff
2. Emeritus Staff
3. Honorary Staff
4. Medical Administrative Staff
5. Provisional Staff
6. Temporary Staff

3.2 Active Staff

3.2-1 Qualifications:

The Active Staff shall consist of practitioners who:

1. Engage in the minimum patient encounters established by the Department to demonstrate familiarity with proactive, protocol and safety procedures at the Medical Center, or if no Department minimum is established, a minimum average of five (5) patient encounter per year.

2. Regularly involved in the care of in excess of five (5) patients a year or possess qualifications as deemed important as determined by the Association.

3. At the time of initial appointment, physicians and specialty dentist members of the Active Staff shall have graduated from a residency training program accredited by the Accreditation Council on Graduate Medical Education and/or the Commission on Dental Accreditation and be certified by a specialty board that is under the purview of the American Board of Medical Specialties or be determined to possess the equivalent qualifications from another country or be an active specialty board candidate and have the recommendation of their department chair/chief for such status, provided that this requirement will not be applied to persons employed by the County as Civil Service employees on an hourly basis. Persons not fulfilling this requirement, including, without limitation, board certification, may apply for special consideration and must demonstrate that their education, training, experience, demonstrated ability, judgment and medical skills are equivalent to the level of proficiency evidenced by this requirement and otherwise meets the requirements of Association membership.

4. Generally, members of the Active Staff shall have satisfactorily completed their designated term in the Provisional Staff category.

3.2-2. **Prerogatives**: Members of the Active Staff who are in good standing shall:

1. Be entitled to admit and/or attend patients in the Medical Center, shall exercise only those clinical privileges clearly delineating their scope of practice and health services in the Medical Center, and shall assume all the functions and responsibilities of membership in the Association, including, where appropriate, teaching and consultation assignments; and

2. Be appointed to a specific department, and shall be eligible to vote, to hold office, and to serve on Association committees.

3.2-3 Transfer of Active Staff Members

After two (2) consecutive years in which a member of the active staff fails to regularly care for patients in the Medical Center or are regularly involved in medical staff functions as determined by the Association, the member shall be automatically transferred to the appropriate category, if any, for which the member is qualified.

3.3 Emeritus Staff

3.3-1 Qualifications: Practitioners who have been members of the Active Staff for twenty (20) years may apply for membership in the Emeritus Staff if, at the time of their retirement from the Active Staff , they are members in good standing of the Association and otherwise continue to exemplify high standards of professional and ethical conduct. The Executive Committee may waive the requirement for twenty (20) continuous years membership in the Active Staff upon written request from the appropriate department chair/chief with adequate justification.

3.3-2 Prerogatives: Emeritus Staff members shall be eligible to attend Association meetings and to serve on Association committees, and they may attend staff and department meetings including open committee meetings and educational programs. Emeritus Staff members shall not be eligible to apply for clinical privileges, to admit or attend patients, or to vote or hold office, and shall not be required to attend departmental meetings.

3.4 Honorary Staff

3.4-1 Qualifications: Practitioners who do not actively admit or attend patients in the Medical Center but are considered deserving of Association membership by virtue of their outstanding reputation, noteworthy contributions to the health and medical sciences, or previous long-standing service to the Medical Center, who continue to exemplify high standards of professional and ethical conduct and who are recommended for membership by the Executive Committee.

3.4-2 Prerogatives: Honorary Staff members shall be eligible to attend Association meetings and to serve on Association committees, and they may attend staff and department meetings including open committee meetings and educational programs. Honorary Staff members shall not be eligible to apply for clinical privileges, to admit or attend patients, or to vote or hold office, and shall not be required to attend department meetings.

3.5 Administrative Staff

3.5-1 Qualifications: Administrative staff category membership shall be held by any physician, who is not otherwise eligible for another staff category, and who is retained by the hospital or medical staff solely to perform ongoing medical administrative activities, and does not admit patients or exercise clinical privileges.

The administrative staff shall consist of members who:

(a) are charged with assisting the medical staff in carrying out medical-administrative functions;

(b) document their (1) current licensure, (2) adequate experience, education and training, (3) current professional competence, (4) good judgment, and (5) current physical and mental health status, so as to demonstrate to the satisfaction of the medical staff that they are professionally and ethically competent to exercise their duties;

(c) are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work cooperatively with others so as not to adversely affect their judgment in carrying out the quality assessment and improvement functions, and (3) to be willing to participate in and properly discharge those responsibilities determined by the medical staff.

3.5-2 Prerogatives All administrative staff shall be entitled to:

1. Attend open meetings of the medical staff and various departments and educational programs.

2. Administrative staff members shall not be eligible to hold office in the medical staff organization, admit patients or exercise clinical privileges.

3.6 Provisional Staff

3.6-1 Qualifications: The Provisional Staff shall consist of members who meet the general Association membership qualifications set forth in Article II, Section 2.2 and who immediately prior to their application and appointment were not members of the Association.

3.6-2 Prerogatives: Provisional Staff members shall be entitled:

1. to admit and/or attend patients, and to exercise those clinical privileges as are granted pursuant to Article V; and

2. to serve on Association committees, and to attend meetings of the Association and the department of which that person is a member, including open committee meetings and educational programs.

3. Provisional Staff members shall not have the right to vote at Association, committee and department meetings, except on certain committees if the right to vote is specified at the time of appointment. Provisional Staff members shall not be eligible

to hold office.

3.6-3 Observation and Proctoring: Provisional Staff members shall undergo a period of observation and proctoring by designated Association members. The purpose of observation and proctoring shall be to evaluate the member's: (1) proficiency in the exercise of clinical privileges provisionally granted and (2) overall eligibility for continued Association membership and advancement within Association membership categories.

3.6-4 Format: Observation and proctoring of Provisional Staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the Provisional Staff member, including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation, as approved by the Executive Committee. There should be a sufficient variety and number of cases monitored and evaluated depending upon the scope of clinical privileges requested. Appropriate records shall be maintained by the Medical Center's Attending Staff Office.

3.6-5 Evaluation: The results of the observation and proctoring shall be communicated by the department chair/chief to the Credentials and Privileges Advisory Committee. In making its recommendation, the department chair/chief and the departmental Credentials Committee, if any, may also consider the privileges exercised by the Provisional Staff member in other hospitals to include the Norris Cancer Hospital, Keck Hospital of USC, Children's Hospital of Los Angeles, other Los Angeles County Department of Health Services hospitals, and the hospital that is the Provisional Staff member's principal hospital for practice, if the latter is not one of the above. At least five (5) cases which are representative of and appropriate for the requested privileges should be monitored and evaluated. The failure to obtain approval under observation and proctoring for any requested clinical privilege shall not, by itself, preclude advancement in Association membership category. If such advancement is granted absent such approval, continued observation and proctoring on the unapproved clinical privilege shall continue for the time period specified by the Governing Body, upon recommendation of the department chair/chief, the Credentials and Privileges Advisory Committee and the Executive Committee.

3.6-6 Term: A member shall remain on the Provisional Staff for a period of not less than six (6) nor more than twenty-four (24) months.

3.6-7 Action at Conclusion: If the Provisional Staff member has satisfactorily demonstrated his or her ability to exercise the clinical privileges provisionally granted and otherwise appears qualified for continued Association membership, the member shall, upon recommendation of the Executive Committee based upon the report of the department chair/chief and the Credentials and Privileges Advisory Committee, be eligible for appointment by the Governing Body to the Active Staff. In all other cases, the appropriate department chair/chief shall advise the Credentials and Privileges Advisory Committee, which shall make its report to the Executive Committee, which, in turn, shall make its recommendation to the Governing Body, for a determination regarding any modification or termination of clinical privileges and Association membership.

3.6-8 Department Leaders: All requirements of Provisional Staff membership, except those related to observation and proctoring, shall be waived for persons appointed as chair of a department or division chief or head of a section who are eligible for direct appointment to the Active Staff.

3.7 Temporary Staff

3.7-1 Qualifications: The temporary staff shall consist of practitioners who do not actively practice at the hospital but are important resource individuals for medical staff quality assessment and improvement activities. Such persons shall be qualified to perform the functions for which they are made temporary members of the staff.

3.7-2 Prerogatives: Temporary medical staff members shall be entitled to attend all meetings of committees to which they have been appointed for the limited purpose of carrying out quality assessment and improvement functions. They shall have no privileges. They may not admit patients to the hospital or hold office in the medical staff organization. They may, however, serve on designated committees with or without vote at the discretion of the

Executive Committee. Finally, they may attend medical staff meetings outside of their committees, upon invitation.

3.8 Modification of Membership

On its own, upon recommendation of the Credentials and Privileges Advisory Committee, or pursuant to a request by a member under Article IV Section 4.4, the Executive Committee may recommend a change in the medical staff category of a member consistent with the requirements of the bylaws.

ARTICLE IV PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

4.1 Conditions and Duration of Appointment

4.1-1 General:

By applying to the Association for initial membership or renewal of membership (or, in the case of members of the Honorary or Emeritus staff, by accepting membership in that category), the applicant acknowledges responsibility to first review these bylaws and Association rules, regulations and policies, and agrees that throughout any period of membership that person will comply with the responsibilities of Association membership and with the bylaws, rules and regulations and policies of the Association as they exist and as they may be modified from time to time.

4.1-2 Authority of the Governing Body:

Initial appointments and reappointments to the Association shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or suspension or revocation of appointments only after there has been a recommendation from the Executive Committee as described in these bylaws, provided that in the event of unwarranted delay on the part of the Executive Committee, the Governing Body may act without such recommendation on the basis of documented evidence of the applicant's or Association member's professional and ethical qualifications obtained from reliable sources other than the Executive Committee, but the Governing Body may never grant full membership or privileges unilaterally.

4.1-3. Duration:

Initial appointments shall be provisional for a period of not less than six (6) nor more than twenty-four (24) months. At the conclusion of the provisional period, the appropriate department chair/chief and the Credentials and Privileges Advisory Committee shall recommend to the Governing Body through the Executive Committee, the removal of the Provisional Staff status and appointment to the Active Staff or any other appropriate membership category or the extension or termination of the appointment. The initial appointment and any reappointment shall each be for a period of not more than twenty-four (24) months.

4.2 Application for Appointment

4.2-1 Application Form:

All applications for appointment to membership in the Association shall be, in writing, shall be complete (or accompanied by an explanation of why answers are unavailable) and signed by the applicant. The application form shall be approved by the Executive Committee and shall require detailed information which shall include, but not be limited to, the following:

1. the applicant's qualifications, professional training and experience, current California licensure or Section 2113 certification, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications, if needed), experience, verification of identity and, if applicable, current insurance coverage as indicated in Article XVII, and other qualifications, including, but not necessarily limited to, privileges

requested, continuing education, and evidence of cardiopulmonary resuscitation training as may be required by each department;

2. the names of at least three persons who have had extensive experience in observing and working with the applicant in a clinical capacity within the prior 2 years and who can provide adequate peer references pertaining to the applicant's current professional competence, ethical character, and adequate physical and mental health status;

3. past or pending professional disciplinary action, whether the applicant's membership status and/or clinical privileges or any licensure or registration, and related matters have ever been voluntarily or involuntarily denied, revoked, suspended, reduced, or relinquished at any hospital or health care facility, adequate physical and mental health status;

4. whether the applicant's Drug Enforcement Administration certificate, or his or her license to practice any profession in any jurisdiction, has ever been voluntarily or involuntarily revoked, suspended, reduced, or relinquished;

5. whether the applicant's membership in local, state, or national medical societies has ever been involuntarily revoked, suspended, reduced, or relinquished;

6. whether any professional liability litigation involving the applicant has been to final judgment, has been settled, or is in progress;

7. whether there is any past, pending or current exclusion of the applicant as a provider to Medicare, Medi-Cal, Medicaid or from any federal health care program and;

8. requested membership category, department assignment and clinical privileges.

4.2-2 Burden of Producing Information:

In connection with all applications for appointment, the applicant shall have the burden of producing adequate information for a proper evaluation of his or her current competence, character, current adequate physical and mental health status, ethics, current California licensure or Section 2113 Certification, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications, if needed), professional training and experience, verification of identity and other qualifications for the membership category and clinical privileges requested, and, if applicable, the current insurance coverage as indicated in Article XVII, and for resolving any reasonable doubts about these matters and for satisfying all requests for information. The applicant's failure to fulfill this requirement, the applicant's withholding of any relevant information, or the applicant's submission of any inaccurate information, or his or her undue delay in doing so, shall be grounds for automatic withdrawal of the application. Without limitations, an applicant shall be deemed to have failed to sustain such burden if he fails to do so within one hundred eighty (180) days following submission of his or her application. In addition, the applicant may be required to submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee. The applicant may select the examining physician from an outside panel of three (3) physicians chosen by the Executive Committee.

4.2-3 Effect of the Application:

In addition to the matters set forth in Section 4.1-1, by applying for appointment to membership in the Association, each applicant thereby:

1. signifies his or her willingness to appear for interviews in regard to his or her application,

2. authorizes consultation with others who may have information bearing on his or her current competence, character, adequate physical and mental health status, ethics, qualifications and performance and authorizes such individuals and organizations to

candidly provide such information;

3. consents to an inspection and copying by the above of all records and documents that may be material to an evaluation of his or her professional qualifications and competence to carry out the clinical privileges he or she requests, as well as of his or her moral and ethical qualifications for membership and further authorizes all persons and organizations in custody of such records and documents to permit such inspection and copying,

4. releases from any liability to the fullest extent permitted, all persons including, the County of Los Angeles, the Association, the Professional Schools and their respective officers, employees or agents, for any of their acts performed in good faith and without malice in connection with evaluating the applicant and his or her credentials and other qualifications,

5. releases from any liability all persons and organizations that provide information to the above in good faith and without malice concerning the applicant, including otherwise privileged or confidential information, and

6. consents to the disclosure to other hospitals, medical associations, licensing boards, and other similar organizations any information regarding his or her professional or ethical standing that the Medical Center or Association may have, and releases the Medical Center and the Association from liability for so doing to the fullest extent permitted by law.

4.2-4 Requests for Additional Information:

Any committee or individual charged under these bylaws with responsibility of reviewing the appointment or reappointment application and/or request for clinical privileges may request further documentation or clarification. If the practitioner or member fails to respond within one month, the application shall be deemed withdrawn, and processing of the application or request may be discontinued. Unless the circumstances are such that a report to the Medical Board of California is required, such a withdrawal shall not give rise to hearing and appeal rights pursuant to Article VII.

4.2-5 Acceptance of Membership in the Association:

Acceptance of membership in the Association shall constitute the member's agreement of the following:

1. That he or she will strictly abide by the *Guiding Principles For Physicians-Hospital Relationships* of the California Medical Association as well as the *Code Of Medical Ethics* of the American Medical Association, the *Principles of Ethics and Code of Professional Conduct* of the American Dental Association, the *Code of Ethics* of the American Podiatry Association, whichever is applicable, or the *Ethical Principles of Psychotherapists* and *Code of Conduct* of the American Psychological Association .

2. That he or she will maintain an ethical practice, including, without limitation, refraining from illegal inducements for patient referral, providing for the continuous care of the applicant’s patients, seeking consultation whenever necessary, refraining from failing to disclose to patients when another surgeon will be performing the surgery, and refraining from delegating health services responsibility to non-qualified or inadequately supervised practitioners or residents.

3. If a requirement then exists for Association dues or fees, as determined by the Executive Committee, acknowledges responsibility for timely payment,

4. Pledges to be bound by the attending staff bylaws, rules and regulations and policies.

4.2-6 Dual Appointments:

An application for membership shall not be accepted for a primary appointment to a

department or for clinical privileges in a department other than that representing the specialty in which the applicant possesses credentials and qualifications, provided that this prohibition shall not exclude joint appointments to two departments if the appointments are recommended by the chairs and Credentials Committees, if any, of the two departments.

4.3 Initial Appointment Process

4.3-1 Verification of Information:

The applicant shall submit a completed application, including desired membership category and a specific list of desired clinical privileges, to the President and an advanced payment of Association staff dues and/or fees paid to the Association, as required. The Attending Staff Office Director shall be notified of the application, who shall direct the Medical Center's Association Attending Staff Office to verify, with primary sources whenever possible, the references, verification of identity, licensure status or other information submitted or in support of the application. The Association's authorized representative shall query the Medical Board of California and National Practitioner Data Bank regarding the applicant or member and submit any resulting information to the Credentials and Privileges Advisory Committee for inclusion in the applicant's or member's credentials file(s). The Attending Staff Director shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant. It shall be the applicant's responsibility to obtain all required information. When collection and verification of all information, including, without limitation, the report of the National Practitioner Data Bank, is accomplished, the application shall be considered complete and the Attending Staff Office Director shall transmit the application and all supporting materials to the chair of the department where the applicant would be assigned.

4.3-2 Department Action:

After receipt of the application, the chair or appropriate committee of each department to which the application is submitted, shall review the application and supporting documentation and may conduct a personal interview with the applicant at the chair's or committee's discretion. The department chair/chief may consult with the appropriate department chair/chief of the appropriate Professional School if that person is not the department chair/chief at the Medical Center, and the appropriate Dean of the Professional School concerning the application, and shall provide a signed statement recommending approval or disapproval. This statement shall be transmitted with the application to the departmental Credentials Committee, if any, of the department where the applicant would be assigned and shall be used in all further proceedings. The departmental Credentials Committee, if any, shall transmit its recommendation on the applicant to the department chair/chief. If either such statement or recommendation is adverse to the applicant, the statement or recommendation shall state the reasons. At timely intervals, not to exceed ninety (90) days after receipt of the completed application for membership, the department chair/chief shall review the information submitted to the Attending Staff Office Director and shall submit his or her recommendations to the Credentials and Privileges Advisory Committee. The chair or appropriate committee shall evaluate all matters deemed relevant to a recommendation, including information concerning the applicant's provision of services within the scope of privileges granted, his or her clinical and technical skills and any relevant data available from Medical Center performance improvement activities and shall transmit to the credentials committee a written report and recommendation as to membership and, if membership is recommended, as to membership category, department affiliation, clinical privileges to be granted, and any special conditions to be attached. The chair may also request that the Executive Committee defer action on the application.

1. In the event that the applicant or re-applicant is the department chair/chief, the vice-chair/chief or chair of the department credentials committee, if any, shall act upon the application.

4.3-3 Credentials and Privileges Advisory Committee Action:

The Credentials and Privileges Advisory Committee shall receive the departmental recommendations, review the application, evaluate and verify the supporting documentation and other relevant information. The Credentials and Privileges Advisory Committee may

elect to interview the applicant and seek additional information. As soon as practicable, the Credentials and Privileges Advisory Committee shall make specific, written recommendations for membership and if membership is recommended, as to membership category, department affiliation and delineating the applicant's clinical privileges in the department, and these recommendations shall be made a part of the Committee's report to the Executive Committee. Every other department in which the applicant seeks clinical privileges shall provide the Credentials and Privileges Advisory Committee with specific, written recommendations for delineating the applicant's clinical privileges in the particular department, and these recommendations shall be made a part of the Credentials and Privileges Advisory Committee's report to the Executive Committee. A written record of the department's review shall be confidentially maintained by the Association's Attending Staff Office. Based on the above deliberations, the Credentials and Privileges Advisory Committee shall transmit to the Executive Committee, the completed application together with supporting documents and the report and recommendations of the Credentials and Privileges Advisory Committee. Where adverse action in the form of rejection of the application or limitation of the privileges requested or deferment is recommended, the reasons for such recommendation shall be stated along with the recommendation.

4.3-4 Executive Committee Action:

At its first regular meeting following receipt of the application and the report and recommendations of the department(s) and Credentials and Privileges Advisory Committee, the Executive Committee shall consider the report and any other relevant information. The Executive Committee may request additional information, return the matter to the Credentials and Privileges Advisory Committee for further investigation, which shall be provided to the Executive Committee within forty-five (45) days, and/or elect to interview the applicant. The Executive Committee shall determine whether to recommend to the Governing Body, through the Chief Medical Officer and Chief Executive Officer, that the applicant be provisionally appointed to the Association, with the clinical privileges requested and any special conditions to be attached, that adverse action be taken on the application in the form of rejection of the application or limitation of the privileges requested, or that the application be deferred for further consideration. The Executive Committee may, in its discretion, refer the application and all supporting and relevant documents back to the Credentials and Privileges Advisory Committee for a recommendation, which shall be provided to the Executive Committee within sixty (60) days. The reasons for each recommendation shall be stated.

4.3-5 Effect of Executive Committee Action:

1. **Defer:** When the recommendation of the Executive Committee is to defer the application for further consideration, the reasons for deferment should be stated, and the recommendation must be followed up within sixty (60) days with a subsequent recommendation for appointment with specified clinical privileges or for rejection of Association membership.

2. **Favorable:** When the recommendation of the Executive Committee is favorable to the applicant, this recommendation shall promptly be forwarded to the Governing Body.

3. **Adverse:** When the recommendation of the Executive Committee is adverse to the applicant either in respect to appointment or clinical privileges, the Executive Committee shall also assess and determine whether the adverse recommendation is for a "medical disciplinary" cause or reason. A medical disciplinary action is one taken for cause or reason that involves that aspect of a practitioner's current competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care. After such adverse determination, the President shall promptly so notify the applicant by certified mail, return receipt requested, of his or her hearing rights under Article VII.

4.3-6 Governing Body's Action on the Application:

1. **Defer**: The Governing Body may accept the recommendation of the Executive Committee or may refer the matter back to the Executive Committee for further

consideration, stating the purpose for such referral and setting a reasonable time limit for making a subsequent recommendation.

2. **Favorable:** Within fifteen (15) days after the receipt of a favorable recommendation by the Executive Committee, the Governing Body shall act on the matter and shall affirm the recommendation of the Executive Committee if the Executive Committee's decision is supported by substantial evidence or automatically after thirty (30) days if no action is taken by the Governing Body. In the latter event, the Governing body shall be deemed to have affirmed the Executive Committee's recommendation. If the Governing Body concurs with the recommendation of the Executive Committee, the Governing Body's decision shall be final.

3. **Adverse:** If the Governing Body's tentative decision is adverse to the applicant in respect to either appointment or clinical privileges, the Governing Body shall promptly notify him or her of such tentative adverse decision by certified mail, return receipt requested, and such adverse decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived his or her rights under Article VII.

4.3-7. Exercise of Applicant's Rights

In the event the applicant waives or fails to exercise his or her rights under Article VII, the Governing Body's decision shall be considered final, except that the Governing Body may defer final determination by referring the matter to the Executive Committee for reconsideration. Any such referral back shall state the reasons therefor and shall set a time limit not to exceed sixty (60) days within which a subsequent recommendation to the Governing Body shall be made. After receipt of such subsequent recommendation and new evidence in the matter, if any, the Governing Body shall make a decision either to appoint the applicant to Association membership or to reject him or her for membership. All decisions to appoint shall include a delineation of the clinical privileges which the appointee may exercise.

4.3-8. Decision Contrary to Executive Committee Recommendation:

Whenever the Governing Body's decision is contrary to the recommendation of the Executive Committee, the Governing Body shall submit the matter to a committee comprised of the Chief Medical Officer, the CEO, the President, and the department chair/chiefs) involved for review and recommendation and shall consider such recommendation before making their decision final. Such committee shall report back to the Governing Body within fifteen (15) days with its recommendation, and the Governing Body shall render a decision within fifteen (15) days after his or her receipt of such recommendation.

4.3-9 Expedited Processing:

For applicants to the Temporary Staff, an expedited process of appointment may be implemented if the President, with concurrence by the chair of the department most relevant to the applicant's credentials, recommends the applicant's appointment and the Governing Body concurs in that recommendation. Although an applicant to the Temporary Staff may have been appointed through this expedited process, his or her application shall still be processed through the Executive Committee.

Applicants are ineligible for expedited processing if, at the time membership may be granted, any of the following has occurred:

1. The applicant submits an incomplete application.

2. There is a current challenge or previously successful challenge to licensure.

3. The applicant has received an involuntary termination of medical staff membership at another organization.

4. The applicant has received involuntary limitation, reduction, denial, suspension or loss of medical privileges.

4.3-10 Notice of Final Decision:

When the Director's decision is final, he or she shall send special notice of such decision to the President of the Association, the Executive Committee, to the chair of the department(s) concerned, Chief Medical Officer, CEO and to the applicant, which special notice shall be sent to the applicant by registered mail, return receipt requested, if there is an adverse decision.

4.3-11 Reapplication After Adverse Decision:

Any applicant whose application receives a final adverse decision either by the Director or under Article VII if the applicant requests a hearing, regarding membership appointment or clinical privileges shall not be eligible to reapply for Association membership or for the rejected clinical privileges for a period of two (2) years from the date of the final adverse decision of the prior application. Any such reapplication shall be processed as an application for initial appointment. In the reapplication, the applicant shall submit such additional information as may be requested to demonstrate that the basis for the previous adverse decision no longer exists.

4.4 Reappointment Process

4.4-1. Application Submission:

Applications reappointment shall be considered in a timely manner by all persons and committees required by these bylaws to act thereon. While special or unusual circumstances may constitute good cause and warrant exceptions, the following maximum time period provide a guideline for routine processions of applications. At least one hundred fifty (150) days prior to the end of each Association member's period of appointment, a reappointment application form and a clinical privileges form shall be mailed, delivered or notified that the forms are electronically available to the member. Within thirty (30) days after receipt, and in no event later than ninety (90) days prior to the end of the member's current period of appointment, the member shall complete such forms and submit same to the President through the Attending Staff Office Director for transmission to the appropriate department chair/chief and departmental Credentials Committee, if any, and the Credentials and Privileges Advisory Committee. If an application for reappointment is not received at least thirty (30) days prior to the expiration date, written notice shall be promptly sent by the Association Office to the member advising that the application has not been received and that membership will expire on the expiration date.

4.4-2 Application Information and Verification:

Reappointment applications forms shall include all information necessary to update and evaluate the qualifications of the applicant including but not limited to, the matters set forth in Section 4.2 of this Article IV, as well as other relevant matters and shall require information concerning changes in physical and mental health status and other qualifications of the member since the previous review of the member's qualifications. Upon receipt of the application the information shall be processed and verified as set forth in Section 4.3-1 of this Article IV.

4.4-3 Burden of Producing Information:

In connection with all applications for reappointment, the applicant shall have the burden of producing adequate information for a proper evaluation of his or her current competence, character, adequate physical and mental health status, ethics, current California licensure or Section 2113 Certification, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications, if needed), professional training and experience, verification of identity and other qualifications for the membership category and clinical privileges requested, and, if applicable, the current insurance coverage as indicated in Article XVII,

and for resolving any reasonable doubts about these matters and for satisfying all requests for information. The applicant's failure to fulfill this requirement, the applicant's withholding of any relevant information, or the applicant's submission of any inaccurate information, or his or her undue delay in doing so, shall be grounds for automatic withdrawal of the application. In addition, the applicant may be required to submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee. The applicant may select the examining physician from an outside panel of three physicians chosen by the Executive Committee.

4.4-4 Department and Credentials Committee Action:

Within forty-five days (45) after receipt of such forms from the Association member, the department chair/chief and departmental Credentials Committee, if any, shall review the information submitted in such forms and other pertinent information available on such member and shall submit its recommendation, regarding reappointment to the Association and the granting of clinical privileges for the ensuing two (2)-year period, to the Credentials and Privileges Advisory Committee for review. After such review, the Credentials and Privileges Advisory Committee shall thereafter transmit final written recommendation to the Executive Committee. This review shall also include an assessment of the member's professional performance, current competence, and clinical and/or technical skills, and judgment in the treatment of patients. The review by the department chair/chief and the departmental Credentials Committee, if any, shall also include an assessment of the information collected in the course of the Medical Center's Quality Improvement Program and risk management activities relevant to the member's performance, as well as practitioner-specific information regarding professional performance. Each department shall develop and monitor the practitioner-specific information and compare this data to relevant benchmarks.

4.4-5 Executive Committee Action:

At its first regular meeting following receipt of the recommendation of the Credentials and Privileges Advisory Committee, the Executive Committee shall consider the report and any other relevant information. The Executive Committee may request additional information, return the matter to the Credentials and Privileges Advisory Committee for further investigation, which shall be provided to the Executive Committee within forty-five (45) days, and/or elect to interview the applicant. The Executive Committee shall submit its written recommendations to the Governing Body, through the Chief Medical Officer, and CEO, concerning the reappointment, non-reappointment, and/or clinical privileges of each member then scheduled for periodic appraisal. Where non-reappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented. Thereafter, the procedures provided in 4.3-5 through 4.3-11 of this Article IV relating to recommendations on applications for initial appointment shall be followed.

4.4-6 Failure to File Reappointment Application:

If a member fails to submit an application for reappointment, completed in accordance with this Section 4, within thirty (30) days past the date that it was due, prior to the expiration of his or her period of appointment, he or she shall be deemed to have voluntarily resigned his or her Association membership and all clinical privileges upon the expiration of his or her current period of appointment. In the event membership terminates for the reasons set forth herein, the procedures set forth in Article VII shall not apply.

4.5 Change in Membership Category or Clinical Privileges

Any Association member who, prior to his or her application for reappointment, requests a change in his or her membership category or clinical privileges shall submit an application in writing on the prescribed form at any time, except that no such application shall be submitted within twelve (12) months of the date a similar request was denied. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 4.2 and 4.3 of this Article IV.

4.6 Leave of Absence

4.6-1 Leave Status

At the discretion of the Executive Committee, an Association member may obtain a voluntary leave of absence from the staff upon submitting a written request to the medical executive committee stating the approximate period of leave desired, which may not exceed one (1) year. During the period of the leave, the member shall not exercise clinical privileges at the Medical Center, and membership rights and responsibilities shall be inactive, but the obligation to pay dues, if any, shall continue, unless waived by the Association.

4.6-2 Termination of Leave

At least thirty (30) days prior to the termination of the leave of absence, or at any earlier time, the Association member may request reinstatement of privileges by submitting a written notice to that effect to the Executive Committee. The Association member shall submit a summary of relevant activities during the leave, if the Executive Committee so requests. The Executive Committee shall make a recommendation concerning the reinstatement of the member's privileges and prerogatives, and the procedure provided in Section 4.4 of this Article IV shall be followed.

4.6-3 Failure to Request Reinstatement

Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Association and shall result in automatic termination of membership, privileges, and prerogatives. A member whose membership is automatically terminated shall be entitled to the procedural rights provided in Article VII for the sole purpose of determining whether the failure to request reinstatement was unintentional or excusable, or otherwise. A request for Association membership subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial membership.

4.6-4 Medical Leave of Absence

The Executive Committee shall determine the circumstances under which a particular Association member shall be granted a leave of absence for the purpose of obtaining treatment for a medical condition or disability. In the discretion of the Executive Committee, unless accompanied by a reportable restriction of privileges, the leave shall be deemed a "medical leave" which is not granted for a medical disciplinary cause or reason.

4.6-5 Military Leave of Absence

Requests for leave of absence to fulfill military service obligations shall be granted upon written notice and review by the Executive Committee. Reactivation of membership and clinical privileges previously held shall be granted, notwithstanding the provisions of Sections 4.6.2 and 4.6-3 of this Article IV, but may be granted subject to monitoring and/or proctoring as determined by the Executive Committee.

ARTICLE V CLINICAL PRIVILEGES

5.1 Delineation of Clinical Privileges

5.1-1 Exercise of Privileges:

Every practitioner who practices at the Medical Center by virtue of Association membership or otherwise, shall be entitled to exercise only those clinical privileges specifically granted to him or her by the Governing Body, except as provided in Section 5.2, 5.4 and 5.5 of this Article V after having the consideration of the Association. All clinical privileges shall be hospital and site specific, shall be within the scope of the license to practice in the State of California and consistent with any restrictions thereon, and shall be subject to the rules and regulations of the department and the authority of the department chair/chief and the Association.

5.1-2 Evaluation of Requested Privileges:

Every initial application for appointment and every application for reappointment to Association membership must contain a request for specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon documentation and verification of, with primary sources whenever possible, the applicant's education, training, experience, demonstrated current professional competence, and judgment, clinical performance at the Medical Center, the documented results of patient care and other quality review and monitoring which the Association deems appropriate, and other relevant information. Privilege determination may also be based on pertinent information concerning clinical performance obtained from other hospitals and health care settings where the applicant exercises clinical privileges, and references. It shall be the applicant's responsibility to obtain all required information. The applicant shall have the burden of establishing his or her qualifications and competency in the requested clinical privileges. The department chair/chief and departmental Credentials Committee, if any, shall review the information submitted and shall make their recommendation regarding the requested clinical privileges through the Credentials and Privileges Advisory Committee, which shall review such recommendation and shall transmit its written recommendation to the Executive Committee. Thereafter, the procedure to be followed shall be as provided in Section 4.3-5 through 4.3-11 of Article IV. No specific privilege may be granted to a member if the task, procedure or activity constituting the privilege is not available within the Medical Center despite the member's qualifications or ability to perform the requested privilege. A. members granted new clinical privileges shall be subject to a period of proctoring as described in Section 5.3 of this Article V.

5.1-3 Modification of Privileges:

On its own, upon recommendation of the credentials committee, or pursuant to a request under Section 4.5, the Executive Committee may recommend a change in the clinical privileges of a member. The Executive Committee may also recommend that the granting of additional privileges to a current medical staff member be made subject to monitoring in accordance with procedures similar to those outlined in Section 5.3. Applications for additional clinical privileges shall be in writing on the prescribed form. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 4.2 and 4.3 of Article IV.

5.1-4 Reevaluation of Privileges:

Periodic reevaluation of clinical privileges and the increase or curtailment of same shall be based, in part, upon the observation of health services provided, review of the records of patients treated in the Medical Center and other hospitals, and review of the records of the Association which document the evaluation of the member's participation in health services delivery and shall be carried out as part of the regular reappointment process.

5.1-5 Admitting Privileges:

Privileges to admit patients must be specifically requested and can be granted only to qualified practitioners meeting the clinical criteria for admitting privileges. Admitting privileges are not limited and shall not be exclusive to Medical Center employees, members with Medical Center contracts, or to any single specialty.

5.1-6 Cross-Specialty Privileges:

Any request for clinical privileges that are either new to the Medical Center or that overlap more than one department shall initially be reviewed by the appropriate departments for appropriateness of the new procedure or services. The Executive Committee, through the Credentials and Privileges Advisory Committee, shall facilitate the establishment of Medical Center-wide credentialing criteria for new or trans-specialty procedures, with the input of all appropriate departments, with a mechanism designed to ensure that quality patient care is provided for by all individuals with such clinical privileges. In establishing the criteria for such clinical privileges, the Executive Committee may establish an ad-hoc committee with representation from all appropriate departments. Such Medical Center-wide credentialing criteria shall be submitted to the Credentials and Privileges Advisory Committee for recommendation to the Executive Committee.

5.1-7 Privileges for Dentists and Oral and Maxillofacial Surgeons:

Privileges granted to duly licensed dentists and oral and maxillofacial surgeons shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist and oral and maxillofacial surgeon may perform shall be specifically delineated and granted in the same manner as all surgical privileges. A history and physical of all dental patients covering the area of concern shall be performed by the admitting dentist or oral and maxillofacial surgeon. All dental patients shall receive the same medical appraisals by a physician as patients admitted to other surgical services, except that qualified oral and maxillofacial surgeons who admit patients without medical problems may perform the history and physical examination on these patients, if such oral and maxillofacial surgeons have such privileges, and may assess the medical risks of the proposed surgical procedures. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization or any other time at the Medical Center, and such physician member's judgment in this regard shall take precedent over the judgment of the dentist member.

5.1-8 Privileges for Podiatrists:

Privileges granted to duly licensed podiatrists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of medical or surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as other medical or surgical privileges. Procedures performed by podiatrists shall be under the overall supervision of the chair of the Department of Orthopedics. All podiatry patients shall receive the same medical appraisals by a physician as patients admitted to other medical or surgical services. When a podiatrist who has not been granted privileges to perform a history and physical examination, cares for a patient admitted to the Medical Center, a physician member of the Association who has been granted privileges to perform a history and physical examination, shall do so. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization or any other time at the Medical Center, and such physician member's judgment in this regard shall take precedent over the judgment of the podiatrist member.

5.1-9 Privileges for Clinical Psychologists:

Privileges granted to duly licensed clinical psychologists shall be based on their training, experience, and demonstrated current competence and judgment and shall not include the prescribing of any medications. In making its recommendation, the Executive Committee may consider the need for clinical psychological services which are either not presently being provided by other members of the Association or which may be provided in the Medical Center without disruption of existing services. The scope and extent of services that each clinical psychologist may perform shall be specifically delineated and granted within any guidelines set forth by the Executive Committee. Psychologist services shall be under the overall supervision of the Chief, Division of Psychology in the Department of Psychiatry. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

5.1-10 Dissemination of Privilege List:

Documentation of current privileges shall be disseminated to, or otherwise immediately accessible electronically to, the Medical Center’s Nursing Office, the Operating Room, diagnostic/therapeutic procedure areas, nursing stations for all inpatient units, and such other patient care areas as necessary to maintain an up-to-date listing of privileges for purposes of scheduling and monitoring to assure that practitioners are appropriately privileged to perform all services rendered.

5.2 Temporary Clinical Privileges

Temporary privileges are allowed under two circumstances only: to permit patient care to be

provided while an application is pending and to address a patient care need.

5.2-1 Pending Application for Association Membership:

1. **Application Process:** Upon receipt of a completed application for Association membership as required in Section 4.3-1, including, without limitation, desired membership category and a specific list of desired clinical privileges, and supporting documentation from a physician, dentist, podiatrist, clinical psychologist authorized to practice in California, the chief executive officer with the written concurrence of the chair of the concerned department and the President, an application may be granted temporary clinical privileges. Prior to such written concurrence by the President, the President, as applicable, must be provided a written recommendation from the concerned department chair/chief of the Association and from the chair of the appropriate department of the appropriate Professional School if that person is different from the chair of the department of the Association.

2. **Supervision of Department Chair/Chief**: In exercising such temporary clinical privileges, the applicant shall act under the supervision of the chair of the department to which he or she is assigned.

3. **Duration**: Such temporary clinical privileges should not exceed one hundred and twenty (120) days in duration.

5.2-2 Patient Care Need by Non-Applicant for Association Membership:

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, the CEO or designee may, with the written concurrence of the chair of the concerned department and the President, grant temporary clinical privileges to fulfill an important patient care need to the practitioner who is not an applicant for Association membership, after verification of his or her current California licensure, or Section 2113 Certification current state drivers license or passport or equivalent identification, current Drug Enforcement Administration certificate (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), National Practitioner Data Bank report, status as non-excluded as a provider of services to Medicare, Medicaid and other federal programs experience, and demonstrated current competence, at least three (3) reference who has recently worked with the applicant, has directly observed the applicant's professional performance over a reasonable time; and provides reliable information regarding the applicant's current professional competence to perform the privileges requested, ethical character, and ability to work well with others so as not to adversely affect patient care and other qualifying information submitted by primary sources, whenever possible. Such temporary privileges should not exceed a period of ninety (90) days in duration.

5.2-4 Visiting Professors:

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, the CEO or designee may, with the written concurrence of the chair of the concerned department and the President , grant temporary privileges, for the sole purpose of engaging in consultations or in professional education lectures, clinics or demonstrations, to a visiting faculty member who is a physician and who is not an applicant for Association membership. Visiting faculty shall consist of faculty members of other universities who are visiting the Professional Schools. Visiting faculty requesting such temporary clinical privileges shall submit to the President through the Attending Staff Office Director a copy of the applicant's appropriate current license to practice or Section 2113 Certificate and current Drug Enforcement Administration certificate (for physicians, in order to qualify for certain privileges to prescribe restricted medications, if needed), status as non-excluded as a provider of services to Medicare, Medicaid and other federal programs, and a written recommendation from the chair of the appropriate department stating the applicant's credentials and qualifications and the teaching purpose for which such temporary clinical privileges are requested. The CEO or designee may, upon recommendation of the President, grant temporary clinical privileges to a duly licensed visiting faculty member to the degree permitted by his or her license for a period not to

exceed thirty (30) days in duration, provided that all of his or her credentials and qualifications and the teaching purpose for which such temporary clinical privileges are requested have first been approved in writing by the chair of the concerned department.

1. For out-of-state practitioners who are guests of the Professional School and Medical Center by invitation and whose purpose is to engage in professional education through lectures, clinics or demonstrations, in accordance with Section 2060 of the California Business and Professions Code, such practitioners must be licensed in the state or country of their residence and must submit to the Association Office a request for temporary privileges for the specific activities desired. After verification of the same information as required in paragraph 1 of this Article V, Section E as applicable, including current licensure in the state or country of their residence and with the concurrence of the President and the chair of the concerned department, the CEO or designee may grant such visiting faculty temporary clinical privileges to perform the desired activities.

5.2-5 Monitoring:

Special requirements of supervision, observation, and reporting may be imposed by the chair of the concerned department on any practitioner granted temporary clinical privileges. Temporary clinical privileges shall be immediately terminated by the Director upon special notice of any failure by the practitioner to comply with any such special requirements.

5.2-6 Termination:

Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated or suspended under Article VI and VII of these bylaws. An applicant's temporary privileges shall automatically terminate if the applicant's initial membership application is withdrawn. The chair of the appropriate department shall assign a member of the Association to assume responsibility for the care of such terminated practitioner's patient(s), until they are discharged from the Medical Center. The wishes of the patient(s) shall be considered where feasible in selection of such substitute practitioner.

5.2-7 Applicant's Acknowledgment:

Each practitioner applying for temporary clinical privileges must sign an acknowledgment of having received and read the Association's current bylaws, rules, regulations, and applicable policies and the practitioner's agreement to be bound by their terms.

5.3 Proctoring

5.3-1 Department Role:

Except as otherwise determined by the Executive Committee, all initial members to the Association and all members granted new clinical privileges shall be subject to a period of proctoring. Each member or recipient of new clinical privileges shall be assigned to a department where performance on an appropriate number of cases as established by the Executive Committee, or department as designee of the Executive Committee, shall be observed by the department chair/chief or the chair's designee during the period of proctoring specified in that department's rules and regulations, to determine suitability to continue to exercise the clinical privileges granted in that department. The exercise of clinical privileges in any other department shall also be subject to direct observation by that department's chair or the chair's designee. Unless otherwise provided by the department, at least six (6) cases consisting of a sufficient variety and number of cases monitored and evaluated to be representative of the entire scope of requested privileges and must include at least one (1) in each clinical bundle the applicant requests. Proctoring includes, but is not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. At the discretion of the department chair, not every clinical privilege bundle needs to be complete to advance the member from Provisional to Active or Consulting status. Proctoring in those bundles until complete or withdrawn due to lack of activity in a total of two (2) reappointment cycles. Appropriate records shall be maintained by the department. The results of the proctoring and observation shall be submitted by the department chair to the Credentials Committee.

5.3-2 Advancement from Provisional Staff:

The member shall remain subject to such proctoring until the Executive Committee has been furnished with:

1. a report signed by the chair of the department(s) to which the member is assigned describing the types and numbers of cases observed and the evaluation of the applicant's performance, a statement that the applicant appears to meet all of the qualifications for unsupervised practice in that department, has discharged all of the responsibilities of Association membership, and has not exceeded or abused the prerogatives of the category to which membership was granted; and

2. a report signed by the chair of the other department(s) in which the member may exercise clinical privileges, describing the types and number of cases observed and the evaluation of the applicant's performance, and a statement that the member has satisfactorily demonstrated the ability to exercise the clinical privileges initially granted in those departments:

5.3-3 Failure to Successfully Complete Proctoring:

If a new member fails within the time of provisional membership to furnish the certification required, or if a member exercising new clinical privileges fails to furnish such certification within the time allowed by the department, those specific clinical privileges shall automatically terminate, and the member shall be entitled to a hearing, upon request, pursuant to Article VII.

5.3-4 Advancement with Continued Proctoring:

The failure to obtain certification for any specific clinical privileges shall not, of itself, preclude advancement in Association category of any member. If such advancement is granted absent such certification, continued proctorship on the uncertified procedure shall continue for the specified time period.

5.4 Emergency Clinical Privileges

5.4-1 In case of emergency involving a particular patient, any practitioner who is a member of the Association with clinical privileges and to the degree permitted by the scope of his or her license and regardless of service or Association status or lack of same or clinical privileges, shall be permitted and assisted to do everything possible to save the life of a patient or to save the patient from serious harm, using every facility of the Medical Center necessary, including, but not limited to, calling for any consultation necessary or desirable. The member shall make every reasonable effort to communicate promptly with the department chair/chief concerning the need for emergency care and assistance by members of the Association with appropriate clinical privileges, and once the emergency has passed or assistance has been made available, shall defer to the department chair with respect to further care of the patient at the Medical Center. Such persons shall promptly yield such care to qualified members of the medical staff when it becomes reasonably available.

5.4-2 When an emergency situation no longer exists, the emergency privileges of such physician, podiatrist, dentist or clinical psychologist shall automatically terminate. In the event such privileges are denied or he or she does not desire to request privileges, the patient shall be assigned to an appropriate member of the Association.

5.4-3 For the purpose of this section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger.

5.5 Disaster Privileges

5.5-1 In the case of a disaster in which the disaster plan has been activated and the hospital is unable to handle the immediate patient needs, the President, or in the absence of the President, the President-Elect, Chief Medical Officer, Department Chair/Chief(s) or the CEO or designee may grant disaster privileges. The granting of privileges under this subsection

shall be on a case-by-case basis at the sole discretion of the individual(s) authorized to grant such privileges. An initial grant of disaster privileges is reviewed by a person authorized to grant disaster privileges within 72 hours to determine whether the disaster privileges should be continued.

5.5-2 The verification process of the credentials and privileges of individuals who receive disaster privileges under this subsection shall be developed in advance of a disaster situation. This process shall begin as soon as the immediate disaster situation is under control, and shall follow the process as delineated in the Medical Center's disaster plan in order to fulfill important patient care needs.

5.5-3 Members of the medical staff shall oversee those granted disaster privileges

5.6 History and Physical Privileges

5.6-1 Histories and physicals can be conducted or updated and documented only pursuant to specific privileges granted to qualified physicians and other practitioners who are members of the Association or have been granted such privileges through the Interdisciplinary Practices Committee or have been granted temporary privileges.

5.6-2 Every patient receives a history and physical that is performed and documented within twenty-four (24) hours after admission, unless a previous history and physical performed within thirty (30) days of admission (or registration if an outpatient procedure) is on record, in which case that history and physical will be updated within twenty-four (24) hours after admission. If the patient is having surgery or a procedure requiring anesthesia and/or moderate sedation within the first twenty-four (24) hours after admission, the admission history and physical or update must be performed and documented prior to the surgery or procedure requiring anesthesia.

5.7 Telemedicine Privileges

5.7-1 Definition of Telemedicine

Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care to patients located at a distant site. Practitioners who render a diagnosis or otherwise provide clinical treatment to a patient at this Medical Center by telemedicine are subject to the Association credentialing and privileging processes.

5.7-2 Services

Services provided by telemedicine shall be identified by each specific department.

5.7-3 Qualification for Privileges to Provide Services Via Telemedicine

In order to qualify for telemedicine privileges, the practitioner must meet all the requirements set forth in the Bylaws and Rules for privileges (either temporary or granted in connection with membership).

5.8 Lapse of Application

If an Association member requesting a modification of clinical privileges fails to furnish the information necessary to evaluate the request, in a timely manner, the application shall automatically lapse, and the applicant shall not be entitled to a hearing as set forth in Article VII.

ARTICLE VI EVALUATION AND CORRECTIVE ACTION

6.1 Peer Review

Peer review, fairly conducted, is essential to preserving the highest standards of medical practice.

6.1-1 Evaluations of Applicants

All applicants are evaluated for membership and privileges using only those medical staff peer review criteria adopted consistent with these bylaws, and applied exclusively through the processes established in these bylaws.

6.1-2 Ongoing Professional Practice Evaluation

1. **Members are Subject to Evaluation:** All members are subject to evaluation based on Association peer review criteria, adopted consistent with these bylaws. Evaluation results are used in privileging, system improvement, and when warranted, corrective action.

2. **Peer Review Criteria**: Departments shall develop and routinely update peer review criteria based on current practices and standards of care, which shall be the sole criteria used in evaluating those applying for membership and privileges and the performance of members and privileges holders. "Patient satisfaction" survey responses shall not be used to evaluate professionals for membership or privileging unless the methodology used is considered reliable by the Association.

Included in the departmental peer review criteria are the types of data to be collected for evaluation. At a minimum, departments shall, where relevant, collect and evaluate department members' data pertaining to:

a.. Operative and other clinical procedure(s) performed and their outcomes

b. Pattern of blood and pharmaceutical usage

c. Requests for tests or procedures

d. Patterns of length of stay

e. Use of consultants and

f. Morbidity and mortality

Department criteria are subject to the approval of the Executive Committee. Approved criteria as updated are made known and accessible to all members.

3. **The circumstances requiring peer review** of individual cases shall include, but not limited to, cases of:

a. significant patient injury or death;

b. critical clinical events reported to Risk Management;

c. unexpectedly adverse outcomes given severity of illness;

d. performance of a procedure for an inappropriate reason;

e. failure to follow Association policy, rules and regulations or bylaws with potential harm to a patient;

f. significant patient or staff complaint or grievance concerning an individual patient;

g. disruptive or inappropriate conduct or activities as described in these bylaws;

h. patient care concerns by a third-party payers or regulatory agencies; and

i. specific cases meeting the provider's departmental and/or Medical Center-wide quality improvement clinical indicators.

6.1-3 Focused Professional Practice Evaluation

1. Definition: Focused professional practice evaluation (FPPE) is a process initiated when the conclusions from individual case review or ongoing professional practice evaluation raises questions or concerns regarding a practitioner's ability to provide safe, high quality patient care. The proctoring program, for initial and new privileges, is a component of the FPPE process.

FPPE is not considered an investigation as defined in these Bylaws and is not subject to the requirements and procedures of the investigation process. If an FPPE results in a subsequent plan to perform an investigation, the process outlined in Section 6.2 of this Article VI shall be followed.

2. Initiation: FPPE is initiated when any of the following criteria are met:

When an Association member has been granted initial privileges or an existing Association member has been granted new privileges or is returning from a leave of absence. The proctoring policies described in these Bylaws and in individual department policies will be followed;

3. Initial Members: All initial grants of privileges shall be subject to focused professional practice evaluation under these bylaws and otherwise reviewed for compliance with the relevant departmental peer review criteria.

4. All Members: All members and privilege holders not otherwise subject to initial review are reviewed for compliance with the relevant department peer review criteria on an on-going basis. In addition to information gathered under routine screening, determined by the department, such as periodic health record review, proctoring, monitoring of diagnostic and treatment techniques, and discussions with other professionals, complaints and concerns are analyzed in light of the department peer review criteria. Peer review analysis shall be conducted and reported using mechanisms determined by the department no less than annually. Members are kept apprised of reviews of their performance. Performance monitoring, corrective action or other measures are implemented or recommended.

6.1-4 External Peer Review

External peer review may be used to inform Association peer review as delineated under these bylaws. The Credentials and Privileges Advisory Committee or the Executive Committee, upon request from a Department or upon its own motion, in evaluating or investigating an applicant, privileges holder, or member, may obtain external peer review in the following circumstances:

1. Committee or department review(s) that could affect an individual's membership or privileges do not provide a sufficiently clear basis for action;

2. No current Association member can provide the necessary expertise in the clinical procedure or area under review;

3. To promote impartial peer review; and

4. Upon the reasonable request of the practitioner.

6.1-5 Results of Review

Information resulting from ongoing peer review of members according to the relevant department criteria and analyzed by the process established in these bylaws must be acted upon. The Association officers, department and committees may counsel, educate, issue letters of warning or censure, or recommend focused professional practice evaluation in accordance with Bylaws Section 6.1-3 in the course of carrying out their duties without initiating formal corrective action. 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 officer, department or committee. Any actions documented in writing shall be maintained in the member's peer review file(s). Executive Committee approval is not required for such actions, although actions related to FPPE shall be reported to the Executive Committee. The actions shall not constitute a restriction of privileges or ground for any formal hearing or appeal rights under Article 7 of these Bylaws. Resulting action can be but is not limited to:

1. documenting in the member's peer review file(s) that the member is performing well or within desired expectations;

2. identifying issues that require education, comments or suggestions given orally or in writing, counseling, issuing letters of warning or censure, or a focused evaluation without initiating formal corrective action;

3. recommending to the Executive Committee needed changes in Medical Center systems to improve patient safety or the quality of patient care; and

4. recommending limiting a privilege or privileges or other corrective action under these bylaws.

The fact of the peer review and any written recommendations, determinations and writings pertaining to the member shall be included in the member's peer review file(s) and dealt with according to these bylaws.

6.2 Routine Corrective Action

6.2-1 Collegial Intervention

1. These bylaws encourages the use of progressive steps by Association leaders and Medical Center management, beginning with collegial and educational efforts, to address questions relating to an Association member's clinical practice and/or professional conduct. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve questions that have been raised.

2. Collegial efforts may include, but are not limited to counseling, sharing of comparative data, monitoring, and additional training or education.

3. All collegial intervention efforts by Association leaders and Medical Center management are part of the Medical Center's performance improvement and professional and peer review activities.

4. The relevant Association leader(s) shall determine whether it is appropriate to include documentation of collegial interventional efforts in an Association member's credential file(s) and/or peer review file(s). The Association member will have an opportunity to review and respond in writing. The response shall be maintained in that member's credential file(s) and/or peer review file(s) along with the original documentation.

5. Collegial intervention efforts are encouraged but are not mandatory, and shall be within the discretion of the appropriate Association and Medical Center management.

6. The President, in conjunction with the Chief Executive Officer or the Chief Medical Officer shall determine whether to direct that a matter be handled in accordance with another policy or to direct to the Executive Committee for further determination.

6.2-2 Minor Infractions

1. The President, any Department Chair/Chief, the Executive Committee, or their respective designees shall be empowered, after an investigation, to take appropriate disciplinary action in connection with minor infractions. Such disciplinary action may include, but shall not be limited to, the issuance of a warning, a letter of reprimand or an admonition.

2. For the purposes of this Section, a "minor infraction" may be any activity or conduct which is lower than the standards or aims of the Association, but which would not ordinarily trigger a recommendation for the denial, reduction, suspension, revocation or termination of privileges or Association membership. A sanction imposed pursuant to this Section shall constitute grounds for a hearing under Article VII of these bylaws.

3. At the discretion of the President adverse actions imposed or implemented pursuant to this section may be reported to the Executive Committee with a copy transmitted to the Governing Body. If the Executive Committee determines that the violation is not a minor infraction, or that the intended disciplinary action is inappropriate and that other action is necessary, the Executive Committee may institute alternative disciplinary measures in accordance with this Section or in accordance with other provisions of these bylaws.

6.2-3 Request:

Whenever reliable information indicates a practitioner with clinical privileges may have exhibited any act, statement, demeanor, or conduct, either within or outside the Medical Center, which is or is reasonably likely to be

1. detrimental to patient safety or to the delivery of quality patient care, or

2. to be disruptive or deleterious to the operations of the Medical Center or

3. improper use of Medical Center resources, or

4. below applicable professional standards, or

5. unethical, or

6. contrary to the Association's bylaws, rules, regulations or policies,

then corrective action against such practitioner may be requested by any officer of the Association, by the chair of any department, by the chair of any standing committee of the Association, by the Chief Medical Officer, by the CEO, by the DHS Chief Medical Officer, by the Director, or by the Governing Body upon the complaint, request, or suggestion of any person.

6.2-4 Initiation:

All requests for corrective action shall be in writing, shall be made to the President or designee to report to the Executive Committee, and shall be supported by reference to the specific activities or conduct which constitutes the grounds for the request. If the Executive Committee initiates the request, it shall make an appropriate recording of the reason(s).

6.2-5 Investigation:

Whenever corrective action is requested and if the Executive Committee concludes an investigation is warranted, the Executive Committee shall direct an investigation to be undertaken. The Executive Committee may conduct the investigation itself, assign the task to an appropriate Association officer or standing or *ad hoc* committee of the Association, or may forward such request to the chair of the department(s) wherein the practitioner has such privileges. Upon receipt of such request, the chair of the department shall immediately appoint an ad hoc committee to investigate the matter. Should circumstances warrant, the Executive Committee in its discretion may appoint practitioners who are not members of the Association as temporary members of the Association for the sole purpose of serving on a standing or ad hoc committee, and not for the purpose of granting these practitioners temporary clinical privileges under Article V Section II, If the investigation is delegated to an officer, department chair/chief or committee other than the Executive Committee, such officer, department chair/chief or committee shall proceed with the investigation in a prompt manner and shall forward a written report of its investigation to the Executive Committee within thirty (30) days. The report may include recommendations for appropriate corrective

action. The member shall be notified by the President that an investigation is being conducted and shall be offered an opportunity to appear for an interview at a reasonable time and/or to provide information in the manner and upon such terms as the investigating body deems appropriate. At such interview, the practitioner shall be informed of the general nature of the charges against him or her and shall be invited to discuss, explain, or refute them. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved; however, such investigation or interview(s) shall not constitute a "hearing" as that term is used in Article VII, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to hearings shall apply thereto. A record of such interview(s) shall be made by the department or investigating body and included with its report to the Executive Committee. Despite the status of any investigation, at all times the Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action.

6.2-6 Request Involving a Department Chair/Chief:

Whenever the request for corrective action is directed against the chair of a department, the Executive Committee shall appoint an ad hoc investigating committee which shall perform all the functions of the departmental ad hoc investigating committee as described in Subsections 6.2-3 and 6.2-4 of this Section 6.2.

6.2-7 Executive Committee Action:

Within sixty (60) days following the receipt of the departmental ad hoc or investigating body's report, the Executive Committee shall take action upon the request for corrective action. In all cases, the affected practitioner shall be permitted to make an appearance at a reasonable time before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the Executive Committee and included in its recommendation to the Governing Body. The Executive Committee shall take action which may include, without limitation:

1. Rejection of the request for corrective action if the Executive Committee determines there was no credible evidence for the complaint in the first instance; all adverse information will be filed in the member's peer review file(s).

2. Deferring action for a reasonable time where circumstances warrant.

3. Referring the member to the Well-Being Committee for evaluation and follow-up as appropriate

4. Issuance of a letter of admonition, censure, reprimand, or warning, although nothing herein shall preclude a department chair/chief from issuing informal written or oral warnings outside the corrective action process. In the event such letter is issued, the affected member may make a written response which shall be placed in the member's peer review file(s) in accordance with Article 15.8-6 of these bylaws

5. Imposition of terms of probation or special limitations on continued Association membership or exercise of clinical privileges, including, but not limited to, a requirement for co-admission, mandatory consultation or proctoring.

6. Reduction, modification, suspension or revocation of clinical privileges.

7. Termination, modification, or ratification of an already imposed summary suspension of clinical privileges.

8. Recommend suspension of clinical privileges until satisfactory completion of specific conditions or requirements.

9. Recommend suspension of Association membership until satisfactory completion of specific conditions or requirements.

10. Limitation of any prerogatives directly related to the member's delivery of patient care,

11. Revocation, suspension or probation of Association membership.

12. Other actions appropriate to the facts, including, but not limited to, required reports to the Medical Board of California or other appropriate State licensing agency and/or to the National Practitioner Data Bank.

6.2-8 Determination of Medical Disciplinary Action:

If the Executive Committee takes any action that would give rise to a hearing pursuant to these Bylaws, it shall also make a determination whether the action is a "medical disciplinary" action or an "administrative disciplinary" action. A medical disciplinary action is one taken for cause or reason that involves that aspect of a practitioner's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care. All other actions are deemed administrative disciplinary actions.

If the Executive Committee makes a determination that the action is medical disciplinary, it shall also determine whether the action is taken for any of the reasons required to be reported to the Medical Board of California pursuant to California Business & Professions Code Section 805.01.

6.2-9 Notification of Corrective Actions by the Executive Committee:

If corrective action as set forth in Section 7.1-1 through 7.1-11 is recommended by the Executive Committee, that recommendation shall be transmitted to the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, the Director and the Governing Body. So long as the recommendation is supported by substantial evidence, the recommendation of the Executive Committee shall be adopted by the Governing Body as final action unless the member requests a hearing, in which case the final decision shall be determined as set forth in Article VII.

6.2-10 Initiation and Action by Governing Body:

If the Governing Body determines that the Executive Committee has failed to initiate an investigation on a request for corrective action or to recommend disciplinary action, and that such failure is contrary to the weight of evidence, the Governing Body may direct the Executive Committee to initiate an investigation or recommend disciplinary action, but only after consultation with the Executive Committee. In the event the Executive Committee fails to take action in response to a direction from the Governing Body, the Governing Body, after notifying the Executive Committee in writing, shall have the authority to take action on its own initiative against the practitioner, but this corrective action must comply with Articles VI and VII of these Association bylaws. If such action if favorable to the member, or constitutes an admonition, reprimand or warning to the member, it shall become effective as the final decision of the Governing Body per these bylaws.

6.3 Summary Restriction or Suspension

6.3-1 Initiation:

The President or in the President's absence, a delegated officer of the Association, or the Executive Committee, shall have the authority to summarily restrict or suspend the Association staff clinical privileges of any member or non-member holding privileges, where the failure to take such action may result in the threat of imminent danger to the health of any person Unless otherwise stated, such summary restriction or suspension shall become effective immediately upon imposition, and the person or body responsible shall promptly give written notice to the Executive Committee, Chief Medical Officer, CEO, the Director and the Governing Body. In addition, the affected Association staff member shall be provided with special notice of the action.

6.3-2 Written Notice of Summary Suspension:

The written notice of restriction or suspension shall include a statement of facts demonstrating that the suspension was necessary because failure to restrict or suspend the practitioner's privileges summarily could reasonably result in an imminent danger to the health of an individual and include a summary of one or more particular incidents giving rise to the assessment of imminent danger. The initial notice shall not substitute for, but is in addition to, the notice required under Article VII Section 7.2-1 (which applies in all cases where the Executive Committee does not immediately terminate the summary restriction or suspension). The notice under Article VII Section 7.3-1 may supplement the initial notice provided under this section by including any additional relevant facts supporting the need for summary restriction or suspension or other corrective action.

6.3-3 Executive Committee Action:

Within one (1) week after such summary restriction or suspension, a meeting of the Executive Committee (or a subcommittee appointed by the President) shall be convened to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the Executive Committee may impose, although in no event shall any meeting of the Executive Committee, with or without the member, constitute a "hearing" within the meaning of Article VII, nor shall any procedural rules apply. The Executive Committee may modify, continue, or terminate the summary restriction or suspension, but in any event it shall furnish the member with special notice of its decision within two (2) working days of the meeting.

6.3-4 Procedural Rights:

Unless the Executive Committee promptly terminates the summary restriction or suspension, the member shall be entitled to the procedural rights afforded by Article VII. In addition, the affected practitioner shall have the following rights:

1. Any practitioner who has properly requested a hearing under Article VII of the Association bylaws may request that the hearing be bifurcated, with the first part of the hearing being devoted exclusively to procedural matters, including the propriety of summary restriction or suspension. Along with any other appropriate requests for rulings, the affected practitioner may request that the Hearing Officer stay the summary restriction or suspension, pending the final outcome of the hearing and any appeal.

2. At the conclusion of the portion of the hearing concerning the propriety of summary restriction or suspension, the Judicial Review Committee shall issue a written opinion on the issues raised, including whether or not the facts stated in the written notice to the affected practitioner adequately support a determination that failure to summarily restrict or suspend could reasonably result in "imminent danger" to an individual. Such written opinion shall be transmitted to both the affected practitioner and the Executive Committee within one (1) week of the date of the hearing concerning the propriety of summary restriction or suspension.

3. If the Judicial Review Committee's determination is that the facts stated in the notice required by Section 6.3-2 this Article VI do not support a reasonable determination that failure to summarily restrict or suspend the practitioner's privileges could result in imminent danger, the summary restriction or suspension shall be immediately stayed pending the outcome of the hearing and any appeal.

6.3-5 Initiation and Action by Governing Body:

Notwithstanding any other provision of these bylaws, when no person or body authorized by these bylaws is available to summarily restrict or suspend clinical privileges, the Governing Body or its designee may temporarily restrict or suspend all or any portion of the clinical privileges of a practitioner where there is threat or harm to the health or safety of any person so long as the Governing Body has, before the restrict or suspension, made reasonable attempts to contact the President or designee and members of the Executive Committee . A restriction or summary suspension by the Governing Body which has not been ratified by the Executive Committee within two (2) working days (excluding weekends and holidays) after the restriction or suspension, shall automatically terminate

6.3-6 Transfer of Patient Care:

Unless otherwise indicated by the terms of the summary restriction or suspension, the patients of the practitioner whose privileges have been summarily restricted or suspended shall be assigned to another Association member by the department chair/chief or by the President considering, where feasible, the wishes of each patient in the selection of such substitute practitioner.

6.4 Automatic Suspension or Limitation

6.4-1 General:

A practitioner's Association membership and/or clinical privileges shall be terminated, suspended, or limited as described, which action shall be final and shall not be subject to a hearing or appellate review under Article VII, except by a Fair Review under Article VII

6.4-2 License:

1. **Revocation or Expiration**: If a practitioner's license or certificate authorizing him or her to practice in California is revoked or has expired, his or her Association membership and clinical privileges shall be immediately and automatically revoked or suspended as of the date such action becomes effective.

2. **Restriction**: If a practitioner's license or certificate authorizing him or her to practice in California is limited or restricted by the applicable licensing or certifying authority, those clinical privileges which he or she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically limited or restricted in a similar manner.

3. **Suspension**: If a practitioner's license or certificate authorizing him or her to practice in California is suspended by the applicable licensing or certifying authority, his or her Association membership and clinical privileges shall be automatically suspended effective upon and for at least the term of the suspension.

4. **Probation**: If a practitioner licensed or certified to practice in California is subject to probation by the applicable licensing or certifying authority, his or her applicable Association membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation effective upon and for at least the term of the probation.

6.4-3 Drug Enforcement Administration Certificate:

1. **Revocation or Expiration**: Whenever a practitioner's Drug Enforcement Administration (DEA) certificate is revoked or has expired, he or she shall immediately and automatically be divested of his or her right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.

2. **Restriction:** Whenever a practitioner's DEA certificate is limited or restricted, his or her right to prescribe medications within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.

3. **Suspension**: Whenever a practitioner's DEA certificate is suspended, he or she shall automatically be divested, at a minimum, of his or her right to prescribe medications covered by the certificate effective upon and for at least the term of the suspension.

4. **Probation**: Whenever a practitioner's DEA certificate is subject to probation, his or her right to prescribe medications covered by the certificate shall automatically become subject to the same terms of the probation, effective upon and for at least the term of the probation.

6.4-4 Medical Records:

Members of the Association are required to complete medical records within such reasonable time as may be prescribed by the Executive Committee. A limited suspension in the form of withdrawal of admitting and all other privileges until medical records are completed, shall be imposed by the President, or the President's designee, after written notice of delinquency for failure to complete medical records within such period. Bona fide vacation or illness may constitute an excuse subject to approval by the Executive Committee. Members whose privileges have been suspended for delinquent records may admit patients only in life-threatening situations. The suspension shall continue until lifted by the President or his or her designee.

6.4-5 Professional Liability Insurance:

For any failure to maintain the programs of insurance as described in Article XVIII, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the Governing Body that he or she has secured such programs of insurance in the amounts required.

6.4-6 Failure to Pay Dues or Assessments:

For any failure, without good cause as determined by the Executive Committee, to promptly pay annual dues or assessments to the Association if any dues or assessments are approved pursuant to these bylaws, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the President that he or she has paid such dues or assessments in the amount required. If the practitioner fails to provide such evidence within three (3) months after written warnings of delinquency, the date the automatic suspension became effective, then the practitioner shall be deemed to have voluntarily resigned his or her Association membership and clinical privileges as of the last date of such three (3) month period.

6.4-7 Exclusion or Suspension from Federal or State Health Care Programs:

If a practitioner is excluded or suspended from participation in the Medicare, Medicaid, or any other State or Federal health care programs, his or her Association membership and clinical privileges shall be immediately and automatically terminated.

6.4-8 Executive Committee Action:

As soon as practicable after action is taken as described in Section 6.4-1 to 6.4-7 of this Article VI, the Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Executive Committee may in its discretion modify any such automatic actions if the circumstances warrant. The Executive Committee may recommend further corrective action it may deem appropriate in accordance with these bylaws.

6.4-9 Notification:

Whenever a practitioner's clinical privileges are automatically suspended or restricted, in whole or in part, notice shall be given to the practitioner, the President, the Executive Committee, the Chief Medical Officer, the CEO, the DHS Chief Medical Officer, the Director and the Governing Body. However, the giving of such notice shall not be required in order for any automatic suspension or restriction to become effective. Upon the effective date of an automatic suspension or restriction, the President or responsible department chair/chief shall have the authority to provide for alternative coverage for the patients of the suspended or restricted practitioner still in the Medical Center at the time of such suspension or restriction.

6.5 Exhaustion of Remedies

If any routine corrective action, summary suspension, or automatic suspension, as set forth in this

Article VI, is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

6.6 Applicability

The mechanisms for corrective action, as set forth in this Article VI, and for hearing and appellate review, as set forth in Article VII, are applicable only to members of the attending staff and physicians assistants. These mechanisms are not applicable to other allied health professionals or other persons who provide health services at the Medical Center.

ARTICLE VII HEARING AND APPELLATE REVIEW PROCEDURE

7.1 Grounds for Hearing:

Except as otherwise provided in these bylaws, any one or more of the following actions or recommended actions shall be deemed actual or potential adverse actions and shall constitute grounds for a hearing:

1. Denial of Association membership;
2. Denial of requested advancement in Association membership category;
3. Denial of Association reappointment;
4. Involuntary Demotion to lower Association membership category;
5. Suspension of Association membership;
6. Revocation of Association membership;
7. Denial of requested clinical privileges;
8. Suspension of current clinical privileges;
9. Involuntary reduction of current clinical privileges;
10. Termination of all clinical privileges;
11. Involuntary imposition of significant consultation or monitoring requirements (excluding monitoring incidental to provisional status and Article V Section 3);
12. Any other action which requires a report to be made to the Medical Board of California or other appropriate State licensing agency pursuant to California Business and Professions Code Section 805.01.

7.2 Request for Hearing

7.2-1 Notice of Action:

In all cases in which action is taken or a recommendation is made as set forth in Section 7.1, the person or body taking the action or making the recommendation shall promptly give the applicant or Association member written notice of:

1. the recommendation or action,
2. that the action, if adopted, shall be taken and reported pursuant to Section 805 of the Business and Professions code; and
3. the right to request a hearing and
4. a summary of the rights granted in the hearing pursuant to the Association bylaws.

If the recommendation or final proposed action is reportable to the Medical Board of California and/or to the National Practitioner Data Bank, a written notice shall state the

proposed text of the report(s).

7.2-2 Request for Hearing:

The applicant, member or physician assistant (the "affected person") shall have thirty (30) days following the receipt of notice of such action or recommendation to request a hearing by the Judicial Review Committee. Such request shall be by written notice to the Executive Committee. In the event the applicant or member does not request a hearing within the time and in the manner described, the affected person shall be deemed to have waived any right to a hearing and accepted the action or recommendation in question which shall thereupon become final and effective immediately, subject to Article XVIII.

7.2-3 Action on Request for Hearing:

Upon receipt of a request for hearing, the Executive Committee shall schedule and arrange for a hearing. The date of the commencement of the hearing shall not be less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request by the Executive Committee for a hearing; provided that when the request is received from an affected person who is under suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, so long as the affected person has at least thirty (30) days from the date of notice to prepare for the hearing or waives this right.

7.2-4 Notice of Hearing:

The Executive Committee shall give special notice to the affected person stating the place, time and date of the hearing, the acts or omissions with which the affected person is charged, or the reasons for the denial of the application or request of the applicant or affected person 7.2-5 Judicial Review Committee:

When a hearing is requested, the Executive Committee shall appoint a Judicial Review Committee which shall be composed of not less than five (5) members of the Active Staff who shall be impartial and shall not have acted as accusers, investigators, fact finders, initial decision makers or otherwise not have actively participated in the consideration of the matter involved at any previous level and are not in direct economic competition with the involved physician. Such appointment shall include designation of the chair. Knowledge of the particular matter on appeal shall not preclude a member from serving as a member of the Judicial Review Committee. Of the Association members who serve on the Judicial Review Committee, at least one shall be a member who shall have the same healing arts licensure as the accused, and where feasible, the Committee shall also include an individual practicing the same specialty as the affected person.

7.2-6 Failure to Appear:

Failure, without a showing of good cause by the person requesting the hearing, to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions involved which shall become final and effective immediately.

7.2-7 Postponements:

Postponements and extensions of time beyond the time expressly permitted in these bylaws may be requested by anyone, but shall be permitted by the Judicial Review Committee or the Hearing Officer, acting upon its behalf only on a showing of good cause or upon agreement of the parties.

7.3 Hearing Procedure

7.3-1 Prehearing Procedure:

1. The affected person shall have the right to inspect and copy at the affected person's expense any documentary information relevant to the charges which the peer review body has in its possession or under its control, as soon as practicable after the receipt of the affected person's request for a hearing. The peer review body shall have the right to inspect and copy at the peer review body's expense any

documentary information relevant to the charges which the affected person has in his or her possession or control as soon as practicable after receipt of the peer review body's request. The failure by either party to provide access to this information at least thirty (30) days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable licentiates, other than the affected person under review. The presiding officer shall consider and rule upon any request for access to information, and may impose any safeguards the protection of the peer review process and justice requires.

2. The Hearing Officer shall consider and rule upon any request for access to information and may impose any safeguards the protection of the peer review process and justice requires. In so doing, the Hearing Officer shall consider

a. whether the information sought may be introduced to support or defend the charges;

b. the exculpatory or inculpatory nature of the information sought, if any;

c. the burden imposed on the party in possession of the information sought, if access is granted; and

d. any previous requests for access to information submitted or resisted by the parties to the same proceeding.

3. At the request of either side, the parties shall exchange lists of witnesses expected to testify and copies of all exhibits expected to be introduced at the hearing. Failure to disclose the identity of a witness or produce copies of all documents expected to be produced at least ten (10) days before the commencement of the hearing shall constitute good cause for a continuance.

4. The affected person shall be entitled to a reasonable opportunity to question and challenge the impartiality of judicial review committee members and the Hearing Officer. Challenges to the impartiality of any judicial review committee member or the Hearing Officer shall be ruled on by the Hearing Officer. Either party may use a preemptory challenge to exclude up to two (2) Judicial Review Committee proposed panel members.

5. It shall be the duty of the affected person and the Executive Committee or its designee to exercise reasonable diligence in notifying the chair of the judicial review committee of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any prehearing decisions may be succinctly made at the hearing.

7.3-2 Representation:

The hearings provided for in these bylaws are for the purpose of intraprofessional resolution of matters bearing on conduct or professional competency. The person requesting the hearing shall be entitled to representation by legal counsel, at his or her expense, in any phase of the hearing, if the individual so chooses. The affected person must inform the Executive Committee of his or her choice to be represented by counsel in his or her request for hearing. In the absence of legal counsel, the affected person shall be entitled to be accompanied by and represented at the hearing by a physician, dentist or podiatrist who is licensed to practice in the State of California of the affected person's choosing, who is not also an attorney at law. The Executive Committee shall appoint a representative from the attending staff, who is not an attorney. The Executive Committee shall not be represented by an attorney at law if the person requesting the hearing is not so represented.

7.3-3 Hearing Officer:

The Executive Committee shall recommend a Hearing Officer to the involved affected person to preside at the hearing. The appointment of a Hearing Officer shall be by the

Executive Committee, as follows:

1. Together with the notice of a hearing, the affected person shall be provided a list of at least three (3) but not more than five (5) potential Hearing Officers,

2. The affected person shall have five (5) working days to accept any of the listed potential Hearing Officers. The member may instead propose no more than five (5) potential Hearing Officers.

3. If the affected person is represented by legal counsel, the parties legal counsels may meet and confer in an attempt to reach accord in the selection of a Hearing Officer from the two (2) parties' lists.

4. If the parties are not able to reach agreement on the selection of a Hearing Officer within five (5) working days of receipt of the affected person's proposed list, the President shall select an individual from the composite list.

7.3-4 Qualifications of Hearing Officer:

The Hearing Officer shall be an attorney at law, qualified to preside over a quasi-judicial hearing. Attorneys from a firm regularly utilized by the Medical Center, the Association or the affected person are not eligible to serve as Hearing Officer. The Hearing Officer shall gain no direct financial benefit from the outcome and must not act as a prosecuting officer or as an advocate for any party.

7.3-5 Responsibilities of Hearing Officer:

The Hearing Officer shall be the presiding officer at the hearing. The Hearing Officer shall preside over the voir dire process and may question panel members directly. The Hearing Officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The Hearing Officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence.

7.3-6 Role of Hearing Officer:

At the commencement of the hearing, the Hearing Officer may also apprise the judicial review committee of its right to terminate the hearing due to the affected person's failure to cooperate with the hearing process, but shall not independently make the determination or otherwise recommend such a termination. If the Hearing Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary action as seems warranted by the circumstances, including, but not limited to setting fair and reasonable time limits on either side's presentation of its case.

If requested by the Judicial Review Committee, the Hearing Officer may participate in the deliberations of such body and be a legal advisor to it, but he or she shall not be entitled to vote.

7.3-7 Hearing Record:

A shorthand reporter shall be present to make a record of the hearing, proceedings, as well as the pre-hearing proceedings if deemed appropriate by the Hearing Officer. The cost of attendance of the shorthand reporter shall be borne by the Medical Center. The cost of any transcript shall be borne by the requesting party. Oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

7.3-8 Hearing Rights:

Both sides at the hearing shall be provided with all of the information made available to the trier of fact. Within reasonable limitations, both sides may call, examine, and cross examine witnesses, may present and rebut evidence determined relevant by the Hearing Officer, and

may submit a written statement at the close of the hearing so long as these rights are exercised in an efficient and expeditious manner, the affected person may be called by the Executive Committee and examined as if under cross-examination.

7.3-9 Hearing Rules:

The hearing shall not be conducted according to the rules of law relating to procedure, the examination of witnesses or presentation of evidence. Any relevant evidence, including hearsay, shall be admitted by the presiding officer if it is the sort of evidence upon which responsible persons are accustomed to rely in the conduct of serious affairs. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate.

7.3-10 Burden of Proof:

1. At the hearing, the Executive Committee shall have the initial duty to present evidence which supports the charges or recommended action.

2. An initial applicant shall bear the burden of persuading the Judicial Review Committee, by a preponderance of the evidence, of the applicant's qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning the applicant's current qualifications for membership and privileges. An initial applicant shall not be permitted to introduce information requested by the Association but not produced during the application process unless the applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.

3. Except as provided above for initial applicants, the Executive Committee shall bear the burden of persuading the Judicial Review Committee, by a preponderance of the evidence, that its action or recommendation is reasonable and warranted.

7.3-11 Adjournment and Decision:

After consultation with the chair of the Judicial Review Committee, the presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review Committee shall thereupon, conduct its deliberations and render a decision and accompanying report, in the manner and within the time as provided in Section 7.3-13 of this Article VII. If requested by the Judicial Review Committee, the Hearing Officer may participate in the deliberations, but is not entitled to vote. Each member of the Judicial Review Committee must be present throughout the hearing and deliberations in order to vote absent to an agreement by the parties to the contrary. The final decision of the Judicial Review Committee must be sustained by a majority vote.

7.3-12 Basis for Decision:

The recommendation of the Judicial Review Committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony.

7.3-13 Decision of Judicial Review Committee:

Within thirty (30) days after final adjournment of the hearing the Judicial Review Committee shall render a recommendation which shall include the Judicial Review Committee's findings of fact with respect to the charges, and a conclusion articulating the connection between evidence produced at the hearing and its recommendation, its conclusions regarding whether each of the individual charges independently support the action taken or whether they support the charges when taken together. If the affected person is currently under suspension, the time of the decision shall be fifteen (15) days. The recommendation of the Judicial Review Committee shall be delivered to the Executive committee, to the President, to the Governing Board and by special notice to the affected person.

7.4 Appeal to Governing Body

7.4-1 Request for Appeal:

Within thirty (30) days after receipt of the decision of the Judicial Review Committee, either the person who requested the hearing or the body whose decision prompted the hearing may request an appellate review by the Governing Body. Such request shall be in writing to the President or CEO and shall be delivered either in person or by certified mail, return receipt requested. If such appellate review is not requested within such period, both sides shall be deemed to have waived any right to appellate review and accepted the action involved, and it shall thereupon become final if it is supported by substantial evidence, following a fair procedure. The written request of appeal shall also include a brief statement of the reasons for appeal.

7.4-2 Grounds for Appeal:

A written request for an appeal shall include an identification of the grounds for appeal, and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the decision of the hearing shall be:

1. that there was substantial non-compliance with the procedures required by these bylaws, which non-compliance as created demonstrable prejudice; or

2. that the findings are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to Section 7.4-5 hereof;

3. that the decision is not supported by the findings;

4 that the decision is arbitrary, capricious or otherwise not in accordance with the law.

7.4-3 Notice of Appeal:

In the event of any appeal to the Governing Body, as set forth in the preceding section 7.4-2, the Appeal Board shall within fifteen (15) days after receipt of such notice of appeal, schedule and arrange for an appellate review. The Appeal Board shall cause the affected person to be given notice of the time, place, and date of the appellate review. The date of the appellate review shall not be less than thirty (30) days, nor more than sixty (60) days, from the date of receipt of the request for appellate review, provided that when a request for appellate review is from an affected person who is under suspension which is then in effect, the appellate review shall be held as soon as arrangements may reasonably be made and not to exceed fifteen (15) days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Appeal Board upon a showing of good cause.

7.4-4 Appeal Board:

When an appellate review is requested, the Governing Body shall appoint an Appeal Board which shall be composed of five (5) Appeal Board members, one of whom shall be designated by the Governing Body as Chair. The remaining two (2) members shall be taken from the Medical Center administrative and three (3) from the members of the Association. The Chief Medical Officer and the Dean of the Professional School concerned, if any, may be Appeal Board members. Knowledge of the particular matter on appeal shall not preclude anyone from serving as a member of the Appeal Board, so long as that person did not act as an accuser, investigator, fact finder, or initial decision maker in the same matter and who did not take part in a prior hearing on the same matter. The Appeal Board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

7.4-5 Appeal Procedure:

The proceedings of the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Review Committee; provided however that

the Appeal Board may accept additional oral or written evidence subject to a foundational showing that such evidence could not have been made available to the Judicial Review Committee in the exercise of reasonable diligence and provided that such evidence shall be subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing; or the Appeal Board may remand the matter to the Judicial Review Committee for the taking of further evidence and for decision.

1. Each party shall have the right to be represented by legal counsel, or any other representative designated by that party in connection with the appeal, to present a written statement in support of his or her position on appeal, and to personally appear and make oral argument.

2. At the conclusion of oral argument, the Appeal Board may thereupon at a time convenient to itself conduct deliberations outside the presence of the appellant and the respondent and their representatives. The Appeal Board, after its deliberations, shall recommend, in writing, that the Governing Body affirm, or reverse the decision of the Judicial Review Committee, or refer the matter back to the Judicial Review Committee for further review and recommendation.

7.4-6 Governing Body's Decision:

Within thirty (30) days after receipt of the recommendations of the Appeal Board, the Governing Body shall render a final decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee in person or by certified mail, return receipt requested. The Governing Body must affirm the decision of the Judicial Review Committee's decision if it is supported by substantial evidence, following a fair procedure. Should the Appeal Board determine that the Judicial Review Committee decision is not supported by substantial evidence, the Governing Body may reverse the decision of the Judicial Review Committee or may instead, or shall, where a fair procedure has not been afforded, refer the matter back to the Judicial Review Committee for further review and recommendations, stating the purpose for the referral.

7.4-7 Effective Date of Decision:

Except where the matter is referred back to the Judicial Review Committee for further review and recommendation in accordance with Section 7.4-6, the final decision of the Governing Body, following the appeal procedures set forth in this Section 7.4, shall be effective immediately and shall not be subject to further review. If the matter is referred back to the Judicial Review Committee for further review and recommendation, such Committee shall promptly conduct its review and report back to the Governing Body.

7.4-8 Decision in Writing:

The final decision shall be in writing, shall specify the reasons for the action taken, shall include the text of the report which shall be made to the Medical Board of California, if any, and shall be forwarded to the President, Chief Medical Officer, the Executive Committee, the Chief Executive Officer, and the subject of the hearing at least ten (10) days prior to submission to the Medical Board of California.

7.4-9 Right to Hearing:

Except as otherwise provided in these bylaws, or in circumstances where a new hearing is ordered by the Governing Body or a court because of procedural irregularities or otherwise for reasons not the fault of the member, no applicant or Association member shall be entitled as a matter of right to more than one hearing and one appeal to the Governing Body on any single matter which may be the subject of an appeal.

7.5 Exceptions to Hearing Rights

7.5-1 Contract Physicians

The procedural rights specified in this Article VII shall apply to members who are directly under contract with the Medical Center in a medical administrative capacity or are in a

closed department, except with respect to privileges for medical services which are the subject of an exclusive contract or contracts which have been awarded to another physician or physicians. The member shall have no right to a hearing with respect to the termination of the contract itself which shall be governed by the terms of the contract.

7.5-2 Automatic Suspension or Limitations of Practice Privileges:

No hearing is required when a member's license or legal credential to practice has been revoked or suspended as set forth in Article VI Section 6.4-2. In other cases described in Article VI Section 6.4-1 and 6.4-2, the issues which may be considered at a hearing, if requested, shall not include evidence designed to show that the determination by the licensing or credentialing authority or certifying authority or Federal or State Health Services Program was unwarranted, but only whether the member may continue to practice in the Medical Center with those limitations imposed.

7.6 Disputing Report Language

If no hearing was requested, a member who is the subject of a proposed adverse action report to the Medical Board of California or the National Practitioner Data Bank may request an informal meeting to dispute the text of the report filed. The report dispute meeting shall not constitute a hearing and shall be limited to the issue of whether the report filed is consistent with the final action issued. The meeting shall be attended by the subject of the report, the President, the chair of the subject's department, and the Medical Center's authorized representative, or their respective designees.

If a hearing was held, the dispute process shall be deemed to have been completed.

7.7 Fair Review

7.7-1 Grounds for Fair Review

Except as expressly provided for otherwise in these bylaws (such exception to include but not be limited to any and all automatic actions specified in these bylaws), an Association department rule, regulation or policy, or a Medical Center policy or policy decision that has been approved by the Executive Committee), the taking or recommending of any one or more of the following actions by the Executive Committee for reasons other than a medical disciplinary cause or reason (MDCR) (except as provided in items 9 and 10 below) shall constitute grounds for a Fair Review.

1. denial of Association membership.
2. denial of reappointment.
3. suspension of Association membership or clinical privileges.
4. termination of Association membership.
5. denial of requested clinical privileges, other than temporary privileges.
6. reduction in clinical privileges.
7. termination of privileges, other than temporary privileges.
8. denial of membership in requested Association category or involuntary change in Association category.

The following items initiated for MDCR reasons, but that have less than mandated reporting times applied include:

9. summary suspension for fourteen (14) consecutive days or less, for a MDCR.

10. restriction of privileges for twenty-nine (29) days or less during a twelve (12) month period for a MDCR.

7.7-2 Notice of Adverse Action or Recommended Action.

Whenever any of the actions constituting grounds for a Fair Review under Section 7.7-1 above, has been taken or recommended, the Executive Committee shall give special written notice to the affected practitioner. The notice shall:

1. describe what action has been taken or recommended.

2. state the reasons for the action or recommendation.

3. state that the practitioner is entitled to a Fair Review, which must be requested in writing and the request received by the President within thirty (30) days after the practitioner's receipt of the notice of adverse action or recommended action.

7.7-3 Fair Review Procedure

The procedure for requesting, arranging for and conducting a fair review shall be the same as for hearings except that,

1. the hearing shall be before an arbitrator to be designated by the President or his or her designee with pre-procedural rights of voir dire to confirm the proposed arbitrator is qualified and not biased,

2. the parties must exchange documents and witness lists at least five (5) working days prior to the hearing, and testimony of witnesses and copies of evidence not timely exchanged may be barred,

3. the body whose decision prompted the hearing has the burden of producing evidence to support its action or recommendation,

4. neither party has the right to be represented by an attorney at the fair review.

7.7-4 Review of Automatic Actions

In the case of the review of Automatic Actions provided for in Article VI, Section 6.4, the review provided for in this section 7.7 shall be limited to questions of:

1. Whether a bona fide dispute exists as to whether the circumstances have occurred;

2. Whether any discretionary action taken by the Executive Committee under Article VI, Section 6.4 was reasonable and warranted.

ARTICLE VIII ALLIED HEALTH PROFESSIONALS

8.1 Definitions

1. “Standardized procedure functions” means those functions specified in Business and Professions Code Section 2725 (c) and (d) which are to be performed according to “standardized procedures”.

2. “Standardized procedures” means policies and protocols formulated by the Executive Committee for the performance of standardized procedure functions.

3. “Service authorization” means the permission granted to an allied health professional member to provide specified patient care services within his or her qualifications and scope of practice as determined by the Executive Committee.

8.2 Qualifications

8.2-1 Although not eligible for Association membership, allied health professionals shall be credentialed through the Association and shall be subject to general Association oversight and to the individual direction of Association members, as set forth below.

1. Holds a license, certificate, or other legal credential in a category of allied health professional provider which the Governing Body has identified as eligible to apply for service authorizations (*see* Section 3, below);

2. Documents his or her current experience, background, training, current competence, judgment, and ability with sufficient adequacy to demonstrate that any patient treated by him or her will receive care of the generally recognized professional level of quality established by the Association;

3. Is determined, on the basis of documented references:

   a. to adhere strictly to the lawful ethics of his or her profession;

   b. to work cooperatively with others so as not to adversely affect patient care; and

   c. to be willing to commit to and regularly assist the Association in fulfilling its obligations related to patient care, within the areas of his or her professional competence and credentials;

4. Agrees to comply with all Association and Department and Division bylaws, rules and regulations, procedures and protocols to the extent applicable to the mid-level provider; and

5. Maintains professional liability insurance as indicated in Article XVIII, if applicable.

8.2-2 Although not eligible for Association membership, allied health professionals shall be credentialed through the Association and shall be subject to general Association oversight and to the individual direction of Association members, as set forth below.

8.3 Procedure for Specification of Services

8.3-1 Applications for specified services

Application for specific services for allied health professionals shall be submitted and processed in the same manner as provided in Article VI for Association membership. By filing an application to provide specified services in the Medical Center as a mid-level provider, an applicant specifically consents to be bound by these Bylaws, the Rules and Regulations of the Association, and other rules and policies of the Association, the individual Clinical Departments, and the Medical Center. An applicant also releases from any liability all individuals and organizations who provide or act upon information in good faith and without malice concerning the applicant's qualifications for designation as a mid-level provider, including information otherwise privileged or confidential.

8.3-2 Assignment to clinical departments

A allied health professional shall be individually assigned to the Clinical Department that is most appropriate based on his or her professional training, and shall be subject to the same terms and conditions as specified for Association appointments; provided, however, that allied health professional is not and shall not be considered to be a member of the Association.

8.4 Prerogatives

The prerogatives of Allied Health Professionals shall be as follows:

1. To provide specified patient care services under the supervision or direction of a physician member of the Medical Staff, consistent with the limitations stated in this Article VIII.

2. To exercise such responsibilities and fulfill such obligations as may be designated from time to time by the Executive Committee or by the Department to which he or she is assigned, subject to the approval of the Governing Body.

3. To attend Medical Center continuing education programs.

4. To attend meetings of the Association and of the Department to which he or she is assigned.

5. To serve on Association committees to which he or she is appointed, except the Executive, Credentials, and Nominating Committees; provided however, that an Allied Health Professional may not vote on any matter.

8.5 Responsibilities

Each allied health professional shall:

1. Meet those responsibilities required by Association rules and regulations or policies or Medical Center policies and, if not so specified, meet those responsibilities specified in Section 2.4 as are generally applicable to the more limited practice of the mid-level provider.

2. Retain appropriate responsibility within his or her area of professional competence for the care of each patient in the Medical Center for whom he or she is providing services.

3. Participate, when requested, in patient care audit and other quality review, evaluation, and monitoring activities required of allied health professionals, in evaluating allied health professional applicants, in supervising initial allied health professional provider appointees of his or her same occupation or profession or of an occupation or profession which is governed by a more limited scope of practice statute, and in discharging such other functions as may be required by the Association from time to time.

8.6 Termination or Restriction

8.6-1 General Procedures

1. At any time, the President, or chair of the department or division to which the allied health professional has been assigned may recommend to the Executive Committee that an allied health professional's service authorization or approval to work under a standardized procedure or protocol be terminated, suspended or restricted. After review by the relevant department including an interview with the provider and, if appropriate, consultation with the IDPC, if the Executive Committee agrees that corrective action is appropriate, the Executive Committee shall recommend specific corrective action to the Governing Body. A Notification Letter regarding the recommendation shall be delivered in person, with an acknowledgment of receipt or sent by certified mail, return receipt requested, to the subject allied health professional. The Notification Letter shall inform the allied health professional of the recommendation and the circumstances giving rise to the recommendation.

2. Nothing contained in the Association Bylaws shall be interpreted to entitle allied health professional to the hearing rights set forth in Articles VI and VII, with the exception of Physician Assistants. However, an allied health professional shall have the right to challenge any recommendation which would constitute grounds for a hearing under Section 7.1 of the Bylaws (to the extent that such grounds are applicable by analogy to the allied health professional) by filing a written request for an allied health professional hearing with the Executive Committee within fifteen (15) days of receipt of the Notification Letter. Upon receipt of a request, the Executive Committee or its designee, shall afford the allied health professional an opportunity for a allied health professional hearing concerning the grievance. The hearing need not be conducted according to the procedural rules applicable to member hearings; however the purpose of the allied health professional hearing is

to allow both the allied health professional and the party recommending the action the opportunity to discuss the situation and to produce evidence in support of their respective positions. A record of the allied health professional hearing shall be made.

3. Within fifteen (15) days following the allied health professional hearing, the Executive Committee, based on the allied health professional hearing and all other aspects of the investigation, shall make a final recommendation to the Governing Body, which shall be communicated in writing, sent by certified mail, return receipt requested, to the subject allied health professional. The final recommendation shall discuss the circumstances giving rise to the recommendation and any pertinent information from the interview. Prior to acting on the matter, the Governing Body may, in its discretion, offer the affected allied health professional the right to appeal to a subcommittee delegated by the Governing Body. The Governing Body shall adopt the Executive Committee's recommendation, so long as it is supported by substantial evidence. The final decision by the Governing Body shall become effective upon the date of its adoption. The allied health professional shall be provided promptly with notice of the final action, sent by certified mail, return receipt requested.

8.6-2 Summary Suspension

1. Notwithstanding Section 8.5-1, an allied health professional's service authorization or approval to work under a standardized procedure or protocol may be immediately suspended or restricted where the failure to take such action may result in an imminent danger to the health of any individual. Such summary suspension or restriction may be imposed by the President, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, or the head of the department or designee to which the allied health professional has been assigned (or his/her designee). Unless otherwise stated, the summary action shall become effective immediately upon imposition, and the person responsible for taking such action shall promptly give written notice of the action to the Governing Body, the Director, the Executive Committee, the Chief Medical Officer and the Chief Executive Officer. The notice shall also inform the allied health professional of his or her right to file a grievance. The practitioner's right to file a grievance and subsequent interview procedures shall be in accordance with Section 8.5-1 of this Article VIII, except that all reasonable efforts shall be made to ensure that the practitioner is given an interview and that final action is taken within fifteen (15) days or as promptly thereafter as practicable.

2. Within one (1) working day of the summary action, the affected allied health professional shall be provided with written notice of the action. The notice shall include the reasons for the action and that such action was necessary because of a reasonable probability that failure to take the action could result in imminent danger to the health of an individual.

3. Within five (5) working days following the action, the IDPC shall meet to consider the matter and make a recommendation to the Executive Committee as to whether the summary suspension should be vacated or continued pending the outcome of any interview with the affected practitioner. Within eight (8) days following the imposition of the action, the Executive Committee shall meet and consider the matter in light of any recommendation forwarded from the IDPC. Within two (2) working days following the Executive Committee's meeting, the Executive Committee shall provide written notice to the affected practitioner regarding its determination on whether the summary action should be vacated or continued pending the outcome of any interview proceeding.

8.6-3 Automatic Suspension, Termination or Restriction

1. Notwithstanding Section 8.5-1 of this Article VIII, an allied health professional's service authorization or approval to work under a standardized procedure or Medical Center protocol shall automatically terminate in the event that:

a. The allied health professional's certification, license, or other legal credential expires or is revoked.

b. With respect to an allied health professional who must practice under physician supervision:

1) the Association membership or privileges to supervise the allied health professional of the supervising physician is terminated, whether such termination is voluntary or involuntary; or

2) the supervising physician no longer agrees to act in such capacity for any reason, or the relationship between the allied health professional and the supervising physician is otherwise terminated, regardless of the reason therefor;

Where the allied health professional's service authorization or approval to work under a standardized procedure or protocol is automatically terminated for reasons specified in 8.5-3 1.-b. 1) or 2) above, the allied health professional may apply for reinstatement as soon as the allied health professional has found another physician Attending Staff member who agrees to supervise the allied health professional and receives privileges to do so. In this case, the Executive Committee may, in its discretion, expedite the reapplication process.

2. Notwithstanding Section 8.5-1 of this Article VIII, in the event that the allied health professional's certification or license is restricted, suspended, or made the subject of an order of probation, the allied health professional's service authorization or approval to work under a standardized procedure or Medical Center protocol shall automatically be subject to the same restrictions, suspension, or conditions of probation.

3. Where the allied health professional's privileges are automatically terminated, suspended, or restricted pursuant to this subsection, the notice and interview procedures under Section 8.5-1 of this Article VIII shall not apply and the allied health professional shall have no right to an interview except, within the discretion of the Executive Committee, regarding any factual dispute over whether or not the circumstances giving rise to the automatic termination, suspension, or restriction actually exist.

8.7 Reapplication

Every two (2) years, each allied health professional must reapply for a renewed service authorization or approval to work under a standardized procedure or protocol in accordance with Section 8.3.

ARTICLE IX OFFICERS

9.1 Officers of the Association

The elected officers of the Association shall be:

1. President
2. President-Elect
3. Immediate Past-President
4. Secretary/Treasurer

9.2 Qualifications

Elected officers must be members of the Active Staff at the time of nomination and election and must remain Active Staff members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. All officers must be licensed as physicians and surgeons.

9.3 Election of Officers and Representatives At Large

9.3-1 **The nominating committee** shall consist of the immediate past president, who shall serve as chair and at least four (4) members of the Active Staff appointed by the President of the Association and approved by the Executive Committee at least two (2) months prior to the date of the annual Association meeting at which the election according to this Section 9.3 will take place. The nominating committee shall formally request names of potential candidates listed in 9.3-2 from members of the Association at least sixty (60) days prior to the annual meeting. Such a request shall be made electronically to each Association member through the Association's Internet-based bulletin board and electronically to those Association members that have provided their e-mail address. The nominations of the committee shall be reported to the Executive Committee at least twenty (20) days prior to the annual meeting and shall be emailed to the voting members of the Association at least twenty (20) days prior to the election.

9.3-2 **This nominating committee shall offer one or more nominees** for each of the following positions:

1. President-Elect,
2. Secretary/Treasurer,
3. Nine (9) Representatives At Large:
    a. six (6) Association Members At Large,
    b. Representative from the Keck School of Medicine Faculty Council, and
    c. Representative and Alternate Representative to Organized Medical Staff Section (OMSS) of the California Medical Association/American Medical Association.

Two (2) months prior to the annual Association meeting at which these elections shall take place, each department listed in Article X, Section 10.1 shall submit to the Secretary/Treasurer two nominees, who are Active Staff members for each of the six (6) Association Members At Large positions and for the OMSS Representative and OMSS Alternate Representative positions. Also, the Keck Medical Faculty Council (MFC) shall submit to the Secretary/Treasurer at least one (1) nominee who is an Active Staff member for the MFC representative position. The Secretary/Treasurer will transmit the list of the nominees to the nominating committee. From this list, the nominating committee will recommend six (6) Active Staff members for the six (6) Association Members At Large positions and one (1) Active Staff member each for the OMSS Representative and OMSS Alternate Representative positions, having considered appropriate representation of various clinical disciplines and constituencies. Also, at least one (1) nominee of MFC will be recommended by the nominating committee.

9.3-3 **Nominations** may also be made by petition signed by at least five (5) percent of the members of the Association eligible to vote and be accompanied by written consent of the nominee(s) and filed with the Secretary/Treasurer at least fifteen (15) days prior to the annual Association meeting. In this event, the Secretary/Treasurer shall promptly advise the membership of the additional nomination(s) by email.

9.3-4 **The President-Elect, the Secretary/Treasurer, and the nine (9) Representatives At Large** shall be elected in even numbered years for a two (2)-year term at the annual Association meeting. Only members accorded the right to vote as described in Article III shall be eligible to vote.

9.3-5 **Voting** shall be by written ballot. Election of President-Elect and Secretary/Treasurer shall be by simple majority of the votes cast at the annual Association meeting. In the event that there are three (3) or more candidates for office and no candidate receives a majority, there shall be successive balloting such that the name of the candidate receiving fewest votes is omitted from each successive slate until a simple majority vote is obtained by one (1) candidate. If two (2) candidates have the same number of least votes, both shall be omitted

from the successive slate. Election to the nine (9) Representatives At Large positions shall be by plurality of the votes cast for each position with the candidate receiving the most votes being elected.

9.4 Term of Office

Each elected officer and Representative At Large shall serve a two (2)-year term or until a successor is elected. The President-Elect shall serve a two (2)-year term, at the conclusion of which he or she shall become President. The office of Immediate Past-President shall be assumed by the outgoing President for a two (2) year term. Officers and Representative At Large shall take office on the first day of the Association Year following their election.

9.5 Vacancies in Office

Vacancies in office occur upon the death or disability, resignation, or removal of the officer, or such officer's loss of membership in the medical staff. Vacancies, during the term of office, except for the President, and vacancies in the positions of Representatives At Large shall be filled by the Executive Committee. If there is a vacancy in the office of the President, the President-Elect shall serve out the remaining term of the President and shall continue for the term for which he or she was elected. In such event, the office of President-Elect shall be appointed by the president who shall immediately appoint an ad hoc nominating committee to decide promptly upon nominee for the office of president-elect. Such nominee shall be reported to the Executive Committee and to the Association.

9.6 Removal of Elected Officers and Representatives At Large

Except as otherwise provided, removal of an officer or Representative At Large may be effected by a two-thirds vote of the Executive Committee acting upon its own initiative or by a two-thirds (2/3) vote of the members eligible to vote for officers. Removal may be based only upon failure to perform the duties of the elected office or for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude.

9.7 Duties of Officers and Members At Large

9.7-1 President: The President shall:

1. Be the chief officer of the Association;

2. Act in coordination and cooperation with the Governing Body, the Director, the Chief Medical Officer of Health Services, the CEO, the Chief Medical Officer, and the Deans of the Professional Schools or their duly authorized designees in all matters of mutual concern within the Medical Center;

3. Call, preside at and be responsible for the agenda of all meetings of the Association;

4. Serve as chair of the Executive Committee and calling, presiding at, and being responsible for the agenda of all meetings thereof;

5. Serve as an ex-officio member of all other Association committees unless membership in a particular committee is required by these bylaws;

6. Be responsible for enforcement of the Association bylaws, rules and regulations, and for the Association's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;

7. Appoint, in consultation with the Executive Committee and, when necessary, the Chief Medical Officer, CEO and the Dean of the appropriate Professional School, committee chairs, committee members and the officers thereof to all standing Association committees as listed in Article XI, except as otherwise provided in Article XI;

8. Represent the views, policies, needs, and grievances of the Association to the CEO, the Chief Medical Officer, the Chief Medical Officer of Health Services, the Director,

and the Governing Body or their duly authorized designees;

9. Be spokesperson for the Association in external professional and public relations;

10. Perform other functions as may be assigned to him or her by these bylaws, by the membership, and by the Executive Committee;

11. Refer appropriate items to the committees of the Association for recommendations;

12. Receive and interpret the policies of the Governing Body and report to the Governing Body on the performance and maintenance of quality with respect to the health care provided in the Medical Center; and

13. Serve on any liaison committees with the Governing Body and Medical Center administration, as well as with outside licensing or accreditation organizations, as appropriate.

14. To represent and to act on behalf of the Association in the intervals between Association meetings, subject to such limitations as may be imposed by these bylaws.

15. Serve as a voting member of the Joint Conference Committee.

9.7-2 President-Elect: In the absence of the President, he or she shall assume all the duties and have the authority of the President. He or she shall be the vice-chair of the Executive Committee and a member of the Joint Conference Committee and shall perform such other functions as may be assigned to him or her by these bylaws, by the membership, and by the Executive Committee.

9.7-3 Immediate Past-President: His or her duties shall be to advise the President in all matters concerning the Association. He or she shall be a member of the Executive Committee, the Joint Conference Committee and shall perform such other functions as may be assigned to him or her by these bylaws, by the membership, and by the Executive Committee.

9.7-4 Secretary/Treasurer: The Secretary/Treasurer shall:

1. Maintain accurate and complete minutes of all Association meetings and carry out other secretarial functions, including, but not limited to, an accurate roster of members;

2. Attend to all procedures regarding applications for membership in the Association as described in these bylaws;

3. Perform other functions as may be assigned to him or her by these bylaws, by the membership, and by the Executive Committee;

4. Keep accurate and complete financial records of all Association activities;

5. Provide regular reports to the Association concerning the financial status of the Association; and

6. Safeguard all funds and assets of the Association preparing an annual proposed budget of anticipated income and expenditures, for approval by the medical staff, and preparing on a quarterly basis a financial statement and recommending, where needed, the creation of a finance subcommittee to assist in these duties.

9.7-5 Representatives At Large: Duties of these representatives shall include the following:

1. Association Members At Large shall represent the attending staff at Executive Committee meetings and Association staff meetings.

2. Representative from the Keck School of Medicine Faculty Council shall represent the Keck Faculty Council shall represent the attending staff at Executive Committee

meetings and Association staff meetings.

4. OMSS representative and alternate representative shall represent the attending staff at Executive Committee meetings and Association staff meetings. These representatives shall also give an annual report to the Executive Committee on matters important to the attending staff.

9.8. Compensation of Attending Staff Officers

Association Officers should be compensated for their work spent representing and leading the Association. Such compensation shall come from Association funds, for which the Attending Staff has sole responsibility. The payment to individual physicians should be in the amount determined by the Executive Committee. If the Medical Center provides any funds specifically earmarked for such compensation, those funds should be requested and accounted for in the Association budget for Medical Center approval.

9.9 Medical Staff Representatives to the Joint Conference Committee

The Association President shall serve as voting member of the Joint Conference Committee of the Medical Center, representing the interests of the Association.

ARTICLE X ORGANIZATION

10.1 Organization of the Association

10.1-1 Departments: The Association shall be organized into departments which are reflective of the scope of services provided within the Medical Center. Each department shall be organized as a separate component of the medical staff and shall have an ASA Department Chair or Service Chief selected and entrusted with the authority, duties, and responsibilities specified in Section 10.3, who shall be responsible for the overall supervision of the clinical, educational and research activities within his or her department. Departments may be organized into one or more divisions or sections which shall have a Division Chief or Section Head. Each division shall be organized as a specialty within a clinical department, shall be directly responsible to the department within which it functions, and shall have a division chief who is selected and has the authority, duties and responsibilities as specified in these bylaws. The divisions and sections are specified in the Association's rules and regulations. The current departments are:

1. Anesthesiology
2. Dentistry
3. Dermatology
4. Emergency Medicine
5. Family Medicine
6. Medicine
7. Neurology
8. Neurosurgery
9. Obstetrics and Gynecology
10. Ophthalmology
11. Orthopedics
12. Otolaryngology
13. Pathology

14. Pediatrics

15. Psychiatry

16. Radiology

17. Radiation Oncology

18. Surgery

19. Urology

10.1-2 Divisions and Sections: The specified divisions and sections of a department will be recommended by the chair/chief of the department to the Executive Committee for approval.

10.1-3 Changing the Organization: The organization of the Association, as set forth in this Section 10.1, may be changed from time to time by the Executive Committee with the advice of Medical Center Administration without the necessity of an amendment to these bylaws.

10.1-4 Association Department Formation or Elimination: An Association department can be formed or eliminated only following a determination by the Association of appropriateness of department elimination or formation. Prior to taking action regarding any proposed change, the Executive Committee, in its sole discretion, may request approval of the change at any annual or special Association meeting by the members present and eligible to vote, provided that a quorum exists. Following Executive Committee action, such change shall be effective only upon approval by the Governing Body, which approval shall not be withheld unreasonably. The Governing Body's decision shall uphold the Association's determination unless the Governing Body makes specific written findings that the Association's determination is arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with the law. The President shall notify all the members of the Association of any approved change.

1. The Association shall determine the formation or elimination of an Association department to be appropriate based upon consideration of its effects on quality of care in the facility and/or community. A determination of the appropriateness of formation or elimination of an Association department must be based upon the preponderance of the evidence, viewing the record as a whole, presented by any and all interested parties, following notice and opportunity for comment.

10.2 Department Assignment

Each practitioner shall have a primary assignment in one department as limited by Article IV, Section 4.2-6, and, as appropriate, to a division or section within such department, but may also be granted a joint appointment and clinical privileges in another department if recommended by the department chair/chief of the primary department and the other involved department and the appropriate departmental Credentials Committees. The exercise of privileges within each department shall be subject to the departmental rules and regulations and departmental policies and to the authority of the department chair/chief, division chief and section head.

10.3 Appointment of Attending Staff Association (ASA) Department Chairs, Service Chiefs, Division Chiefs and Section Heads

10.3-1 Qualifications: The ASA Department Chairs, Service Chiefs, Division Chiefs and Section Heads shall be members of the Association well qualified by training, experience, and demonstrated ability for these positions.

10.3-2 Appointments: ASA Department Chairs and Service Chiefs shall be confirmed by the Executive Committee having sought the recommendation of the Dean of the Keck School of Medicine of USC or School of Dentistry, whichever is applicable, the Chief Medical Officer and the CEO. Division Chiefs and Section Heads shall be appointed by the appropriate ASA Department Chair or Service Chief with concurrence of the Executive Committee. Each department chair/chief, division chief and section head shall serve from his or her appointment until his or her successor is appointed, unless he or she shall sooner resign or

be removed. Removal of a department chair/chief, division chief or section head shall be effected by the written approval of such action by those authorized to make and concur in the initial appointment. It shall be the obligation of the President and the Executive Committee, following at least a two-thirds (2/3) vote of the Executive Committee, to recommend such action as is considered appropriate for any failure of an ASA Department Chair, Service Chief, Division Chief or Section Head to satisfactorily perform his or her functions or for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude, to those authorized to make and concur in the initial appointment.

10.4 Functions of ASA Department Chairs, Service Chiefs, Division Chiefs and Section Heads

10.4-1 The ASA Department Chairs, Service Chiefs, or the vice chiefs, in the absence of the chief, shall report to the Executive Committee and the President for matters pertaining to the Association and to the Chief Medical Officer for matters pertaining to administrative duties, the division chiefs shall report to their ASA Department Chair, Service Chief and the section heads shall report to their division chief, if such exists, or otherwise to their ASA Department Chair or Service Chief. Both division chiefs and section heads shall report indirectly to the Executive Committee and the President for matters pertaining to the Association and to the Chief Medical Officer for matters pertaining to administrative duties.

10.4-2 The ASA Department Chairs, Service Chiefs, Division Chiefs and Section Heads shall:

1. Be accountable for all clinically related professional and administrative activities within their areas of responsibility (i.e., department, division or section) to include patient care review and overall supervision of the delivery of and review of the quality of the clinical work within their areas of responsibility. Continuously monitor the quality of patient care and professional performance rendered by members with clinical privileges in the department through a planned and systematic process; oversee and maintain the effective conduct of the patient care, evaluation, and monitoring functions delegated to the department by the Executive committee in coordination and integration with organization-wide quality improvements activities. This shall include timely completion of medical records and documentation of pertinence and clinical appropriateness and utilization review;

2. Be accountable for the performance of tissue and surgical case and invasive procedure review within their areas of responsibility to include, without limitation, reviewing report(s) from surgical cases in which a specimen is removed as well as from those cases in which no specimen is removed. The review shall include, but is not necessarily limited to, the indications for surgery and all cases in which there is a major discrepancy between the pre-operative and post-operative (including, without limitation, pathologic) diagnosis;

3. Make specific recommendations and suggestions to the Executive Committee and the President and to the Chief Medical Officer regarding their areas of responsibility in order to enhance quality patient care through continuous assessment and improvement of the quality of care, treatment, and services and maintenance of quality control programs, as appropriate;

4. Maintain continuing review of the professional performance and current competency of all practitioners with clinical privileges in their areas of responsibility and transmit, through organizational channels to the Executive Committee, recommendations concerning the appointment to Association membership, the reappointment, the criteria for and delineation of clinical privileges, and the monitoring of any corrective action with respect to the performance, for all practitioners in their areas of responsibility;

5. Make specific recommendations to the Rules and Bylaws Committee and the Executive Committee regarding departmental rules and regulations and develop and implement departmental policies and procedures that guide and support the provision of care, treatment, and services in the department;

6. Be responsible for enforcement of Association bylaws, rules, and regulations and

policies within their areas of responsibility, including, without limitation, the orientation and continuing education of all practitioners the department to same;

7. Be responsible for implementation within their areas of responsibility of actions taken by the Executive Committee, and department chairs/chiefs shall be members of the Executive Committee and shall give guidance on the overall medical policies of the Association and shall make specific recommendations and suggestions regarding the department;

8. Be responsible for the patient care teaching, education, and research programs within their areas of responsibility and where residents and/or fellows participate in patient care, develop and implement policies and procedures for supervision of residents and/or fellows to ensure that:

   a. patients receive safe, effective and compassionate quality care,

   b. residents and/or fellows are permitted levels of responsibility that are commensurate with their documented progress in attaining the knowledge and competence necessary to practice the specialty independently upon completion of their residency training, and

   c. the determination that a resident and/or fellow is competent to perform a procedure or task without direct supervision by a member of the Association with clinical privileges is communicated to all relevant patient care venues;

9. Directly or by a designee participate in every phase of administration of the department, including maintaining a quality control program, as appropriate, recommending a sufficient number of qualified and competent persons to provide care, treatment and services, and space and other resources needed by the department; and through cooperation with the nursing service and the Medical Center administration in matters affecting quality and efficiency of patient care, including, but not limited to, determining the qualifications and competence of personnel who are not licensed independent practitioners, supplies, special regulations, space utilization, standing orders, and techniques, including integration of the department into the primary function of the organization and coordination and integration of interdepartmental and intradepartmental services;

10. Assist in the preparation of such annual reports, including, but not limited to, budgetary planning as pertaining to their areas of responsibility, as may be required by the Executive Committee;

11. Appoint representatives from the department, division or section to attend the annual and any special meetings of the Association and provide for their reporting to their department, division or section after such meetings. The function of such representatives is set forth in Article XII, Section 12.9-1; and

12. Recommend the selection of any needed outside sources for clinical services not provided by the department or the Medical Center;

10.5 Functions of Departments, Divisions and Sections

10.5-1 Each department shall establish its own criteria consistent with the policies of the Medical Center and the Association, for recommending to the Executive Committee criteria for the granting of clinical privileges and the performance of specified health services in the department, including any divisions and sections of the department.

10.5-3 Each department may establish a departmental Credentials Committee, responsible to the department chair/chief, to the Credentials and Privileges Advisory Committee and to the Executive Committee, to determine the department's recommendations concerning Association appointments, reappointments, and the delineation of clinical privileges.

10.5-3 Each department shall conduct patient care and medical record reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to

patients within the department, including any divisions and sections of the department. The number of such reviews to be conducted during the year and the frequency of reports shall be as determined by the Executive Committee in consultation with other appropriate committees, including, but not limited to, the Quality Improvement Committee. Each department shall routinely collect information about important aspects of patient care provided in the department, periodically assess this information, and develop objective criteria for use in evaluating patient care. Patient care reviews shall include all clinical work performed under the jurisdiction of the department, regardless of whether the member whose work is subject of such review is a member of that department and specifically consider blood utilization and surgical tissue review. Adherence to Association policies and procedures and to sound principles of clinical practice shall be reviewed. Responsibility for review may be delegated to divisions or sections which shall report the results to the department including, without limitation, a recommendation for appropriate action when significant problems in patient care and clinical performance or opportunities to improve care are identified.

10.5-4 Each department shall coordinate the patient care provided by the department's members with the nursing and ancillary patient care services.

10.5-5 Each department shall meet monthly at least ten (10) times per year for the purpose of considering patient care review and any reports or information on other department and Association functions. A written record shall be maintained of these meetings.

10.5-6 Each department shall submit written reports to the Executive Committee concerning the department's review and evaluation activities, actions taken thereon, and the results of such actions and of recommendations for maintaining and improving the quality of patient care provided in the department.

10.5-7 Department committees shall be appointed by the chair/chief and mechanisms shall be established as may be necessary or appropriate to conduct department functions, including proctoring requirements.

10.8- Departmental rules and regulations reasonably necessary for the proper discharge of the department's responsibilities shall be formulated and submitted to the Rules and Bylaws Committee for review and recommendation to the Executive Committee. Changes in departmental rules and regulations that are approved by the Executive Committee shall be recommended for approval to the Governing Body, whose approval shall not be unreasonably withheld and, if approved, shall be disseminated to the members of the department.

10.5-9. **Graduate Medical Education**: Each department shall conduct, participate in and make recommendations regarding continuing education programs pertinent to departmental clinical practice and graduate medical education and shall establish policies and procedures for supervision of its residents and fellows that take into account the need for physicians in training to participate in providing safe, effective and compassionate care for the patients under supervision of members of the Association who have applied for and been granted clinical privileges. As they demonstrate progress in attaining the goals and objectives of the residency training program, residents and fellows will be granted increasing responsibility under lesser degrees of supervision by the member that is consistent with the attained knowledge and documented competence of each resident or fellow. The department's policies and procedures for supervision of the residents and fellows, including, without limitation, granting residents and fellows graduated responsibility for the evaluation and management of patients, shall be submitted for review and approval by the Graduate Medical Education Committee and the Executive Committee and shall be distributed to all residents and fellows and members of the Association in the department. The policies and procedures for supervision of residents and fellows shall be reviewed and modified as necessary at the time that the department's faculty periodically assesses the educational effectiveness of the department's physician training programs at intervals established by the Accreditation Council for Graduate Medical Education or other applicable accrediting organization but in any event, no less than annually. Changes in the policies and procedures for supervision of residents and fellows that are approved by the Executive Committee shall be disseminated to the department's attending staff, residents and fellows.

10.5-10 Accounting to the Executive Committee for all professional and Association administrative activities within the department.

ARTICLE XI COMMITTEES

11.1 General Provisions

11.1-1 Designation: Association committees shall include, but not be limited to, the Association meeting as a committee of the whole, meetings of departments and divisions and sections, meetings of committees established under this Article, and meetings of special or ad hoc committees created by the Executive Committee (pursuant to this Article) or by departments (pursuant to 10.5-7).

There shall be an Executive Committee and such other standing and special committees as from time to time may be necessary and desirable to perform the Association functions described in these bylaws. The Executive Committee may by resolution establish a committee to perform one or more of the required Association functions.

11.1-2 Members and Reporting: The committees described in this Article XI shall be the standing committees of the Association. Unless otherwise specified, the members of such committees and the chair, vice-chair and any other officers thereof shall be appointed by and may be removed by the President subject to the approval of the Executive Committee. Such committees shall be responsible to and report on a regular basis to the Executive Committee. All actions of the committees shall be subject to approval by the Executive Committee. The majority of the members of all committees shall be physician members of the Association, unless otherwise specifically provided in these bylaws. Resident staff shall be appointed to standing committees that are pertinent to their patient care duties and responsibilities. There shall be at least one (1) resident member on the Executive Committee, Graduate Medical Education Committee, Pharmacy and Therapeutics Committee, Blood Utilization Committee and Infection Control Committee.

11.1-3 Terms of Committee Members: Unless otherwise specified, each committee member shall be appointed for a term of one (1) year and shall serve until the end of this period or until a successor is appointed, whichever occurs later, unless he or she sooner resigns or is removed. Resident members may be appointed to less than one (1) year terms.

11.1-4 Removal: Any committee member, not including a committee member serving ex-officio, may be removed by a majority vote of the Executive Committee.

11.1-5 Vacancies: Unless otherwise specified, any vacancy on any committee shall be filled in the same manner in which an original appointment to such committee is made.

11.2 Executive Committee

11.2-1 Composition: The Executive Committee shall consist of the following elected officers and ex-officio and elected members:

1. **Elected officers** of the Executive Committee are the President, President-Elect, Immediate Past-President, and Secretary/Treasurer.

2. **Ex-officio members** of the Executive Committee without vote shall include:

   a. the CEO, the Chief Medical Officer, the Director of Quality Improvement, the Chief Nursing Officer, and the President of the Committee of Interns and Residents or designee

   b. the Deans of the Professional Schools.

3. ASA **Department Chairs and Section Chiefs**: the ASA Department chair and Section Chief of each department described in Article X, Section 10.1and approved by the Executive Committee,

4. **Committee Chairs**: the chairs of the standing committees as described in this

Article XI, as follows:

a. Credentials and Privileges Advisory Committee,

b. Graduate Medical Education Committee,

c. Infection Prevention Committee,

d. Interdisciplinary Practice Committee,

e. Pharmacy and Therapeutics Committee,

f. Quality Improvement Committee

g. Utilization Review Case Management Committee.

5. **Representatives At Large**: Nine (9) members of the Active Staff shall be elected by the Association to serve as Representatives At Large on the Executive Committee, as follows:

a. Six (6) shall be Association Members At Large,

b. One (1) shall be a Representative from the Keck School of Medicine Faculty Council, and

c. One (1) shall be the Organized Medical Staff Section (OMSS) Representative to the California Medical Association/ American Medical Association and one (1) shall be the Alternate Representative.

11.2-2 The President, President-Elect, and Secretary/Treasurer shall serve as chair, vice-chair, and secretary/treasurer, respectively, of the Committee.

11.2-3 **Duties**: The Executive Committee shall be accountable to the organized medical staff. The duties of the Executive Committee, as delegated by the Association are:

1. Seeking out the views of the Association on all appropriate issues;

2. Conveying accurately to the Governing Body the views of the Association on all issues, including those relating to safety and quality;

3. Represent and act on behalf of the Association in the intervals between Association meetings within the scope of its responsibilities as defined by the Association and subject to such limitations as may be imposed by these bylaws;

4. Coordinate and implement the professional and organizational activities and general policies of the Association, including, without limitation, the various departments;

5. Receive and act upon the reports and recommendations from Association committees, departments, and special Association groups;

6. Provide the formal liaison for the Association with the Medical Center administration, the Director and the Governing Body;

7. Establish the structure of the Association, the process used to review credentials and delineate clinical privileges, the delineation of privileges for each practitioner privileges through the attending staff process, the participation of the Association in the organization of quality assessment and performance improvement activities, the process by which Association membership may be terminated, the hearing procedures, and other matters relevant to the operation of an organized attending staff;

8. Fulfill the Association's accountability to the Governing Body for the health care

rendered to patients in the Medical Center;

9. Participate in activities relating to, and ensure that the Association is informed of the status of, obtaining and maintaining the Medical Center's accreditation and licensing. To develop and maintain methods for the protection and care of patients and others in the event of internal and external disaster planning, and fire and safety standards;

10. Recommend appropriate budgetary support to permit provision of quality patient care to assure that the Governing Body provides sufficient funds for the attending staff to render quality health care;

11. Review the credentials, performance, professional competence, character, and other qualifications, of all applicants and Association members and make recommendations to the Governing Body at least quarterly for Association membership appointments and reappointments, assignments to departments, delineation of clinical privileges, and corrective action;

12. Evaluate the medical care rendered to patients in the Medical Center, identify opportunities to improve patient care and to participate in activities related to the performance improvement program;

13. Conduct a biennial review of the Association bylaws and revise as necessary the bylaws, rules and regulations to reflect the Medical Center's current practices with respect to the Association's organization and functions;

14. Act for the Association as a liaison in the development of all Medical Center policy, practice, and planning;

15. Take reasonable steps to develop continuing education activities and programs for the attending staff;

16. Designate such committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Association and approve or reject appointments to those committees which shall be made by the President;

17. Appoint such special or ad hoc committees as necessary or appropriate to assist the Executive Committee in carrying out its functions and those of the attending staff;

18. Review the quality and appropriateness of services provided by contract practitioners

19. Review and approve the designation of the Medical Center's authorized representative for National Practitioner Data Bank purposes;

20. Establish a process for resolution of any disputes between attending staff members (including limited license practitioners) regarding the care of any patient;

21. Establish appropriate criteria for cross-specialty privileges in accordance with Article V Section 5.1-6;

22. To review the job description (e.g. qualifications, responsibilities, and reporting relationships) of medical directors in the hospital both to assure their adequacy for medical staff purposes, and to avoid a conflict of duties between the medical director and any medical staff leader;

23. To participate in the interview and review of candidates for position of Chief Medical Officer of the Medical Center, and to advise on the selection of any such candidate;

24. To review the performance of the Chief Medical Officer and Associate medical

directors periodically and transmit the results of that review to the Governing Body for its consideration and

25. To fulfill such other duties as the Association has delegated to the Executive Committee in these bylaws.

Removal and/or reassignment of a duty or duties delegated to the Executive Committee by the Association may only be done by amending these bylaws following the procedures described in Article XIX.

11.2-4 **Meetings**: The Executive Committee shall hold at least ten (10) monthly meetings each year, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly summary of the general findings and recommendations to the Governing Body as part of the governing body report of the Joint Conference Committee, except that routine reports to the Governing Body shall not include peer evaluations related to individual members.

11.3 Credentials and Privileges Advisory Committee

11.3-1 **Composition**: The Credentials and Privileges Advisory Committee shall consist of not less than seven (7) members of the Active Staff selected on a basis that will ensure, insofar as feasible, representation of major clinical specialties, one of whom shall be the President-Elect who shall be chair of the Committee and the administrative director of the Medical Center's Association Attending Staff Office.

11.3-2 **Duties**: Articles IV and V generally describe the responsibilities of the departmental Credentials Committees and the Credentials and Privileges Advisory Committee. Matters for consideration of the Credentials and Privileges Advisory Committee may be directed to the Committee by the Chief Medical Officer, the President, or the Executive Committee.

The Credentials and Privileges Advisory Committee shall:

1. Review the qualifications and credentials of all applicants for Association membership and/or modification of clinical privileges and make recommendations for membership appointment and reappointment, assignment to departments, and delineation of clinical privileges in accordance with these bylaws;

2. Make a report to the Executive Committee on each applicant for Association membership and/or clinical privileges, including specific consideration of the recommendations from the department in which such applicant requests privileges;

3. Consider any matters of controversy regarding Association membership appointments and reappointments, granting of privileges, and conflicts between departmental Credentials Committees;

4. Investigate and review any records that may be referred by any committee of the Association, the Chief Medical Officer or the Executive Committee regarding the qualifications, conduct, professional or competence of any applicant or attending staff member and shall arrive at decisions regarding the qualifications, conduct, professional character or competence of Association applicants and members, and be advisory to and make recommendations to the Executive Committee regarding such matters;

5. Investigate any suspected breach of ethics that may be reported to the Committee; and

6. Review and evaluate the use of allied health professional personnel performing specified health services, and in connection therewith, obtain and consider the recommendations of the appropriate departments and the Interdisciplinary Practices Committee.

11.3-3 **Meetings**: The Credentials and Privileges Advisory Committee shall meet on an as-needed basis, but at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit reports to the Executive Committee on its activities and recommendations, except that routine reports to the Director and Governing Body shall not include peer evaluations related to individual members.

11.4 Quality Improvement Committee

11.4-1 **Composition**: The Quality Improvement Committee shall consist of the Chief Medical Officer, President, Director of Quality Improvement, chairs and/or clinical chiefs of all departments or their appointed Quality Improvement Medical Director, and one (1) representative from nursing services, pharmacy, and Medical Center administration.

11.4-2 **Duties**:

The Quality Improvement Committee shall:

1. Have an ongoing responsibility for the Medical Center-wide monitoring of the quality of the patient care provided in the Medical Center to assure that the Medical Center's quality assessment is performed by the departmental, program specific, or otherwise necessary, quality programs.

All quality programs shall be:

   a. Described in writing;

   b. Ongoing, integrated/coordinated;

   c. Representative of all clinical disciplines and practitioners, where appropriate;

   d. Criterion-based or goal-related with continuous improvement as one of its goals;

   e. Concerned primarily with the identification, prioritization and sustained resolution of problems;

   f. Implemented and have established mechanisms for reviewing and evaluating patient care; and

   g. Responsive to findings;

2. Oversee the Medical Center's Quality Improvement Program and identify opportunities to improve patient care and Medical Center performance;

3. Annually review, evaluate and recommend for approval of the Executive Committee the Medical Center Quality Plan for maintaining quality patient care within the Medical Center. This may include mechanisms to:

   a. Establish systems to identify potential problems in patient care;

   b. Set priorities for action on problem correction;

   c. Refer priority problems for assessment and corrective action to appropriate departments or committees;

   d. Review, evaluate and approve department and committee plans for monitoring, evaluating and improving patient care; and

   e. Coordinate and monitor results of healthcare quality assessment and improvement activities;

4. Assist the Association and the Medical Center to meet applicable accreditation

requirements relating to healthcare quality; and

5. Review and evaluate data collected, reviewed and reported to the Association, Medical Center committees, which may include, but are not limited to departmental quality improvement committees, Risk Management Committee, Patient Safety Committee, Organ and Tissue Oversight Committee, Cardiopulmonary Resuscitation Committee, Surgical Case Review Tissue Discrepancies Committee, Respiratory Care Committee, and Trauma Committee,.

11.4-3 **Meetings**: The Quality Improvement Committee shall hold at least ten (10) monthly meetings per year, shall maintain a permanent record of its proceedings and actions, and shall submit a report of each meeting and its activities and recommendations to the Executive Committee, to the Director, and to the Governing Body, except that routine reports to the Director and Governing Body shall not include peer evaluations related to individual members.

11.5 Pharmacy and Therapeutics Committee

11.5-1 **Composition**: The Pharmacy and Therapeutics Committee shall consist of at least five (5) Association members and one (1) each from the Section of Clinical Pharmacology of the Keck School of Medicine of USC, nursing service, University of Southern California School of Pharmacy, and Medical Center administration. The Chief Pharmacist shall be a member of and act as Secretary for the Committee.

11.5-2 **Duties**: The Pharmacy and Therapeutics Committee shall be responsible for:

1. The development, review, approve and surveillance of all drug utilization policies and practices within the Medical Center in order to assure optimum clinical results and a minimum potential for hazard;

2. The formulation of broad professional policies regarding the continuing evaluation, appraisal, selection, procurement, storage, manufacturer, distribution, use, safety procedures, and all other matters relating to drugs in the Medical Center;

3. The development, maintenance and periodical review of a drug formulary for use in the Medical Center in order to provide practitioners with quality products and an adequate selection of drugs to enable prescribers to provide high quality drug therapy;

4. The recommendations concerning drugs to be stocked on the nursing unit floors and by other services;

5. The prevention of unnecessary duplication in stocking of drugs and drugs in combination having identical amounts of the same therapeutic ingredients;

6. The utilization of the drug information resources of the Medical Center for educational purposes to improve the quality of drug therapy;

7. The periodic review of high use and high cost drug items and making appropriate recommendations;

8. The review, approval and establishment of standards concerning the use and control of investigational drugs and of research in the use of recognized drugs;

9. Drug error and all significant adverse drug reaction review and evaluation and making specific recommendations with the goal of reducing drug errors and adverse drug reactions;

10. Advising the Association and the pharmaceutical service on matters pertaining to the choice of available drugs; and

11. Evaluating clinical data concerning new drugs or preparations requested for use in the hospital;

11.5-3 Meetings: The Pharmacy and Therapeutics Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee on its activities and recommendations which shall not include peer evaluations related to individual members.

11.6 Infection Prevention Committee

11.6-1 Composition: The Infection Prevention Committee shall be representative of the appropriate membership of the Association for the Medical Center area concerned and one (1) representative each from the Departments of Medicine, Surgery, Obstetrics/Gynecology, Pediatrics, Pathology, Medical Center administration, nursing services, Infection Preventionists/epidemiology and others as necessary. It may include non-voting consultants in microbiology and non-voting representatives from relevant hospital services.

11.6-2 Duties: The duties of the Infection Prevention Committee shall include:

1. The Infection Control Committee shall be responsible for the development of Medical Center-wide infection prevention and control program and the ongoing surveillance of the Medical Center for infection hazards, the review and analysis of actual infections, the promotion of a preventative and corrective program designed to minimize infection hazards, and the supervision of infection control in all phases of the Medical Center's activities.

2. The Committee shall be responsible for the development of a system for reporting, identifying, and analyzing the incidence and cause of nosocomial infections, including assignment of responsibility for the ongoing collection and analytic review of such data, and follow-up activities, including, but not limited to:

   a. Developing and implementing a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing and evaluating aseptic, isolation and sanitation techniques;

   b. Developing written policies defining special indication for isolation requirements;

   c. Coordinating action on findings from the Association's review of the clinical use of antibiotics;

   d. Acting upon recommendations related to infection control received from the President, Executive Committee, departments, and other committees; and

   e. Reviewing sensitivities of organisms specific to the particular facility.

11.6-3 **Meetings**: The Infection Prevention Committee shall each meet as often as necessary but at least every two (2) months and shall maintain a permanent record of its proceedings and actions. The Infection Prevention Committee shall submit a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee on the activities and recommendations of the Committee and will forward quality related matters to the Quality Improvement Committee.

11.7 Rules and Bylaws Committee

11.7-1 Composition: The Rules and Bylaws Committee shall consist of at least five (5) Association voting members, including at least the President-Elect and the Immediate Past President. The President-Elect shall act as chair.

11.7 Duties: The Rules and Bylaws Committee shall:

1. Conduct an annual review of the Association bylaws as well as the rules, regulations and forms promulgated by the Association, departments, sections, divisions, and committees;

2. Submit recommendations to the Executive Committee for changes in such bylaws, rules, regulations, policies and forms as necessary to reflect current Association practices;

3. Receive and evaluate for recommendation to the Executive Committee suggestions for modification such bylaws, rules, regulations, policies and forms;

4. Recommend to the Executive Committee rules and regulations for the entire Association as well as for the departments, sections, divisions, and committees;

5. Receive and review from the departments, sections, divisions, and committees their recommended rules and regulations;

6. Review the Association bylaws annually and develop and recommend revisions or amendments as necessary to the Association for changes in Association documents and operations as necessary to reflect or improve current medical practices;

7. Receive and evaluate concerns relating to the ability of the Association to be self-governing and report back to the Association; and

8 Review the Medical Center bylaws and policies, which shall be provided by the Medical Center and made available by the Attending Staff Office to any Association member upon request, for inconsistencies and conflicts with Association documents and reporting issues and recommendations to the Executive committee for its review.

All actions of the Rules and Bylaws Committee shall be subject to approval by the Executive Committee.

11.7-3 Meetings: Rules and Bylaws Committee shall meet as often as necessary at the call of its chair but at least annually, shall maintain a permanent record of its proceedings and actions, and shall submit reports (meeting minutes will suffice for this purpose) to the Executive Committee on its activities and recommendations.

11.8 Cancer Committee

11.9-1 **Composition**: The Cancer Committee shall consist of at least five (5) Association members with representation from the departments of Pathology, Medicine (Division of Medical Oncology), Surgery, Radiology (Division of Diagnostic Radiology) and Radiation Oncology, and one each from social services, nursing service, Cancer Registry, Palliative Care, Pharmacy, Pain Control, Dietary/Nutrition, Medical Center administration and the Cancer Liaison Physician. All Cancer Conferences presenting review of care for patients with cancer are considered subcommittees of the Cancer Committee. Subcommittees may be appointed as necessary.

11.9-2 **Duties**: The Cancer Committee shall cover the entire spectrum of care for all cancer patients admitted to the Medical Center and cared for by members of the Association encompassing diagnosis, treatment, rehabilitation, follow-up, quality assessment, and end-results-reporting. The Committee shall be responsible for a functioning Cancer Registry and submission of periodic reports to the Executive Committee. The responsibilities of the Committee shall be consistent with the American College of Surgeons Commission on Cancer and Cancer Program Standards for an academic program and shall include, but not be limited to:

1. Insure that patients have access to consultative services in all disciplines;

2. Develop and sponsor educational conferences related to cancer;

3. Assure that the educational programs, conferences and other clinical activities cover the entire spectrum of cancer care;

4. Audit data provided to the Committee to evaluate the cancer program and trends in the treatment of cancer at the Medical Center;

5. Supervise the activities of the Medical Center's Cancer Registry, and evaluate the quality of abstracting, staging and reporting;

6. Define, receive and review, at least quarterly, a report of all Cancer Conferences; and

7. Conduct two (2) patient care evaluation studies each year.

8. Maintain all accreditation standards for a Cancer Program as defined by the American College of Surgeons Commission Cancer academic program.

11.8 **Meetings**: The Cancer Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee on its activities and recommendations.

11.9 Blood Utilization Committee

11.9-1 **Composition**: The Blood Utilization Committee shall consist of the Director of the Blood Bank, at least five (5) Association members with one (1) each from the Departments of Anesthesiology, Medicine, Pediatrics, Surgery and Obstetrics and Gynecology, nursing services, and such other members as from time to time may be necessary. Subcommittees may be formed to review transfusion records.

11.9-2 **Duties**: The Blood Utilization Committee shall be responsible for establishment of a periodic review mechanism of the records of transfusions of blood and blood components to include an assessment of transfusion reactions, blood utilization, and making recommendations regarding specific improvements in transfusion services and policies. The Committee shall also:

1. Develop, review, revise and approve recommendations of policies and procedures on ordering, distributing, handling, dispensing, and administering blood and blood components;

2. Continuously evaluate the appropriateness and usage of selected blood components, including the screening, distribution, handling and administration of blood and blood products;

3. Review and monitor transfusion reactions and blood and blood components' effects on patients; and

4. Make appropriate recommendations for improvement.

11.9-3 **Meetings**: The Blood Utilization Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose of reporting to the Executive Committee) to the Executive Committee on its activities and recommendations.

11.10 Joint Conference Committee

11.10-1 **Composition**: The Joint Conference Committee shall be composed of the President, the President-Elect, and the Immediate Past President, the Association Secretary/Treasurer, a member or representative the Governing Body/Director, CEO and Chief Medical Officer of Health Services and Chief Medical Officer. All members are voting members. The chair of the Committee shall alternate every other meeting between the Director's designees and the Association member's designee. A quorum shall consist of an equal number of Association and Governing Body

members/representatives as defined in this subsection.

11.10-2 **Duties**: The Joint Conference Committee shall constitute a forum for the discussion of matters of Medical Center and Association policy, practice, and planning, and a forum for interaction between the Governing Body/Director's designees and the Association on such matters as may be referred by the Executive Committee or the Governing Body/Director, including the Governing Body quarterly report The Joint Conference Committee shall serve as the review body for hospital strategic planning. The Joint Conference Committee shall serve as the body to handle Association and Governing Body disputes, and shall meet and confer in good faith to resolve such disputes. The Joint Conference Committee shall exercise any other responsibilities set forth in these bylaws.

11.10-3 **Meetings**: The Joint Conference Committee shall meet quarterly, shall maintain a permanent record of its proceedings and actions, and shall transmit written reports of its activities and recommendations to the Executive Committee and the Governing Body, except that reports to the Director and Governing Body shall not include peer review information related to individual members.

11.11 Well-Being Committee

11.11-1 **Composition**: Well-Being Committee shall consist of not less than three (3) Active Staff members, a majority of whom, including the chair, shall be physicians. Insofar as possible, members of the Committee shall not serve as members of other peer review or quality improvement committees of the Association while serving on this Committee.

11.11-2 **Duties**: The Well-Being Committee may receive reports related to the physical and mental health, well-being, or impairment (e.g., substance abuse, physical or mental illness) of Association members and, as it deems appropriate, may evaluate such reports and assist such practitioners to obtain necessary rehabilitation services, including requiring the provider to submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee. The applicant may select the examining physician from an outside panel of three (3) physicians chosen by the Executive Committee. With respect to matters involving Association members, the Committee may, on a voluntary basis, provide such advice, counseling, or referrals as it deems appropriate.

Such activities shall be confidential; however, in the event information received by the Committee clearly demonstrates that the physical or mental health or known impairment of an Association member poses an unreasonable risk of harm to patients, that information may be referred for corrective action pursuant to Article VI. The Committee shall also consider general matters related to the health and well-being of Association members and, with the approval of the Executive Committee, shall develop educational programs or related activities and shall recommend policies and procedures for recognizing practitioners who have problems with substance abuse and/or physical or mental illness which may impair their ability to practice safely and effectively, and for assisting such practitioners to obtain necessary rehabilitation services.

11.11-3 **Meetings**: The Well-Being Committee shall meet as often as necessary but at least quarterly, shall maintain only such record of its proceedings as it deems advisable, but shall report to the Executive Committee on its activities and recommendations.

11.12 Ethics Committees

11.12-1 **Composition**: There are two Ethics Committees: (1) the Fetal/Infant/Children Bioethics Committee and (2) the Ethics Resource Committee. The Ethics Committees shall consist of physicians and such other members as deemed appropriate which may include nurses, lay representatives, social workers, clergy, ethicists, attorneys, representatives from the Governing Body and administrators, although a majority shall be physician members of the Association.

11.12-2 **Duties**: Ethics Committees may participate in the following:

1. development of guidelines for consideration of cases having bioethical implications;

2. development and implementation of procedures for the review of such cases;

3. development and/or review of Medical Center and Association policies regarding care and treatment of such cases;

4. retrospective review of cases for the evaluation of bioethical policies; and

5. provide a forum for discussion of bioethical questions when they arise and consultation with concerned parties to facilitate communication and aid conflict resolution; and facilitate communication with and education of Medical Center staff on bioethical matters.

11.12-3 **Meetings:** Each Ethics Committee shall meet as often as necessary at the call of its chair but at least ten times per year, shall maintain a permanent record of its proceedings and actions, and shall submit reports (meeting minutes will suffice for this purpose) to the Executive Committee on its activities and recommendations.

11.13 IRB/Research Committee

11.13-1 **Composition**: The Research Committee shall consist of at least three (3) members of the association, including a member of Pharmacy and Therapeutics Committee, medical administration and the Institutional Review Board (hereafter "IRB") of the University of Southern California Health Sciences Campus

11.13-2 **Duties**: The IRB/Research Committee shall:

1. Examine all requests for the performance of any type of medical research within the Medical Center and, if approved, such research must be performed in accordance with any stated conditions. Such recommendations shall be subject to approval by the Executive Committee, the Chief Medical Officer, the CEO, and the Director or his or her authorized designee;

2. Monitor all approved medical research projects and require and receive from time to time, but not less than annually, written progress reports on all approved research projects;

11.13-3 **Requests to Conduct Medical Research**: No Association member or other person shall perform any type of medical research at the Medical Center without first obtaining the approval of the Research Committee, the Executive Committee, the Chief Medical Officer, the CEO, the Director or his or her authorized designee, and any other person or body whose approval is required under a County contract. No medical research shall be approved unless such research will contribute to or benefit health care for County patients. All requests for permission to conduct such medical research in the Medical Center must be in writing and in such form as may be required by the Committee and shall be accompanied by the written approval of the chair of each department involved.

11.13-4E. **Meetings**: The IRB Committee shall meet as necessary but not less than quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report to the Executive Committee, the Chief Medical Officer, the CEO, the Director and the Governing Body or his or her authorized designee, on its activities and recommendations.

11.14 Interdisciplinary Practice Committee

11.14-1 **Composition**: The Interdisciplinary Practice Committee (IDPC) shall consist of, at a minimum, the Chief Nursing Officer or his or her designee, the Chief Medical Officer or his or her authorized designee, and an equal number of physicians appointed by the Executive Committee and registered nurses appointed by the Chief Nursing Officer. Licensed or certified health professionals other than registered nurses who perform functions requiring standardized procedures, protocols or guidelines shall be appointed to the Committee by the Executive Committee. The chair of the Committee shall be a

physician member of the Active Staff appointed by the Executive Committee and the co-chair shall be an RN both appointed by the Executive Committee.

11.14-2 **Duties**: The duties of the Committee include, but are not limited to:

1. Perform functions Development and review of standardized procedures, protocols or guidelines and receive reviews of the quality of care provided by mid-level providers under such procedures, protocols or guidelines;

2. Recommend policies, procedures, protocols or guidelines for expanded role privileges for assessing, planning and directing the patients' diagnostic and therapeutic care rendered by allied health professionals;

3. Serve as the liaison between licensed or certified health professionals who perform functions requiring standardized procedures, protocols or guidelines and the Association;

4. Review allied health professionals' applications and requests for privileges and forward its recommendations and the applications on the to the appropriate department; and

5. Participate in allied health professionals peer review and performance improvement.

6. Evaluate and make recommendations regarding the need and/or appropriateness of the performance of services by mid-level providers.

7. Evaluate and make recommendations regarding:

    a. the mechanism for evaluating the qualifications and credentials of mid-level providers who are eligible to apply for and provide in-hospital and outpatient services;

    b. the minimum standards of training, education, character, competence, and overall fitness of mid-level providers eligible to apply for the opportunity to perform in-hospital and outpatient services;

    c. identification of in-hospital and outpatient services which may be performed by an mid-level providers, or category of mid-level providers, as well as any applicable terms and conditions thereon; and

    d. the professional responsibilities of mid-level providers who have been determined eligible to perform in-hospital and outpatient services.

8. Make recommendations regarding appropriate monitoring, supervision, and evaluation of mid-level providers who may be eligible to perform in-hospital and outpatient services.

9. Evaluate and report whether in-hospital and outpatient services proposed to be performed or actually performed by mid-level providers are inconsistent with the rendering of quality medical care and with the responsibilities of members of the medical staff.

10. Evaluate and report on the effectiveness of supervision requirements imposed upon mid-level providers who are rendering in-hospital services.

11. Periodically evaluate and report on the efficiency and effectiveness of in-hospital and outpatient services performed by mid-level providers.

11.14-3 **Meetings.** The Interdisciplinary Practice Committee shall meet as necessary but not less than quarterly, shall maintain a permanent record of its proceedings and actions and shall submit at least a quarterly report to the Executive Committee, and to the Governing Body, on its activities and recommendations, except that reports to the Governing Body shall not include peer evaluations related to individual members.

11.15 Graduate Medical Education Committee

11.15-1 Composition:

1. Graduate Medical Education Committee shall consist of, at a minimum, each department's director(s) of the general specialty and subspecialty residency program(s), the Chief Medical Officer, the Academic Administrator if different from the Chief Medical Officer, one Professional School representative, the Director of Graduate Medical Education, and three (3) resident representatives, two (2) of whom shall be elected by their peers as authorized by the Executive Committee and one (1) of whom shall be appointed by the Director of Graduate Medical Education. The Director of Graduate Medical Education shall be the chair of the Committee.

2. Graduate Medical Education Steering Subcommittee of the Graduate Medical Education Committee shall consist of the program directors of the general specialty programs in the departments of Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery; one-third of the program directors of the remaining general specialty residency programs, serving two-year terms in rotation; the Chief Medical Officer; the Academic Administrator if different from the Medical Director; one Professional School representative; the Director of Graduate Medical Education; and three (3) resident representatives.

11.15-2 Duties: The Graduate Medical Education Committee shall:

1. Organize and oversee professional continuing postgraduate physician educational programs sponsored by the Medical Center, including documentation of attendance at such programs, as deemed appropriate;

2. Assure that each educational program provides appropriate guidance and supervision of the residents, facilitating the residents' professional and personal development while ensuring safe and appropriate care for patients;

3. Monitor and advise on all aspects of residency education by recommending policies that affect all residency programs regarding the quality of education and the work environment for the residents in each program; and

4. Establish and implement appropriate oversight of and liaison with program directors; assure that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in programs sponsored by the Medical Center.

11.15-3 Meetings: The Graduate Medical Education Committee shall meet annually and shall maintain a permanent record of its proceedings and actions. The Graduate Medical Education Steering Subcommittee shall meet at least ten (10) times per year to conduct the business and functions of the Graduate Medical Education Committee, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose of reporting to the Executive Committee) to the Executive Committee, the Chief Medical Officer Director, the CEO and the Director, on its activities and recommendations, except that reports to the Director and Governing Body shall not include peer evaluations related to individual members**.**

11.16 Health Information Committee

11.16-1 Composition: The Health Information Committee (HIC) shall consist of at least five (5) Association members each of whom shall be from a different department and one (1) representative each from Medical Center administration, information management services, nursing services, quality improvement, and risk management. The Health Records Control Forms Subcommittee and the Patient Charting Committee may serve as subcommittees.

11.16-2 Duties: The Health Information Committee shall:

1. Report committee findings, conclusions and recommendations to the Executive Committee and the organization's Executive Council at least quarterly;

2. Monitor health and medical record performance at the Medical Center;

3. Develop, review, recommend and implement health and medical record policies. Establish the format of health and medical records, the forms used, and policies governing the use of electronic data processing storage systems for health records purposes;

4. Assist various department and divisions in effectively implementing the Medical Center's health and medical record policies;

5. Monitor and evaluate clinical pertinence assessments of health and medical records and/or monitor and evaluate clinical pertinence assessments performed by the Quality Improvement Committee;

6. Monitor Medical Center staff orientation and education activities related to health and medical record policies and procedures; and

7. Evaluate, at least annually, the overall effectiveness of health and medical record functions.

8. The Health Records Control Forms Subcommittee shall review and make recommendations on the development and use of paper forms that are part of the legal health/medical record.

9. The Patient Charting Committee or equivalent shall review and make recommendations on the development and use of electronic forms that are part of the legal health/medical record.

11.16-3 **Meetings**: The Health Records Control Forms Subcommittee and Patient Charting Committee shall meet at least quarterly and shall maintain a permanent record of its proceedings and actions, as shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Health Information Committee. The Health Information Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee on its activities and recommendations.

11.17 Surgical Case Review, Tissue Discrepancies Committee

11.17-1 **Composition**: The Surgical Case Review, Tissue Discrepancies Committee shall consist of at least three (3) members from the departments of Pathology, Surgery, and Obstetrics and Gynecology; at least one (1) each from the nursing services and Medical Center administration; and members from other departments as desired.

11.17-2 **Duties**: The Surgical Case Review, Tissue Discrepancies Committee shall oversee focused, random or ongoing review of any other invasive procedural or operating room related issue identified by the attending staff, nursing staff or any quality committee. The Committee shall review tissue and non-tissue cases performed in the operating room and in outpatient areas for:

1. Appropriateness of procedure;

2. Appropriateness for lack of tissue;

3. Major Discrepancies between pre- and postoperative diagnoses; and

4. Adequate follow-up of for unexpected findings.

11.17-3 **Meetings**: The Surgical Case Review, Tissue Discrepancies Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and

shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Quality Improvement Committee who shall report to the Executive Committee on its activities and recommendations.

11.18 Operating Room Committee

11.18-1 **Composition**: The Operating Room Committee shall consist of the Medical Director-Operating Rooms, members from the departments of Anesthesiology, Dentistry, Neurosurgery, Obstetrics and Gynecology; Ophthalmology, Orthopedics, Otolaryngology, and Surgery; at least one (1) each from the Committee of Interns and Residents, nursing services and Medical Center administration; and the Chief Medical Officer who shall be an ex-officio member. The chair shall be appointed by the President, and approved by the Executive Committee in consultation with the Chief Medical Officer.

11.18-2 **Duties**:

The Operating Room Committee shall:

1. Develop policies and procedures for the effective operation of the Operating Room Suite;

2. Collect, review data and make recommendations to optimize quality and timely care for each patient requiring surgery; and

3. Monitor overall Operating Room performance and utilization.

11.18-3 **Meetings**: The Operating Room Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee on its activities and recommendations.

11.19 Utilization Review Case Management Committee

11.19-1 **Composition**: The Utilization Review (UR) Case Management Committee shall include at least three (3) members from different departments, and one each from nursing services and Medical Center administration. Each Department that admits patients to the Medical Center will designate a Departmental UR Physician Advisor who will attend at least one (1) Utilization Review Case Management Committee meeting per year (Internal Medicine Physician Advisor must attend 3 per year) and will act as a consultant to the UR Nurses and the UR Physician Advisor as needed to help arbitrate request for utilization and case management.

11.19-2 **Duties**:

1. **Utilization Review Studies**: The Utilization Review Case Management Committee shall conduct utilization review studies designated to evaluate the appropriateness of admissions to the Medical Center, lengths of stay, discharge practices, use of Medical Center services, and all related factors which may contribute to the effective utilization of the Medical Center and practitioner services. The Committee shall communicate the results of its studies and other pertinent data to the Chief Medical Officer, the CEO, the Chief Medical Officer of Health Services, and the Executive Committee and shall make recommendations for the optimum utilization of Medical Center resources and facilities commensurate with quality of patient care and safety.

2. **Written Utilization Review Plan**: The Utilization Review Case Management Committee shall also formulate a written Utilization Review Case Management Plan for the Medical Center. Such Plan, as approved by the Executive Committee, the CEO, and the Director, must be in effect at all times and must include all of the following elements:

    a. The organization and composition of the committee(s) which will be responsible

for the utilization review function;

b. Frequency of meetings;

c. The types of records to be kept;

d. The methods to be used in selecting cases on a sample or other basis;

e. The definition of what constitutes the period of extended duration;

f. The relationship of the Utilization Review Case Management Plan to claims administered by a third party;

g. Arrangements for committee reports and their dissemination; and

h. Responsibilities of Medical Center's administrative staff in support of utilization review.

3. **Prolonged Length of Stay Evaluations**: The Utilization Review Case Management Committee shall evaluate the medical necessity for continued Medical Center services for particular patients where appropriate. In making such evaluations, the Committee shall be guided by the following criteria:

a. No physician shall have review responsibility for any continued stay cases in which he or she was professionally involved;

b. All decisions that further inpatient stay is not medically necessary shall be made by physician members of the Committee or physician advisors delegated by the Committee and only after an opportunity for consultation has been given to the attending physician by the Committee and full consideration has been given to the availability of out-of-Medical Center facilities and services;

c. Where there is a significant divergence in opinion following such consultation regarding the medical necessity for continued services for the patient at the Medical Center, the judgment of the attending physician shall be given great weight; and

d. All decisions that further inpatient stay is not medically necessary shall be given by written notice to the patient, the chair of the appropriate department, to the Chief Medical Officer, and to the attending physician for such action, if any, as may be warranted.

11.19-3 **Meetings**: The Utilization Review Committee shall hold at least ten (10) monthly meetings per year, shall maintain a permanent record of its proceedings and actions, and shall submit a report (meeting minutes will suffice for this purpose) to the Quality Improvement Committee who shall report to the Executive Committee on its activities and recommendations. Studies, reports and Plans, as required, shall be submitted to the Executive Committee, Chief Medical Officer, CEO, Chief Medical Officer of Health Services and the Director, as part of the Joint Conference Committee, except that reports to the Director and Governing Body shall not include peer evaluations related to individual members.

11.20 Executive Peer Review Committee

11.20-1 **Composition**: The Executive Peer Review Committee shall consist of such members as may be designated by the Executive Committee. The President shall be the chair of the committee.

11.20-2 **Duties:**

1. The purpose of the Executive Peer Review Committee is to provide a peer forum for review and oversight of Association review activities.

2. The Committee shall

a. provide oversight for all Association peer review activities (including review of all Service and Department Chair/Chiefs), utilizing uniform standards;

b. develop and monitor complication thresholds for all services and identify areas where focus review is indicated;

c. secure appropriate specialty peer representation when indicated;

d. identify systems or process issues and refer to the Quality Improvement Committee, and/or other committees as deemed appropriate;

e. identify, monitor, and evaluate patterns and trends for opportunities to improve the quality of patient care.

3. Committee activities shall consider and address the unique needs, resources, and patient population.

11.20-3 **Meetings:** The Executive Peer Review Committee shall meet as often as necessary at the call of the Chair, but at least annually. A written report of findings, recommendations, and sections shall be submitted to the Executive Committee. Identified performance improvement issues shall also be forwarded to the Quality Improvement Committee. Meetings shall be held in Executive Session.

11.21 Other Committees

The President and/or Executive Committee, in mutual consultation, may establish and appoint special or ad hoc committees when deemed necessary. The appointment of such committees shall include the following:

1. The members of the committee and its chair;

2. The exact charge for which the committee is formed;

3. To whom and when the committee shall report concerning its deliberations and/or actions and recommendations; and

4. The duration of service of the committee.

ARTICLE XII MEETINGS

12.1 Annual Association Meeting

There shall be a regular meeting of the members of the Association held annually. The election of officers and elected members of the Executive Committee shall be held in even numbered years at this annual meeting. The President of the Association shall present a report on matters believed to be of interest and value to the membership of the Association and the Medical Center. Notice of this meeting and its agenda items (except for items to be discussed in executive session) shall be given to the members at least ten (10) days prior to the meeting. Notice of any meeting and its agenda items shall be provided electronically to each Association staff member through email.

12.1-1 The agenda for the annual meeting shall include:

1. Call to order;

2. Acceptance of the minutes as amended, if needed, of the last annual and of all intervening special meetings;

3. Unfinished business;

4. Report from the President;

5. Report from the Secretary/Treasurer;

6. Reports from the Chief Medical Officer and/or CEO;

7 New business;

8. Election of officers and Representatives At Large and others when required by these bylaws; and

9. Adoption and amendment of bylaws and other Association documents, as needed;

10. Discussion and recommendations of the professional work of the Medical Center; and

11. Adjournment.

12.1-2 Where the Association is being asked to consider or review a document, a copy of the document shall be available to any Association member upon request. Further, any proposal considered at the meeting shall be accompanied by a clear explanation as to the source of the proposal and why that proposal is needed.

12.1-3 Except as stated in Section 12.2 below, no business shall be transacted at any Association meeting unless it is identified in the agenda to the notice calling the meeting. In the event an emergent or urgent issue arises after the agenda is set and action on that issue is necessary, any action taken shall be ratified by the Association at the next properly constituted meeting.

12.2 Special Association Meetings

12.2-1 **Special meetings**: of the Association may be called at any time by the President or by the Executive Committee. The President shall call a special meeting within thirty (30) days after his or her receipt of a written request for same, signed by not less than ten percent (10%) members of the Active Staff stating the purposes of such meeting. No later than ten (10) days prior to the meeting, notice shall be emailed to the members of the staff which included the stated purpose of the meeting.

No business shall be transacted at any special meeting except that stated in the notice calling the meeting. The agenda for a special meeting shall include:

1. Reading of the notice calling the meeting;

2. Transaction of business for which the meeting was called; and

3. Adjournment.

12.3 Committee and Department Meetings

12.3-1 **Regular Meetings**: Committees and departments may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall then be required. Departments shall hold regular meetings during at least ten (10) months per year to review and evaluate the clinical work of practitioners with privileges in the department.

12.3-2 **Special Meetings**: A special meeting of any committee or department may be called by, or at the request of, the chair thereof, the President of the Association, or by one-third (1/3) of the group's current members eligible to vote but not less than two (2) members.

12.4 Notice of Meetings

Notice stating the place, day, and hour of any Association meeting or of any regular committee or department, meeting not held pursuant to resolution shall be delivered either personally, electronically, or by facsimile or by United States or County mail to each person entitled to be present not less than seven (7) days, except that notice of the annual Association meeting shall be delivered at least ten (10) days prior to the meeting. Notice of special committee or department

meeting may be given orally or by email. If mailed by the United States mail, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each person entitled to such notice at his or her address as it appears in the records of the Medical Center. If mailed by County mail, the notice of the meeting shall be deemed delivered when deposited in the Medical Center Mail Distribution Center addressed to each person entitled to such notice at his or her address as it appears on the records of the Medical Center. Personal attendance at a meeting shall constitute a waiver of the notice of such meeting.

12.5 Quorum

For any Association, department, division, section or committee meeting for which notice has been given, the number of voting members present, but not less than three (3) such members, shall constitute a quorum for the transaction of any business, including amendment of these bylaws.

12.6 Conduct of Meetings

All meetings shall be conducted according to these bylaws. Where not otherwise specified, the latest edition of Robert's Rules of Order or Standard Code of Parliamentary Procedure shall prevail, provided that any technical departure from such rules, as determined in the sole judgment of the presiding officer of the meeting, shall not invalidate any action taken at a meeting.

12.7 Voting and Manner of Action

12.7-1 Voting: Unless otherwise specified in these bylaws, only members of the Association may vote in Association departmental or staff elections, and at Association department, Association meetings and Association committees. With the exception for matters voted upon the regular or special meeting of the Association and Executive Committee, voting may be accomplished by virtual electronic and/or telephone means where permitted by these bylaws and the chair of the meeting on either an individual or group basis, so long as adequate precautions are in place to ensure authentication and security.

12.7-2 Manner of Action:

1. Except as otherwise specified in these bylaws, the action of a majority of the voting members present and voting at any meeting at which a quorum exists shall be the action of the group.

2. A member may be present at a meeting by electronic or telephonic means where permitted by these bylaws and the chair of the meeting on either an individual or group basis.

3. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these bylaws.

4. Committee action may be conducted in a telephone conference or other electronic communication which shall be deemed to constitute a meeting, where permitted by these bylaws, at which a quorum exists, if the telephone or virtual conference is approved by the presiding officer of the meeting, and the telephone or virtual conference shall be deemed to constitute a meeting only for the matters discussed in the telephone or virtual conference.

5. Action may be taken without a meeting of the Association or any committee, department, division or section by written notice setting forth the action so taken signed by at least a majority of each member entitled to vote thereat.

12.8 Minutes

Minutes of all meetings shall be prepared and maintained in a permanent record and shall include a record of attendance and the vote taken on each matter. Further, the minutes shall include the names of those who disclosed potential conflicts of interest and those who recused themselves. Minutes of all Association meetings (except the minutes relating to peer review and matters

discussed in executive session), shall be available to any Association member upon request. The minutes shall be signed by the presiding officer and forwarded to the Executive Committee. The Association Secretary shall maintain a permanent file of the minutes of Association, department, and committee meetings, and each department shall also maintain a permanent file of the minutes of department, division and section meetings.

12.9 Attendance Requirements

12.9-1 Association Meetings: The representatives of the departments, as appointed pursuant to Article X, Section 10.4-2, shall be required, unless excused by the President for good cause shown, to attend all annual and special Association meetings during their term of office. All other Association members are encouraged to attend all annual and special Association meetings. Other interested persons may also attend at the discretion of the President of the Association. Attendance via web conferencing or electronic means shall be accepted.

12.9-2 Committee, Department, Division and Section Meetings: Each member of the Active Staff who is employed full-time by the County of Los Angeles or the Professional Schools to provide health services at the Medical Center shall be required to attend not less than thirty (30) percent of all meetings of each committee, department, division or section of which he or she is a member in each Association Year. Attendance via web conferencing or electronic means shall be accepted.

12.9-3 Absence from Meetings: Any member so required to attend who is compelled to be absent from any Association, committee, department, division, or section meeting shall submit to the presiding officer thereof, the reasons for such absence. Failure to meet the attendance requirements of Subsections A and B of this Section 9, unless excused by such presiding officer for good cause shown, may be grounds for corrective action as set forth in Article VI, and including, in addition, removal from such committee, department, division, or section. Presiding officers of such meetings shall report all such failures to the Executive Committee. Reinstatement of an Association member whose membership has been revoked because of absence from meetings shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

12.9-4 Special Appearance: A member whose patient's clinical course of treatment or conduct is scheduled for discussion at a committee, department, division or section meeting shall be so notified by the committee or department chair/chief, division chief or section head and shall be required to attend. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the member shall so state, shall state the time and place of the meeting, shall be given by certified or registered mail, return receipt requested, at least seven (7) days prior to the meeting and shall include a statement that his or her attendance at the meeting at which the alleged deviation is to be discussed is mandatory. The member shall be provided access to clinical information relating to the meeting no later than five (5) days before any such meeting.

Failure of a member to attend any meeting with respect to which he or she was given notice that his or her attendance is mandatory, unless excused by the President on a showing of good cause, may be a basis for corrective action. If the member makes a written request for postponement, which is received by the President within five (5) days after the date of the notice and which is supported by an adequate showing that his or her absence will be unavoidable, his or her attendance and presentation may be excused and postponed by the committee, or department chair/chief, or division chief or section head or by the President if the chair, chief or head is the member involved, until not later than the next regular meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

12.10 Executive Session

Executive session is a meeting of an Association committee, department, or division, or of the Association as a whole which only voting Association staff members may attend, unless others are expressly requested by the member presiding at the meeting to attend. Executive session may be called by the presiding member at the request of any Association committee member, and shall be called by the presiding member pursuant to a duly adopted motion. Executive session may be called to discuss peer review issues, personnel issues, or any other sensitive issues requiring

confidentiality.

ARTICLE XIII CONFIDENTIALITY, IMMUNITY AND RELEASES

13.1 Authorizations and Conditions

By applying for, or exercising, clinical privileges or providing specified patient care services within the Medical Center, a practitioner:

1. Authorizes representatives of the County of Los Angeles, the Medical Center, and the Association to solicit, provide and act upon any information bearing upon, or reasonably believed to bear upon, his or her professional ability and qualifications.

2. Authorizes representatives and third parties to provide any information, including otherwise privileged or confidential information, concerning the practitioner to the Medical Center and the Association.

3. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative, Association or third party who acts in accordance with the provisions of this Article and would be immune from liability under Section 4.3 of this Article.

4. Acknowledges that the provisions of this Article are express conditions to his or her application for, acceptance of Association membership, the continuation of such membership, and to his or her application and exercise of clinical privileges or provision of specified patient care services at the Medical Center.

13.2 Confidentiality of Information

13.2-1 General: Association, committee, department, division or section minutes, files and records, including information regarding any member or applicant to the Association shall, to the fullest extent permitted by law, be confidential. Dissemination of such information shall be made only where expressly required by law or as otherwise provided in these bylaws

13.2-2 Breach of Confidentiality: Inasmuch as effective peer review, the consideration of the qualifications of Association members and applicants to perform specific procedures, and the evaluation and improvement of the quality of care rendered in the Medical Center, must be based on free and candid discussion, any breach of confidentiality of the discussions or deliberations of the Association, departments, divisions, sections, or committees, except in conjunction with any other attending or medical staff organization or health care facility, professional society or organization or any licensing authority, is outside appropriate standards of conduct for the Association and violates the Association bylaws. If it is determined that such a breach has occurred or is likely to occur, the Executive Committee may undertake such corrective action as deemed appropriate.

13.3 Immunity From Liability

13.3-1. **For Action Taken**: Each representative of the County of Los Angeles, the Medical Center, or the Association, and all third parties, shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief for any action taken or statements or recommendations made within the scope of his or her duties.

13.3-2. **For Providing Information**: Each representative of the County of Los Angeles, the Medical Center, or the Association, and all third parties shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief by reason of providing information to a representative of the County of Los Angeles, the Medical Center, or the Association or to any other health care facility or organization or attending or medical staff organization concerning any practitioner who is, or has been, an applicant to or member of the Association or who did, or does, exercise clinical privileges or provide specified patient care services at the Medical Center.

13.4 Activities and Information Covered

The confidentiality and immunity provisions of this Article shall apply to all acts, communications,

reports, recommendations, and disclosures of any kind performed or made in connection with the activities of the Medical Center or the Association or of any other health care facility or organization or attending or medical staff organization, concerning, but not limited to:

1. Applications for appointment, clinical privileges, or specified patient care services.

2. Periodic reappraisals for reappointment, clinical privileges, or specified patient care services.

3. Corrective action.

4. Hearings and appellate reviews.

5. Performance data from the quality improvement program.

6. Utilization reviews.

7. Other Medical Center, Association, department, division, section, or committee activities related to monitoring and/or maintaining quality patient care and appropriate professional conduct.

8. Queries and reports concerning the National Practitioner Data Bank, peer review organizations, Medical Board of California and similar queries and reports.

13.5 Releases

Each practitioner shall, upon request of the Medical Center or the Association, execute general and specific releases in accordance with the express provisions and general intent of this Article. However, execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

13.6 Indemnification of Association and its members

The Los Angeles County and the Medical Center shall indemnify, defend and hold harmless the Association and its individual members 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 including, but not limited to, (1) as a member of or witness for a Association department, service, committee or hearing panel, (2) as a member of or witness for the governing body or any Medical Center or governing body task force, group, or committee, and (3) as a person providing information to any Association or Medical Center group, officer, governing body member or employee for the purpose of aiding in the evaluation of the qualifications, fitness or character of an Association member or applicant. The Association or member may seek indemnification for such losses and expenses under this bylaws provision, statutory and case law, any available liability insurance or otherwise as the Association or member sees fit, and concurrently or in such sequence as the Association staff or member may choose. Payment of any losses or expenses by the Association staff or member is not a condition precedent to the Medical Center's indemnification obligations hereunder.

13.8 County Indemnification Responsibilities

The County shall retain responsibility for the sole management and defense of any such claims, suits, investigation or other disputes against Indemnities including, but not limited to the selection of legal counsel to defend against any such action. The indemnity set forth in this section is expressly conditioned on Indemnities' good faith belief that their actions and/or communications are reasonable and warranted and in furtherance of the Association's peer review, quality assurance or quality improvement responsibilities in accordance with the purpose of the Association's as set forth in these bylaws. In no event will the County indemnify and Indemnity for acts or omissions taken, or not taken, in bad faith or in pursuit of the Indemnities' private economic interests.

ARTICLE XIV RULES AND REGULATIONS

14.1 Association Rules and Regulations

14.1-1 Approval

There shall be two ways to approve Rules and Regulations:

1. Upon the request of the Executive Committee, or the President or the bylaws committee after approval by the Executive Committee, or

2. Upon timely written petition signed by at least thirty (30) percent of the members of the Association in good standing who are entitled to vote, consideration shall be given to the adoption, amendment, or repeal of the Association rules, and regulations.

14.1-2 Nature of Rules and Regulations

Such rules and regulations shall be limited to procedural details and processes implementing these bylaws and shall not affect the organizational structure of the Association to be self-governing.

14.1-3 Notification of Association Prior to Amending Rules

Prior to the approval of an amendment to the rules and regulations, the Association members shall be provided written notice of the proposed change. There shall be a ten (10)-day period for review and comment prior to the scheduled Executive Committee meeting together with instruction how interested members may communicate comments. All comments shall be summarized and provided to the Executive Committee prior to Executive Committee action on the proposed Rule.

14.1-4 Urgent Amendments

When there is a documented need for an urgent amendment to the rules and regulations in order to comply with law or regulation, the Executive Committee may provisionally adopt and the Governing Body may provisionally approve an urgent amendment without prior notification to Association members. When such urgent amendment to the rules and regulations has been provisionally approved, the Association members shall be notified immediately and offered an opportunity to request a special meeting of the Association pursuant to the procedure provided in Article XI Section 2 to discuss the provisionally approved amendment. If there is no conflict between the Association and the Executive Committee regarding the provisional amendment, the amendment shall stand. If there is conflict over the provisional amendment, the members present at the special meeting of the Association entitled to vote shall vote to keep the amendment as stated or to modify the amendment and submit it to the Governing Body for action.

14.1-5 Rule Generated by Petition

Executive Committee approval is required to adopt, amend, or repeal such rules and regulations of the Association unless the proposed rule is one generated by petition of at least thirty-three (33) percent of the voting members of the Association. In this latter circumstance, if the Executive Committee fails to approve the proposed Rule, it shall notify the Association. The Executive Committee and the Association shall each have the option of invoking or waiving the conflict management provisions of Section 15.10. In the event of conflict between the Executive Committee and the Association (as represented by written petition signed by at least thirty-three (33) percent of the voting members of the Association) regarding a rule or policy proposed or adopted by the Executive Committee, the procedure described in Section 15.10-1 shall be followed.

1. If conflict management is not invoked within thirty (30) days, it shall be deemed waived. In this circumstance, the Association's proposed Rule shall be submitted for vote, and, if approved by the Association, the proposed Rule shall be forwarded to the Governing Body for action. The Executive Committee may forward comments to the Governing Body regarding the reasons it declined to approve the proposed Rule.

2. If conflict management is invoked, the proposed Rule shall not be voted upon or forwarded to the Governing Body until the conflict management process has been completed, and the results of the conflict management process shall be communicated to the Governing Body.

3. With respect to proposed Rules generated by petition of the Association, approval of the Association requires the affirmative vote of a majority of the Association members eligible to vote voting on the matter by secret ballot, provided at least ten (10) days advance written notice, accompanied by the proposed Rule, has been given, and at least a number in excess of fifty (50) percent of the eligible votes at the meeting has been cast.

14.1-6 Governing Body Approval

Following Executive Committee action, or whenever an Association rule or regulation has been adopted, amended, or repealed by the Association as described in this Section 1 such rules and regulations shall become effective only upon approval of the Governing Body which approval shall not be withheld unreasonably or automatically after thirty (30) days if no action is taken by the Governing Body. In the latter event, the Governing Body shall be deemed to have approved the rule(s), and regulation(s) adopted by the Association.

14.1-7 Communication of Rules Changes

The Association members and other persons with clinical privileges shall be provided with revised texts.

14.2 Departmental Rules and Regulations

Subject to the approval of the Executive Committee and the Governing Body, each department shall adopt, amend, or repeal its own rules and regulations for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations shall not be inconsistent with these bylaws, the rules and regulations of the Association. If there is any conflict between these bylaws and such rules and regulations and policies, the bylaws shall govern.

14.3 Policies Related to Association Matters

Upon the request of the President, an Association Committee, or Medical Center Administration, consideration shall be given by the Executive Committee to the adoption, amendment, or repeal of policies related to Association matters. Alternatively, upon timely written petition signed by at least ten (10) percent of the members of the Association in good standing who are entitled to vote as described in Article III, consideration shall be given at the next regular Association meeting or at a special meeting of the Association called for such purpose pursuant Section 12.2 to the adoption, amendment, or repeal of policies related to providing or monitoring patient care. Following approval by the Executive Committee or the Association, such policies shall become effective after which they are communicated to Association members.

14.4 Approval of Medical Center Patient Care Policies

Medical Center policies related to providing or monitoring patient care shall be submitted to the Executive Committee for approval. If approved by the Executive Committee, such policies shall become official policies of the Medical Center. Following approval by the Executive Committee, such policies shall become effective after which they are communicated to Association members.

ARTICLE XV GENERAL PROVISIONS

15.1 Construction of Terms and Headings

Words used in these bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

15.2 Executive Committee Action

Whenever these bylaws require or authorize action by the Executive Committee, such action may be taken by a subcommittee of the Executive Committee to which the Executive Committee has delegated the responsibility and authority to act for it on the particular subject matter, activity or function involved.

15.3 Authority to Act

Action of the Association in relation to any person other than the members thereof shall be expressed only through the President or the Executive Committee or his or her or its designee, and they shall first confer with the CEO. Any member who acts in the name of the Association without proper authority shall be subject to such disciplinary action as the Executive Committee may deem appropriate.

15.4 Dues

Each member of the Association shall promptly pay annual dues to the Association, if any dues are approved pursuant to these bylaws.

15.4-1 Executive Committee Dues/Assessment Authority:

The Executive Committee shall have the power to determine the amount of annual dues or assessments, if any, for each category of Association membership, and to determine the manner of expenditure of such funds received. Such power shall include the ability to assess dues on a sliding scale basis, depending on the level of participation in medical staff activities by the member staff member.

15.4-2 Notification:

The President shall notify all members of any approved dues in writing, which will become effective thirty (30) days from the date of the President's letter unless the President receives a written request for a special meeting of the Association pursuant to the procedure provided in Section 12.2 to discuss the dues prior to the date they are scheduled to be effective. In that event, the dues will become effective on the day following the special meeting unless at that meeting, at which a quorum is achieved as described in Section 15.5, a simple majority of members present vote to reduce or eliminate the assessment or to modify the sliding scale basis.

15.4-3 Control of Association Funds:

Association funds, regardless from what source (i.e., Association dues, Medical Center funds) shall be under the sole control of the Association. All Association members may at all reasonable times copy and inspect all bank statements and the quarterly financial statements prepared pursuant to Section 9.7. The Association members must be notified of and provided with the opportunity to comment upon impending significant expenditures of medical staff funds of amounts which exceed twenty five thousand dollars ($25,000).

The Association, through the Executive Committee, shall expend funds out of such account only for Association purposes as described below, provided that all expenditures of dues funds shall require the signature of the President or designated Association officer and, for expenditures over one thousand dollars $1,000, the Secretary-Treasurer or other Association officer. Funds shall be deposited into the Association account to assure the Association the financial ability to solely administer those functions required under the bylaws.

15.5 Association Representation by Legal Counsel

The Association, through the Executive Committee, shall retain and be represented by such independent legal counsel when necessary in order for the Association to exercise its rights, obligations or responsibilities.

15.6 Disclosure of Interest and Conflict of Interest Resolution

For the purposes of these bylaws, CONFLICT OF INTEREST means a personal or financial interest or conflicting fiduciary obligation that makes it impossible, as a practical matter, for the individual to act in the best interests of the Association without regard to the individual's private or personal interest. Such an interest may also be held by an immediate family member of that individual, including that individual's spouse, domestic partner, child or parent.

15.6-1 Conflict Resolution

1. Not all disclosures of a potential conflict of interest requires the member's abstention or recusal, however, a member may abstain from voting on any issue. A member shall recuse himself or herself if the member reasonably believes that his for her ability to render a fair and independent decision is or may be affected by a conflict of interest. A recused member shall not be counted in determining the quorum for that vote but may answer questions or otherwise provide information about the matter after disclosing the conflict. A recused member must not be present for the remainder of the deliberations or the vote.

2. If a member has not voluntarily recused him or herself and a majority of voting members of the committee or in the staff meeting vote that the member should be excused from discussion or voting due to conflict of interest, the chair shall excuse the member.

3. If a member discloses a potential conflict of interest and requests a vote regarding excusing that member, the member shall leave the room while the issue is being discussed and voted upon.

4. The minutes of the meeting shall include the names of those who disclosed potential conflicts and those who abstained and/or recused themselves.

15.6-2 Corrective Action

Association members who fail to comply with all provisions of these bylaws concerning actual or potential conflicts of interest shall be subject to corrective action under these bylaws, including but not limited to removal from the Association position.

15.7 Association Credentials and Peer Review Files

15.7-1 Location of Association Credentials and Peer Review Files

1. Credentials File(s)

The Credentials file(s), paper or electronic, for each member of the Association shall be kept in the Association Office. These files shall be part of the records of the Credentials Committee.

2. Peer Review File(s)

Separate Association Peer Review File(s), paper or electronic, for each member of the Association shall be kept in the member's assigned department(s) and other departments in which the member holds privileges, except that the chairperson's own Peer Review File shall be kept in the Association Office and in Peer Review and ASO databases. These files shall be part of the records of the Credentials Committee.

15.7-2 Information to be included in Association Credentials File(s) and Peer Review File(s)

1. Credentials File(s)

Information to be included in each member's Credentials File(s) shall consist of:

a. The completed and verified application for Association membership, including, but not limited to, current licensure or section 2115 certification, Drug Enforcement Administration (DEA) registration, National Practitioner Data Bank documents, state licensing board(s) documents, and information on training, experience, physical and mental health status, references, previous and current professional liability claims, and request for clinical privileges.

b. Evidence that the Association evaluated and acted upon the information in a. above.

c. Evidence that the Association evaluated and acted upon proctoring for initial membership and for additional privileges.

d. Specific and current clinical privileges recommended by the Association and approved by the Director.

e. Information pertinent to reappraisal and reappointment, including, but not limited to, completed and verified reapplication form, current licensure, DEA registration, National Practitioner Data Bank documents, state licensing board(s) documents, and information on additional training, experience, continuing medical education, attendance at required meetings, physical and mental health status, professional liability claims, special professional commendations, honors and awards, and, where appropriate, compelling evidence of public-spirited, health-related activities and dedication to the welfare and interest of the community.

f. Evidence that OPPE was completed and FPPE performed, if applicable.

g. Evidence that the Association evaluated all the above information as well as assessed the current clinical competence for membership and privileges requested, and evidence that appropriate action was taken on reappointment and renewal of privileges.

h Evidence of any corrective action initiated, including a summary by the Executive Committee of the resultant findings, recommendations and final outcome.

2. Peer Review File(s)

Information to be included in each member's Peer Review File(s) shall consist of:

a. Practitioner-specific data from Association monitoring and evaluation of clinical care which may include, but is not limited to, the member's statistical clinical activity profile, findings from peer review activities, outcome from clinical indicator review, blood and drug use review, medical record documentation and completeness reports, surgical indications monitoring, and individual proctoring reports.

b. All records, including, but not limited to, letters, notices, reports, exhibits, transcripts, findings, and recommendations, relating to any corrective action instituted pursuant to Article VI (Corrective Action) of these bylaws.

c. All records, including, but not limited to, letters, notices, reports, exhibits, transcripts, findings, and recommendations, relating to any hearing and appellate review instituted pursuant to Article VII (Hearing and Appellate Review Procedure) of these bylaws.

d. Other information deemed pertinent by the member's department chair/chief or the President including, but not limited to, departmental

findings and recommendations concerning a complaint or adverse information related to the professional competence or professional conduct of a member and results of member satisfaction surveys and managed care site reviews.

e. Statements provided by the member responding to any information contained in his or her Peer Review File(s).

f. OPPE documentation and, if applicable, FPPE reports.

15.7-3 Insertion of Adverse Information

The following applies to actions relating to requests for insertion of adverse information into the Association member's credentials file(s) and/or peer review file(s):

1. As stated previously, in Article VI, any person may provide information to the Association about the conduct, performance or competence of its members.

2. When a request is made for insertion of adverse information into the Association member's credentials file(s) and/or peer review file(s), the respective department chair/chief and President shall review such a request.

3. After such a review a decision will be made by the respective department chair/chief and President to:

   a. not insert the information;

   b. notify the member of the adverse information by a written summary and offer the opportunity to rebut this assertion before it is entered into the member's file; or

   c. insert the information along with a notation that a request has been made to the Executive Committee for an investigation as outlined in Article VI Section 6.2-4 of these bylaws.

4. This decision shall be reported to the Executive Committee. The Executive Committee, when so informed, may either ratify or initiate contrary actions to this decision by a majority vote.

5. If corrective action is deemed appropriate in light of the information to be included in the file, then procedures in Article VI (Corrective Action) of the these bylaws shall be followed.

15.8 Confidentiality

The following applies to records of the Association and its departments and committees responsible for the evaluation and improvement of patient care:

15.8-1 **The records of the Association** and its departments and committee responsible for the evaluation and improvement of the quality of patient care rendered in the Medical Center shall be maintained as confidential. These records include, but are not limited to the Association credentials file(s) and the peer review file(s).

15.8-2 **Access to such records of the Association** shall be limited to duly appointed officers, committees and of the Association for the sole purpose of discharging Association responsibilities and subject to the requirement that confidentiality be maintained and to the member as noted in this Section 15.9-2 1-5.

1. Credentials File(s)

Access to the credentials file(s) shall be limited to the chair(s) of the member's assigned department(s), the President or his or her designee, the Credentials Committee, the Executive Committee, and the Governing Body, for the sole

purpose of discharging Association responsibilities subject to the requirement that confidentiality shall be maintained and to the member as noted in this Section 15.9-3 1-4,

2. Peer Review File(s)

Access to the peer review file(s) shall be limited to the chair(s) of the member's assigned department(s), the President or his or her designee, the Credentials Committee, and the Executive Committee, for the sole purpose of discharging Association responsibilities subject to the requirement that confidentiality shall be maintained and to the member as noted in this Section 15.9-3 1-4,

15.8-3 Member Access to Credentials or Peer Review File(s)

A member shall be granted access to his for her own Credentials File(s) or Peer Review File(s), subject to the following provisions:

1. The member shall provide thirty (30) days prior written notice to the President or designated officer.

2. The member may review, and receive a copy of, only those documents provided by or addressed personally to the member. In addition, the member may review his or her statistical clinical activity profile, statistics provided by the Quality Improvement Program, and medical record deficiency reports. A summary of all other information, including, but not limited to, Association committee findings, letters of reference, proctoring reports, and complaints, shall be provided to the member, in writing, by the designated officer of the Association within thirty (30) days of the member's written request. Such summary shall disclose the substance, but not the source, of the information summarized.

3. The review by the member shall take place in the Association Office during normal work hours with an Association officer or his for her designee present.

4. In the event a notice of action or proposed action is filed against a member, access to that member's credentials file(s) shall be governed by Article VII Section 7.3-1 Pre-hearing procedures.

15.8-4 Access of Governing Body to Peer Review Information Access of Governing Body to Peer Review Information

Information which is disclosed to the Governing Body of the Medical Center or its appointed representatives—in order that the Governing Body may discharge its lawful obligations and responsibilities—shall be maintained by that body as confidential.

1. Routine Reporting by Association Leadership

During the regular quarterly Joint Conference Committee meetings as described in Section 11.4, there will be a verbal report by the Association of its quality assessment and improvement activities including peer review. The quarterly report regarding the peer review process will include aggregate information on the number of cases or events reviewed broken down by department, the number of external reviews conducted, conclusions from these reviews broken down by categories, the number of practitioners for whom a focused review or investigation was performed, and the outcome of any such focused reviews or investigations completed during the quarter.

2. Association Leadership Response to Inquiry by Governing Body

In the event the Governing Body should have concerns whether the Association has failed to fulfill a substantive duty or responsibility in matters pertaining to the quality of care in peer review, the Governing Body shall send a request to the President for information regarding the peer review activities regarding a specific physician or event(s) identified.

The President and/or his or her designee(s) shall meet with the Governing Body to address the specific concerns, describe the process involved in the peer review and respond to questions regarding the process and outcome of peer review. This meeting shall be held in closed session with the Governing Body as a subcommittee of the Joint Conference Committee. The President shall report on such procedural events as relevant and may include some or all of the following:

a. Complaints, event reports or surveillance screen triggers received;

b. Whether cases were reviewed:

c. Whether ongoing performance practice evaluation, focused professional practice evaluation, investigations or any other reviews of a practitioner took place;

d. Whether department, division or Executive Committee meetings considered the issues; and

e The description and outcome of the peer review process; e.g., written or verbal counseling, corrective actions done, policy changes enacted, etc.

Questions by the Governing Body might include:

a. Whether certain facts were available to the reviewers;

b. Whether certain events occurred, e.g., outside review of cases; and

c. Whether certain procedures were followed, e.g., departmental review

Such questions shall not require the disclosure of peer review confidential information, consistent with the requirements in Section 13.2 pertaining to use of information in defending a lawsuit. Reports to the Governing Body or their agents shall not include peer evaluations related to individual members".

3. Concerns of Governing Body Regarding Peer Review Activities

In the event the review of the peer review process, including after any follow-up meetings, does not resolve the question of whether the Governing Body has reasonable concerns that the Association has failed to fulfill a substantive duty or responsibility in matters pertaining to the quality of patient care in peer review; an independent review shall be conducted.

The Governing Body will convey in writing the failure to fulfill a substantive duty or responsibility that is the subject for its concern and the basis upon which this conclusion was formed. These written concerns will be the bases for independent review.

The independent review shall be performed by an individual acceptable to both the Governing Body and the Association and shall be a physician licensed to practice medicine in California with expertise in peer review and, if appropriate, be a specialist in the area of medicine related to the Governing Body's concern. The independent reviewer must qualify for and be appointed to the Temporary Staff of the Association prior to performing the review. The reviewer shall have access to Association Credentials and Peer Review Files.

The reviewer shall report verbally to the Governing Body. Specifically, the report shall be limited to a discussion of the process, response to questions about the process and an opinion as to whether the Association has either fulfilled or failed to fulfill a substantive duty or responsibility in matters pertaining to the quality of patient care in peer review. The reviewer shall provide a similar report both verbally and in writing to the Association which may also include

identified opportunities and recommendations to improve the peer review process.

4. Actions By Governing Body When Association Fails to Fulfill Substantive Duty Related to Peer Review

If the independent reviewer concludes that the Association has failed to fulfill a substantive duty or responsibility in matters pertaining to the quality of patient care in peer review, the Governing Body shall act in conformance with California Business and Professions Code Sections 809.05(c) and 2282.5.

15.8-5 Confidential information contained in the credentials file(s) of any member may be disclosed with the member's consent to any medical staff or professional licensing board, or as required by law. However, any disclosure outside of the Association shall require the authorization of the President and notice to the member.

15.8-6 Member's Opportunity to Request Correction/Deletion of and to Make Addition to Information in File

A member shall be granted access to his for her own Credentials File(s) or Peer Review File(s), subject to the following provisions:

1. After a member has received notification of the insertion of information in his or her Peer Review File(s or has reviewed information in his or her Credentials File(s) or Peer Review File(s) as provided in 15.8-3, he or she may address to the President, a written request for correction or deletion of information in his or her file(s). Such request shall include a statement of the specific information concerned and the basis for the action requested.

2. The President shall review such a request within thirty (30) days and shall recommend to the Executive Committee, whether or not to make the correction or deletion requested. The Executive Committee, when so informed shall either ratify or initiate action contrary to this recommendation by a majority vote.

3. The member shall be notified promptly, in writing, of the decision of the Executive Committee.

4. In any case, a member shall have the right to add to the individual's credentials file(s) and/or peer review file(s), upon written request to the Executive Committee, a statement responding to any information contained in the file(s).

15.9 Retaliation Prohibited

15.9-1 Neither the Association, its members, committees or department heads, the governing body, its chief administrative officer, or any other employee or agent of the Medical Center or Association, may engage in any punitive or retaliatory action against any member of the Association because that member claims a right or privilege afforded by, or seeks implementation of any provision of, these Association bylaws.

15.9-2 The Association recognizes and embraces that it is the public policy of the State of California that a physician and surgeon be encouraged to advocate for medically appropriate health care for his or her patients. To advocate for medically appropriate health care includes, but is not limited to, the ability of a physician to protest a decision, policy, or practice that the physician, consistent with that degree of learning and skill ordinarily possessed by reputable physicians practicing according to the applicable legal standard of care, reasonably believes impairs the physician's ability to provide medically appropriate health care to his or her patients. No person, including but not limited to the Association, the Medical Center, its employees, agents, directors or owners, shall retaliate against or penalize any member for such advocacy or prohibit, restrict or in any way discourage such advocacy, nor shall any person prohibit, restrict, or in any way discourage a member from communicating to a patient information in furtherance of medically appropriate health care.

15.9-3 This section does not preclude corrective and/or disciplinary action as authorized by these Association bylaws.

15.10 Conflict Management

15.10-1 In the event of conflict between the Executive Committee and the Association (as represented by written petition signed by at least thirty-three (33%) percent of the voting members of the Association) regarding a proposed or adopted Rule or policy, or other issue of significance to the Association, the President shall convene a meeting with the petitioners' representative(s). The foregoing petition shall include a designation of up to five (5) members of the voting Association who shall serve as the petitioners' representative(s). The Executive Committee shall be represented by an equal number of Executive Committee members. The Executive Committee's and the petitioners' representative(s) shall exchange information relevant to the conflict and shall work in good faith to resolve differences in a manner that respects the positions of the Association, the leadership responsibilities of the Executive Committee, and the safety and quality of patient care at the Medical Center. Resolution at this level requires a majority vote of the Executive Committee's representatives at the meeting and a majority vote of the petitioner's representatives. Unresolved differences shall be submitted to a vote of the Association, with at least a majority of voting members necessary to overrule the Executive Committee's decision with respect to the proposed Rule, policy, or issue.

15.10-2 In the event of a dispute between the Association and the Governing Board relating to the independent rights of the Association, as further described in California Business & Professions Code Section 2282.5, the following procedures shall apply.

1. Invoking the Dispute Resolution Process

a. The Executive Committee may invoke formal dispute resolution, upon its own initiative, or upon written request of 25 percent of the voting members of the active staff.

b. In the event the Executive Committee declines to invoke formal dispute resolution, such process shall be invoked upon written petition of 50 percent of the voting members of the active staff.

2. Dispute Resolution Forum

a. Ordinarily, the initial forum for dispute resolution shall be the Joint Conference Committee, which shall meet and confer as further described in Bylaws, Section 11.10.

b. However, upon request of at least two thirds (2/3) of the members of the Executive Committee, the meet and confer will be conducted by a meeting of the full Executive Committee and the full Governing Board. A neutral mediator acceptable to both the Governing Board and the Executive Committee may be engaged to further assist in dispute resolution upon request of:

i. At least a majority of the Executive Committee plus two (2) members of the Governing Body; or

ii. At least a majority of the Governing Body plus two (2) members of the Executive Committee.

c. The parties' representatives shall convene as early as possible, shall gather and share relevant information, and shall work in good faith to manage and, if possible, resolve the conflict. If the parties are unable to resolve the dispute the Governing Board shall make its final determination giving great weight to the actions and recommendations of the Executive Committee. Further, the Governing Board determination shall not be arbitrary or capricious, and shall be in keeping with its legal responsibilities to act to

protect the quality of medical care provided and the competency of the Association, and to ensure the responsible governance of the Medical Center.

ARTICLE XVI FEES AND PROFITS

16.1 Fee for Service

Except as otherwise provided in a County contract, no member of the Association shall bill, accept, or receive any fee or gratuity for any type of service rendered to any patient under the jurisdiction of the Medical Center, except as to those patients who are designated as private patients of that member upon admission, or where that member is called as a consultant for a private patient of another member.

16.2 Division of Fees

The practice of the division of fees under any guise whatsoever is forbidden and any such division of fees shall be cause for exclusion or expulsion from the Association.

16.3 Gain from Research

No member of the Association shall receive any direct pecuniary gain from any patient or sources on behalf of any patient as a result of any research conducted at the Medical Center.

ARTICLE XVII INDEMNIFICATION AND INSURANCE

17.1 Indemnification

Notwithstanding any other provision of these bylaws, each practitioner (other than a practitioner who (1) provides health services to a patient at the Medical Center within the scope of his or her employment as a County Civil Service employee, whether classifies or unclassified, (2) provides health services to a patient at the Medical Center within the scope of a contract which he or she has entered into with the County and which has been approved by the Governing Body, or (3) provides health services to a patient at the Medical Center within the scope of a contract which has been entered into between a non-County entity and the County and which has been approved by the Governing Body) who renders services to and bills patients in the Medical Center shall indemnify, defend and hold harmless County, and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including, but not limited to, demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with practitioner's acts and/or omissions arising from and/or relating to the services provided to such patients by such practitioner.

17.2 General Insurance Requirements

Without limiting any such practitioner's indemnification of County, each such practitioner shall provide and maintain the programs of insurance specified in this Article XVII. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by County, and such coverage shall be provided and maintained at the practitioner's own expense.

17.2-1 Evidence of Insurance: Certificate(s) or other evidence of coverage satisfactory to County shall be delivered to the Chief Officer prior to any such practitioner rendering any services to any patient at the Medical Center. Such certificates or other evidence shall:

1. Specifically reference these bylaws.

2. Clearly evidence all required coverage.

3. Contain the express condition that County is to be given written notice by mail at least thirty days is advance of cancellation for all policies evidenced on the certification of insurance.

4. Include copies of the additional insured endorsement to the commercial general liability policy, adding the County of Los Angeles, its Special Districts, its officials,

officers and employees as additional insureds for all activities arising from and/or relating to the services provided by the practitioner.

5. Identify any deductibles or self-insured retentions for County's approval. The County retains the right to require the practitioner to reduce or eliminate such deductibles or self-insured retentions as they apply to County, or, require the practitioner to provide a bond guaranteeing payment of all such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

17.2-2 Insurer Financial Ratings: Insurance shall be provided by an insurance company acceptable to County with and A.M. Best rating of not less than A: VII, unless otherwise approved by County.

17.2-3 Failure to Maintain Coverage: Any failure by any such practitioner to provide and maintain the required insurance, or to provide evidence of insurance coverage acceptable to County, shall constitute a material violation of these bylaws and shall result in the immediate and automatic suspension of the practitioner's Association membership and clinical privileges as provided in Section 6.4 of Article VI. County, at its sole option, may obtain damages from the practitioner resulting from such breach.

17.2-4 Notification of Incidents, Claims, or Suits: Each such practitioner shall notify County, or its authorized claims representative, by Department of Health Services Event Notification report of any occurrence of disease, illness, death, injury to persons or destruction of property, or any malpractice, error, or event that is potentially compensable (e.g., any adverse event related to hospitalization or treatment, any deviation from expected outcomes). If a claim is made or suit is brought against the practitioner and/or the County, the practitioner shall immediately forward to the County, or its authorized claims representative, copies of every demand, notice, summons, or other process received by him or his representative. In addition, each such practitioner shall cooperate with and assist the County, or its authorized representatives, in accordance with County and Medical Center procedures.

17.2-5 Compensation for County Costs: In the event that any such practitioner fails to comply with any of the indemnification or insurance requirements of these bylaws, and such failure to comply results in any costs to County, the practitioner shall pay full compensation for County for all cost incurred by County.

17.3 Insurance Coverage Requirements

17.3-1 Workers' Compensation and Employer's Liability Insurance providing workers' compensation benefits, as required by the Labor Code of the State of California or by any other state, and for which such practitioner is responsible. This insurance also shall include Employers' Liability coverage with limits of not less that the following:

1.	Each Accident	$1 million
2.	Disease - policy limit:	$1 million
3.	Disease - each employee:	$1 million

17.3-2 Professional Liability covering liability arising from any error, omission, neglect, wrongful act of the practitioner, its officers or employees with limits of not less than $1 million per occurrence and $3 million aggregate. The coverage also shall provide an extended two year reporting period commencing upon termination or cancellation of clinical privileges.

ARTICLE XVIII CONFLICT OF INTERESTS IN RESEARCH

18.1 Notwithstanding any other provision of these bylaws, no person who is in any way involved in an application for, or the conduct of, any medical research project which is or may be performed in whole or in part at a Los Angeles County facility shall in any way participate in the County's approval

or ongoing evaluation of such project or in any way attempt unlawfully to influence the County's approval or ongoing evaluation of such project.

18.2 Investigators at the Medical Center must avoid conflicts of interest with respect to their research. Claims of either fraud or conflicts of interest related to research shall be determined by the Office of Compliance of the LAC+USC IRB and the appropriate committee(s) of LAC+USC IRB. The President and the Chief Medical Officer shall be advised of all claims of fraud or conflict of interest and shall be apprised of the investigation and findings of the LAC+USC IRB determination.

ARTICLE XIX AMENDMENT OF BYLAWS

19.1 Procedure

Upon the request of (1) the Executive Committee, or the President or the (2) bylaws committee or (3) upon timely written petition signed by at least ten percent (10%) of the members of the Association in good standing who are entitled to vote, consideration shall be given to the adoption, amendment, or repeal of these bylaws.

19.2 Action on Bylaw Change

These bylaws may be amended at any annual or special meeting of the Association, provided that notice of such business is sent to all members no later than ten (10) days before such meeting. The notice shall include the exact wording of the proposed amendment and the time and place of the meeting. Notice and wording may be sent in electronic form. To be adopted, an amendment shall require an affirmative two-thirds vote of those present and eligible to vote, provided that a quorum exists.

19.3 Approval

Amendments shall be effective only if and when approved by the Governing Body, which approval shall not be withheld unreasonably. If approval is withheld, the reasons for doing so shall be specified by the Governing Body in writing, and shall be forwarded to the President, the Executive and Bylaws Committee. Neither the Association nor the Governing Body may unilaterally amend these bylaws.

19.4 Exclusivity

The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the Association bylaws.

19.5 Effect of the Bylaws

19.5-1 Contractual Relationship: Upon adoption and approval as provided in Article XV, in consideration of the mutual promises and agreements contained in these bylaws, the Medical Center and the Association, intending to be legally bound, agree that these bylaws shall constitute part of the contractual relationship existing between the Medical Center and the Association members, both individually and collectively.

19.5-2 Prohibition Against Unilateral Amendment: These bylaws may not be unilaterally amended or repealed by the Association or Governing Body. No Association governing document and no Medical Center corporate bylaws or other Medical Center governing document shall include any provision purporting to allow unilateral amendment of the Association bylaws or other Association governing document.

19.5-3 Conflicting Governing Body or Association Bylaws or Policies: Hospital corporate bylaws, policy, rules, or other hospital requirements that conflict with Association bylaw provisions, rules, regulations and/or policies and procedures, shall not be given effect and shall not be applied to the Association or its individual members.

19.6 Successor in Interest/Affiliations

19.6-1 Successor in Interest: These bylaws, and privileges of individual members of the Association accorded under these bylaws, will be binding upon the Association, and the

Governing Body of any successor in interest in this hospital, except where hospital medical staffs are being combined. In the event that the staff are being combined the medical staffs shall work together to develop new bylaws which will govern the combined medical staffs, subject to the approval of the Governing Body or its successor in interest. Until such time as the new bylaws are approved, the existing bylaws or each institution will remain in effect.

19.6-2 Affiliations between the hospital and other hospitals, health care systems or other entities shall not, in and of themselves, affect these bylaws.

19.7 Construction of Terms and Headings

The captions or heading in these bylaws are for convenience only and are not intended to limit or define the scope of or affect any of the substantive provisions of these bylaws. These bylaws apply with the equal force to both genders wherever either term is used.

APPROVALS