

BYLAWS OF THE ATTENDING STAFF ASSOCIATION

of the

**LOS ANGELES COUNTY + UNIVERSITY OF SOUTHERN CALIFORNIA
MEDICAL CENTER**

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PREAMBLE

The purposes of the Attending Staff Association of the Los Angeles County+University of Southern California Medical Center shall be:

1. to maintain, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, professional standards for health services rendered to patients in the Los Angeles County+University of Southern California Medical Center;
2. to function as the single organized professional staff that has overall responsibility, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, for the quality of the professional services provided by persons with clinical privileges as well as the responsibility of accounting therefor to the Los Angeles County Board of Supervisors;
3. to ensure that all patients receive high quality care;
4. to offer a means of prompt and efficient cooperation with the Administration of the Medical Center, the Chief Medical Officer of Health Services, the Director of the Los Angeles County Department of Health Services, the Los Angeles County Board of Supervisors, and local professional associations and schools; and
5. to stimulate professional and academic contributions by members of the Attending Staff Association in order to increase the value of Los Angeles County+University of Southern California Medical Center as a training institution for residents, fellows, medical, pharmacy and dental students, nurses and other allied health professionals, and for continuing education of the attending staff.

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. HOSPITAL or MEDICAL CENTER means the Los Angeles County+University of Southern California Medical Center (LAC+USC Medical Center), which is one of health facilities in Los Angeles County's LAC+USC Healthcare Network.
2. GOVERNING BODY means the Board of Supervisors of Los Angeles County.
3. 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.
4. CHIEF MEDICAL OFFICER means the administrator, whose title is Chief Medical Officer of Health Services, appointed by the Director to act on behalf of the Director in the overall management of the Department of Health Services' hospitals and clinics, one of which is the Medical Center.
5. CHIEF EXECUTIVE OFFICER or CEO means the administrator appointed by the Director to be responsible for the overall management of the Medical Center.
6. MEDICAL DIRECTOR means the physician whose title is Medical Director, appointed by the Director with concurrence of the Dean of the University of Southern California Keck School of Medicine, to act in the supervision, management and staff coordination of both University of Southern California and County of Los Angeles employees involved in patient care at the Medical Center.
7. PHYSICIAN means an individual who is a graduate of an approved school of medicine or osteopathy and who is licensed to practice medicine in the State of California.
8. 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.
9. PODIATRIST means an individual who holds a D.P.M. degree conferred by an approved school and who is licensed to practice podiatry in the State of California.
10. ATTENDING STAFF means all physicians, dentists, podiatrists and clinical psychologists who, pursuant to these bylaws, attend or consult regarding patients at the Medical Center and/or supervise physicians, dentists or podiatrists in training, regardless of whether such persons are County Civil Service classified or unclassified employees, Association members, or holders of temporary or emergency privileges.
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 University of Southern California Keck School of Medicine.

12. 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.
13. 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 University of Southern California Keck School of Medicine.
14. ASSOCIATION means the formal organization of licensed 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.
15. EXECUTIVE COMMITTEE means the Executive Committee of the Association.
16. PRACTITIONER means, unless otherwise expressly limited, any physician, dentist, podiatrist or clinical psychologist applying for or exercising clinical privileges in the Medical Center.
17. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a practitioner to render specific diagnostic, therapeutic, medical, surgical, dental, or podiatric or clinical psychological services in the Medical Center.
18. ASSOCIATION YEAR means the period from the first day of July to the last day of June, inclusive.
19. PRESIDENT means the President of the Association.
20. 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).
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. 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.
23. NETWORK means Los Angeles County's LAC+ USC Healthcare Network which consists of the Medical Center and certain of Los Angeles County Department of Health Services' comprehensive health centers and health centers.

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

SECTION 1 Nature of Membership

- A. **Eligibility:** Membership in the Association is a privilege which shall be extended only to professionally competent and currently licensed physicians, dentists, podiatrists and clinical psychologists who continuously meet the qualifications, standards, and requirements set forth in these bylaws.
- B. **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, are eligible to apply for membership in the Association.
- C. **Administrators:** Physicians, dentists, podiatrists and clinical psychologists employed by the County of Los Angeles or the University of Southern California in a purely administrative capacity at the Medical Center, with no clinical duties, are subject to the regular personnel policies of the Medical Center or the University of Southern California and need not become members of the Association. Persons in medico-administrative positions who desire Association membership and/or privileges are subject to the same requirements as all other applicants for Association membership or privileges.
- D. **Non-Eligibility:** Interns, residents, allied health professionals, and students shall not be eligible for membership in the Association.

In accordance with these bylaws, a post-graduate physician trainee (resident, fellow), who is employed at the Medical Center as a County Civil Service employee, whether classified or unclassified, to provide health services as a licensed independent practitioner outside of his or her training program, may apply for Association membership in the Active Staff, provided that the Association membership and 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.

Also, in accordance with these bylaws, a post-doctoral physician trainee (fellow) may apply for Association membership in the Fellow Staff, provided that (1) by applying for Association membership, such person agrees and shall assure that all health services which he or she provides at the Medical Center, as part of or within the scope of his or her training program, shall be under the supervision of members of the Active Staff who are not residents or fellows and who have been granted clinical privileges to provide such health services at the Medical Center and (2) the Association membership and 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.

- E. **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. Appointment to Association membership shall confer only those clinical privileges which have been granted in accordance with these bylaws.
- F. **Exclusivity:** No physician, dentist, podiatrist, or clinical psychologist including those in a medico-administrative position, shall admit or provide any health services to any patient in the Medical Center unless and until he or she is a member of the Association or has been granted temporary clinical privileges in accordance with these bylaws.
- G. **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, provided that the practitioner shall retain his or her Association membership and clinical privileges to the extent necessary for any employment at the Medical Center as a County Civil Service classified employee.
- H. **Contract with Non-County Entity:** Notwithstanding any other provision of these bylaws, if a practitioner, who provides health services at the Medical Center under the contract of a non-County entity, has his or her authority to provide such health services limited or restricted by such non-County entity, then 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 terminated on the date, if any, that the Executive Committee, in its sole discretion, approves in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his or her clinical privileges to the extent necessary for any employment at the Medical Center as a County Civil Service classified employee.
- I. **County Civil Service Employees:** Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner who is a County Civil Service employee, whether classified or unclassified, shall automatically terminate on the date of termination of County employment or on the date that the practitioner transfers or is assigned to another County facility, unless prior to such applicable date, the Executive Committee, in its sole discretion, does not approve in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review under Article VII.

SECTION 2 Qualifications for Membership

- A. **Qualifications:** Only physicians, dentists, podiatrists and clinical psychologists, currently licensed to practice in the State of California who can document the following:
 - 1. their background,
 - 2. their current California licensure,

3. their experience, education and training,
4. their current competence and 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 physical and mental health status, and
9. their ability to work with others,

with sufficient adequacy to demonstrate to and assure the Association and the Director that they are professionally and ethically competent and qualified and that any patient treated by them in the Medical Center will be given quality care, shall be qualified for membership in the Association. No physician, dentist, podiatrist or clinical psychologist shall be entitled to membership in the Association or to the exercise of particular clinical privileges in the Medical Center merely by virtue of the fact that he or she is duly licensed to practice medicine, dentistry, podiatry or clinical psychology in this or any other state, that he or she is a member of any professional organization, that he or she is certified by any clinical board, or that he or she had in the past, or presently has, such privileges at another hospital.

B. Nondiscrimination: No applicant shall be granted or denied Association membership or clinical privileges on the basis of gender, race, age, creed, color, religion, national origin, or any other criterion not based upon professional qualifications.

C. Conditions of Licensure:

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 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. 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 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 and must hold a valid and unsuspended license to practice podiatry issued by the Medical Board of California.

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 and hold a valid unsuspended license to practice clinical psychology issued by the California Board of Psychology.
- D. **Basic Responsibilities of Association Membership:** Except for members in the Emeritus Staff, Honorary Staff and Affiliate 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 attending staff of the Medical Center;
 2. Abiding by the Association bylaws, rules, and regulations and departmental rules and regulations;
 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 for medical students, resident physicians, resident dentists, staff physicians and dentists, nurses, pharmacists and other personnel, 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;
 7. Working cooperatively with members, nurses, pharmacists, Medical Center Administration, and others 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 attending staff 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 and the Medical Director immediately after, but in no event later than ten 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's membership and/or clinical privileges are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health care facility,
 - e. 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, not renewed, or relinquished, and/or
 - f. any professional liability litigation involving the practitioner proceeds to final judgment, is settled, or is in progress.

ARTICLE III

CATEGORIES OF ASSOCIATION MEMBERSHIP

SECTION 1 Membership Categories

The Association membership shall be divided into:

- A. Active Staff
- B. Affiliate Staff
- C. Emeritus Staff
- D. Honorary Staff
- E. Provisional Staff
- F. Fellow Staff

SECTION 2 Active Staff

A. **Qualifications:** The Active Staff shall consist of physicians, dentists, podiatrists and clinical psychologists who:

1. Possess and document the qualifications for Association membership as specified in Section 2 of Article II; and
2. Are willing to assume all the functions and responsibilities of membership in the Association, including, where appropriate, teaching and consultation assignments.

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 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 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 or greater than the level of proficiency evidenced by this requirement.

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

B. **Prerogatives:** Members of the Active Staff shall:

1. Be entitled to admit and 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.

Active Staff members who are employed full-time as County Civil Service employees, whether classified or unclassified, or who work full-time under contract to the County of Los Angeles or the Professional Schools to provide health services at the Medical Center shall be required to attend at least thirty percent of all department, division, section and committee meetings of which they are a member. Other Active Staff members shall be required to attend department meetings upon notification by the department chair and when one of their patient's clinical course is scheduled for discussion as a part of the Medical Center's Quality Improvement program.

SECTION 3 Affiliate Staff

A. **Qualifications:**

Those members of the Active Staff who no longer admit or attend patients or supervise residents in providing health services at the Medical Center may, on recommendation of their department chair, apply for the Affiliate Staff.

Additionally, physicians, dentists, podiatrists and clinical psychologists who are employed by the County of Los Angeles in County Civil Service classified employee positions, who provide health services exclusively at the County's Roybal, El Monte, or H. Claude Hudson Comprehensive Health Centers or the County's Health Centers associated with such Comprehensive Health Centers, and who do not admit or attend patients or supervise residents in providing health services at the Medical Center, may, on recommendation of the Medical Director of the applicable Comprehensive Health Center, apply for the Affiliate Staff.

B. Prerogatives:

1. Members of the Affiliate Staff are encouraged to participate in the educational activities of their department.
2. Members of the Affiliate Staff shall not be eligible to admit or attend patients, to serve as a consultant, to vote, to hold office, or to serve on Association committees and shall not be required to attend departmental meetings.
3. Members of the Affiliate Staff shall not be required on reappointment to document the qualifications noted in Article II, Section 2, but shall be required to document current California licensure) and verify membership on the active staff of a hospital approved by the Joint Commission on Accreditation of Healthcare Organizations or the active staff of the County's Roybal, El Monte, or H. Claude Hudson Comprehensive Health Center or the County's Health Centers associated with such Comprehensive Health Centers.

SECTION 4 Emeritus Staff

- A. **Qualifications:** Physicians, dentists, podiatrists and clinical psychologists who have been members of the Active Staff and/or Affiliate Staff for twenty years may apply for membership in the Emeritus Staff if, at the time of their retirement from the Active Staff or Affiliate 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 continuous years membership in the Active Staff or Affiliate Staff upon written request from the appropriate department chair with adequate justification.
- B. **Prerogatives:** Emeritus Staff members shall be eligible to vote at Association meetings and to serve on Association committees. Emeritus Staff members shall not be eligible to apply for clinical privileges, to admit or attend patients, or to hold office, and shall not be required to attend departmental meetings.

SECTION 5 Honorary Staff

- A. **Qualifications:** Physicians, dentists, podiatrists, and clinical psychologists 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.

- B. **Prerogatives:** Honorary Staff members shall be eligible to vote at Association meetings and to serve on Association committees. Honorary Staff members shall not be eligible to apply for clinical privileges, to admit or attend patients, or to hold office, and shall not be required to attend department meetings.

SECTION 6 Provisional Staff

- A. **Qualifications:** The Provisional Staff shall consist of members who meet the general Association membership qualifications set forth in Article II, Section 2 and who immediately prior to their application and appointment were not members of the Association.

- B. **Prerogatives:** Provisional Staff members shall be entitled:

1. to admit and 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.

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.

- C. **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.

- D. **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.

- E. **Evaluation:** The results of the observation and proctoring shall be communicated by the department chair to the Credentials and Privileges Advisory Committee. In making its recommendation, the department chair 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, USC University Hospital, the Doheny Eye Hospital, Children's Hospital of Los Angeles, and the hospital that is the Provisional Staff member's principal hospital for practice, if the latter is not one of the above. Evidence of observation and proctoring from other hospitals may not exceed fifty percent of the number of observed and proctored cases required per department. 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 Director, upon recommendation of the department chair, the Credentials and Privileges Advisory Committee and the Executive Committee.

- F. **Term:** A member shall remain on the Provisional Staff for a period of not less than twelve nor more than twenty-four months.
- G. **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 and the Credentials and Privileges Advisory Committee, be eligible for appointment by the Director to the Active Staff. In all other cases, the appropriate department chair 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 Director, for a determination regarding any modification or termination of clinical privileges and Association membership.
- H. **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.

SECTION 7 Fellow Staff

- A. **Qualifications:** The Fellow Staff shall consist of physicians who:
 - 1. are post-doctoral trainees (fellows) in a training program that is not accredited by the Accreditation Council on Graduate Medical Education or that does not qualify the applicant for an American Board of Medical Specialties sub-specialty certificate or certificate of added qualification;
 - 2. are licensed to practice medicine in the State of California; and
 - 3. hold a faculty appointment at the University of Southern California Keck School of Medicine.
- B. **Prerogatives:** Fellow Staff members shall be entitled:
 - 1. to admit and attend patients and to exercise those clinical privileges as are granted in accordance pursuant Article V, except that no clinical privileges shall be granted to a Fellow Staff members within the scope of his or her training program;
 - 2. to serve on Association committees and to attend meetings of the Association and the department of which he or she is a member; and
 - 3. to vote at Association meetings and at committee and department meetings of which he or she is a member.

Fellow Staff members shall not be eligible to hold office.

A post-doctoral trainee (fellow) shall provide health services as part of or within the scope of his or her training program only under the supervision of members of the Active Staff, consistent with Medical Center policy.

C. **Term:**

1. Membership in the Fellow Staff shall be for no more than two years and shall automatically terminate upon completion of or termination from their training program.
2. Membership in the Fellow Staff shall not be considered as part of the observation and proctoring period required to be completed by Provisional Staff members.

ARTICLE IV

PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

SECTION 1 Conditions and Duration of Appointment

- A. **Authority of the Director:** Initial appointments and reappointments to the Association shall be made by the Director. The Director 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 Director 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.
- B. **Duration:** Initial appointments shall be provisional for a period of not less than twelve nor more than twenty-four months. At the conclusion of the provisional period, the appropriate department chair and the Credentials and Privileges Advisory Committee shall recommend to the Director 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 termination of the appointment. The initial appointment and any reappointment shall each be for a period of not more than twenty-four months.
- C. **Privileges:** Appointment to the Association shall confer on the appointee only those clinical privileges as have been granted by the Director in accordance with these bylaws.
- D. **Telemedicine:** Any person who desires to diagnose or treat patients via telemedicine link (e.g., telephone, email etc.) must apply for and be granted specific clinical privileges which allow for exercise by telemedicine link in accordance with these bylaws. Each department shall determine which clinical privileges, if any, of the department may be performed via telemedicine link.
- E. **Responsibilities:** Every application for membership shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every member's obligation to adhere to the basic responsibilities of Association membership described in Article II, Section 2(E), to read and abide by the Association bylaws, rules and regulations, and applicable Governing Body policies; and to acknowledge that all patients hospitalized at the Medical Center should be part of the established educational program.

SECTION 2 Application for Appointment

- A. **Application Form:** All applications for appointment to membership in the Association shall be, in writing, shall be complete and signed by the applicant, and shall be submitted to the Director only after review by and with a recommendation from the appropriate department chair; departmental Credentials Committee, if any, the Credentials and Privileges Advisory Committee, and the Executive Committee. 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, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), experience 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 and who can provide adequate peer references pertaining to the applicant's current professional competence, ethical character, and physical and mental health status;
 3. whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health care facility;
 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, not renewed, or relinquished;
 5. whether the applicant's membership in local, state, or national medical societies has ever been voluntarily or 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 from any federal health services program;
 8. requested membership category, department assignment and clinical privileges; and
 9. a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, as they may be amended from time to time, and that he or she agrees to be bound by the terms thereof without regard to whether or not he or she is granted membership and/or clinical privileges in all matters relating to consideration of his or her application.
- B. **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 competence, character, physical and mental health status, ethics, current California

licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), experience, 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 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, shall be grounds for denial 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, which may select the examining physician. The Medical Director shall promptly notify the applicant of any problems in obtaining any information or if any information obtained from primary sources varies from that provided by the applicant.

C. **Effect of the Application:** 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 representatives of the County of Los Angeles, the Association, and/or the Professional Schools to consult with members of attending or medical staffs of other hospitals or health facilities with which the applicant has been associated and with others who may have information bearing on his or her competence, character, physical and mental health status, ethics, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), experience, and other qualifications and, if applicable, the current insurance coverage as indicated in Article XVII, and 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,
3. releases from any liability 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, and
4. releases from any liability all persons and organizations that provide information to the above in good faith and without malice concerning the applicant's competence, ethics, character, physical and mental health status, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), and other qualifications and, if applicable, the current insurance coverage as indicated in Article XVII, for Association membership and clinical privileges, including otherwise privileged or confidential information.

The application form shall include a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, as they may be

amended from time to time, and that he or she agrees to be bound by the terms thereof without regard to whether or not he or she is granted membership and/or clinical privileges in all matters relating to consideration of his application.

Acceptance of membership in the Association shall constitute the member's agreement 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 . Acceptance of membership in the Association shall also constitute the member's agreement the 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.

- D. **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.

SECTION 3 Appointment Process

- A. **Verification of Information:** The applicant shall submit a completed application, including desired membership category and a specific list of desired clinical privileges, to the Medical Director, who shall direct the Medical Center's Attending Staff Office to verify, with primary sources whenever possible, the references, education, training, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), report of the National Practitioner Data Bank, experience, and other qualifying information submitted. The Medical 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 Medical Director shall transmit the application and all supporting materials to the chair of the department where the applicant would be assigned.
- B. **Department Action:** The department chair shall consult with the appropriate department chair of the appropriate Professional School if that person is not the department chair 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. 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 days after receipt of the completed application for membership, the department chair shall review the information submitted to the Medical Director and shall submit his or her recommendations to the Credentials and Privileges Advisory Committee. Prior to making any recommendations, the department chair and departmental Credentials Committee, if any, shall examine and investigate the evidence of the character, professional competence, physical and mental health status, ethical standing, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), report of the National Practitioner Data Bank, experience, and other information, and, if applicable, the current insurance coverage as indicated in Article XVII, of the applicant and shall make their determination through information contained in references given by the applicant and from other sources available, as to whether the applicant has established and meets all of the necessary qualifications for the category of Association membership and the clinical privileges requested.

- C. **Credentials and Privileges Advisory Committee Action:** The Credentials and Privileges Advisory Committee shall receive the departmental recommendations and shall make specific, written recommendations for 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 maintained by the Medical Center'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 and a written recommendation of the department chair that the applicant be appointed to the Association with the privileges requested, that there be adverse action 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. 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.
- D. **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 determine whether to recommend to the Director, through the Medical Director, 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 days.
- E. **Effect of Executive Committee Action:**

1. 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 days with a subsequent recommendation for appointment with specified clinical privileges or for rejection of Association membership.
2. When the recommendation of the Executive Committee is favorable to the applicant, this recommendation shall promptly be forwarded to the Director.
3. When the recommendation of the Executive Committee is adverse to the applicant either in respect to appointment or clinical privileges, the President shall promptly so notify the applicant by certified or registered mail, return receipt requested. No such adverse recommendation shall be forwarded to the Director until after the applicant has exercised, or has been deemed to have waived, his or her right to a hearing as provided in Article VII. If the aggrieved applicant has requested a hearing as provided in Article VII and if the hearing has resulted in a decision, either at the hearing or appellate level, which is favorable to the applicant, the applicant's application shall thereafter be processed in accordance with Subsection "E(2)" of this Section 3.

F. Directors' Action on the Application:

1. **Director's Decision:** Within fifteen days after the receipt of a favorable recommendation by the Executive Committee, the Director shall act on the matter. If the Director concurs with the recommendation of the Executive Committee, the Director's decision shall be final. If the Director's decision is adverse to the applicant in respect to either appointment or clinical privileges, the Director shall promptly notify him or her of such adverse decision by certified or registered 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 and until there has been compliance with Subsection "F (3)" of this Section 3. The fact that the adverse decision is held in abeyance shall not be deemed to confer membership or privileges where none existed before.
2. **Exercise of Applicant's Rights:** In the event the applicant waives or fails to exercise his or her rights under Article VII, the Director's decision shall be considered final, except that the Director 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 days within which a subsequent recommendation to the Director shall be made. After receipt of such subsequent recommendation and new evidence in the matter, if any, the Director 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.
3. **Decision Contrary to Executive Committee Recommendation:** Whenever the Director's decision will be contrary to the recommendation of the Executive Committee, the Director shall submit the matter to a committee comprised of the Medical Director, the CEO, the President, and the department chair(s) involved for review and recommendation and shall consider such recommendation before making his or her decision final. Such committee shall report back to the Director within fifteen days with

its recommendation, and the Director shall render a decision within fifteen days after his or her receipt of such recommendation.

- G **Notice of Final Decision:** When the Director's decision is final, he or she shall send notice of such decision to the President of the Association, to the chair of the department(s) concerned, and to the applicant, which notice shall be sent to the applicant by certified or registered mail, return receipt requested, if there is an adverse decision.
- H **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 years from the date 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.

SECTION 4 Reappointment Process

- A. **Application Submission:** At least one hundred fifty 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 or delivered to the member. Within thirty days after receipt, and in no event later than ninety days prior to the end of the member's current period of appointment, the member shall complete such forms and submit same to the Medical Director for transmission to the appropriate department chair and departmental Credentials Committee, if any, and the Credentials and Privileges Advisory Committee.
- B. **Application Information:** Such forms 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, including, but not necessarily limited to, privileges requested; evidence for change of privileges; continuing education; experience; present status of California licensure; evidence of cardiopulmonary resuscitation training as required by each department; whether the applicant's membership status and/or clinical privileges have been voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health care facility; 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, not renewed, reduced, or relinquished; whether the applicant's membership in any local, state, or national medical societies has ever been voluntarily or involuntarily revoked, suspended, reduced, or relinquished; the applicant's current insurance coverage, if applicable, as indicated in Article XVII; and whether any professional liability litigation involving the applicant has been to final judgment, has been settled, or is in progress. This information will be considered in making recommendations for reappointment. This information is requested, because the Medical Center may not be the principal practice hospital for many Active Staff and other members.
- C. **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 competence, character, physical and mental health status, ethics, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and

podiatrists, in order to qualify for certain privileges to prescribe restricted medications), experience, 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 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, shall be grounds for denial 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, which may select the examining physician. The Medical Director shall promptly notify the applicant of any problems in obtaining any information or if any information obtained from primary sources varies from that provided by the applicant.

- D. **Department and Committee Action:** Within forty-five days after receipt of such forms from the Association member, the department chair 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-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, competence, and clinical and/or technical skills, and judgment in the treatment of patients, including, but not limited to, evidence of his or her physical and mental health status; his or her ethics and conduct; his or her maintenance of timely, accurate and complete medical records; his or her attendance at required department and Association meetings and participation in Association affairs; his or her compliance with the Association bylaws, rules and regulations; his or her current insurance coverage, if applicable; as indicated in Article XVII; his or her cooperation with Medical Center personnel; his or her relations with other Association members; his or her use of the Medical Center's facilities; his or her professional practice outside the Medical Center; present status of his or her California licensure and Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications); and his or her general attitude towards patients, the Medical Center, and the public. The review by the department chair 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 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.
- E. **Executive Committee Action:** At its first regular meeting following receipt of the recommendation of the Credentials and Privileges Advisory Committee, the Executive Committee shall submit its written recommendations to the Director, through the Medical Director, 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 Subsections "E" through "H" of Section 3 of this Article IV relating to recommendations on applications for initial appointment shall be followed.
- F. **Failure to File Reappointment Application:** If a member fails to submit an application for reappointment, completed in accordance with this Section 4, within thirty days 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. If the member submits an application for reappointment, completed in accordance with this Section 4, within ninety days after his or her most current period of appointment has expired, then his or her application for membership shall be processed in the manner specified in this Section 3. If the member does not submit an application for reappointment, completed in accordance with this Section 4, within such ninety day period, then he or she shall be required to submit an application for initial appointment in accordance with Sections 2 and 3 of this Article IV.

SECTION 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 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 Section 2 of this Article IV.

ARTICLE V

CLINICAL PRIVILEGES

SECTION 1 Delineation of Clinical Privileges

- A. **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 Director, except as provided in Section 3 of this Article V. All clinical privileges shall apply only to the Medical Center, 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 and the Association.

- B. **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 current California license, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), education, training, experience, demonstrated current 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, including, but not limited to, 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. In the application, each applicant for clinical privileges shall agree that he or she shall provide for the continuous care of his or her patients. The department chair 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 Subsections D through H of Section 3 of Article IV.

- C. **Modification of Privileges:** 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 2 and 3 of Article IV.
- D. **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 members's participation in health services delivery and shall be carried out as part of the regular reappointment process.
- E. **Dentists:** Privileges granted to duly licensed dentists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist 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. All dental patients shall receive the same medical appraisals by a physician as patients admitted to other surgical services, except that qualified oral surgeons who admit patients without medical problems may perform the history and physical examination on these patients, if such oral 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.
- F. **Podiatrists:** Privileges granted to duly licensed podiatrists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as other surgical privileges. Surgical 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 surgical services. 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.
- G. **Clinical Psychologists:** Privileges granted to duly licensed clinical psychologists shall be based on their training, experience, and demonstrated competency and judgment. 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 attending staff 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. 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.

SECTION 2 Temporary Clinical Privileges

A. Pending Application for Association Membership:

1. **Application Process:** Upon receipt of a completed application for Association membership, including, without limitation, desired membership category and a specific list of desired clinical privileges, and verification of his or her references, education, training, current California licensure, 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, experience, and other qualifying information submitted by primary sources, whenever possible, the Director may, with the written concurrence of the chair of the concerned department and the President or the Medical Director, grant temporary clinical privileges to the applicant. Prior to such written concurrence by the President or Medical Director, the President or Medical Director, as applicable, must be provided a written recommendation from the concerned department chair 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:** 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 days in duration.

B. **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 Director may, with the written concurrence of the chair of the concerned department and the President or the Medical Director, grant temporary clinical privileges for the care of a specific patient to the practitioner who is not an applicant for Association membership, after verification of his or her current California licensure, 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, and demonstrated current competency. Such temporary privileges should not exceed a period of ninety days in duration.

C. **Locum Tenens:** Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, and collection and verification of his or her references, education, training, current California licensure, 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, experience, and other qualifying information submitted by primary sources, whenever possible, the Director may, with the written concurrence of the chair of the concerned department and the President or the Medical Director, grant temporary clinical privileges to the practitioner to serve as a *locum tenens* for a member of the Association for a period not to exceed ninety days in duration.

D. **Visiting Professors:** Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, the Director may, with

the written concurrence of the chair of the concerned department and the President or the Medical Director, 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 Medical Director a copy of the applicant's appropriate current license to practice and current Drug Enforcement Administration certificate (for physicians, in order to qualify for certain privileges to prescribe restricted medications) 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 Director may, upon recommendation of the President or Medical Director, 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 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.

- E. **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 notice of any failure by the practitioner to comply with any such special requirements.
- F. **Termination:** The Director may at any time, upon the recommendation of either the President of the Association or the chair of the concerned department, terminate a practitioner's temporary clinical privileges effective as of the discharge from the Medical Center of the practitioner's patient(s) then under his or her care in the Medical Center. However, where it is determined that the life or health of such patient(s) would be endangered by continued treatment by the practitioner, the termination may be imposed by the Director immediately. The chair of the appropriate department, or in his absence the Medical Director 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.
- G. **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.

SECTION 3 Emergency Clinical Privileges

In cases of emergency, any physician, podiatrist, dentist or clinical psychologist who is a member of the Association or who holds a County Civil Service classified position and to the degree permitted by his or her license and regardless of service or Association status or lack of same, 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. When an emergency situation no longer exists, such physician, podiatrist, dentist or clinical psychologist must request the privileges necessary to continue to treat the patient and shall defer to the appropriate department chair with respect to further care of the patient. 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. 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.

ARTICLE VI

CORRECTIVE ACTION

SECTION 1 Routine Corrective Action

- A. **Request:** Whenever a practitioner with clinical privileges engages in any act, statement, demeanor, or professional conduct, either within or outside the Medical Center, which is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care, or to be disruptive or deleterious to the operations of the Medical Center or improper use of Medical Center resources, or below applicable professional standards, 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 Medical Director, by the CEO, by the Chief Medical Officer, or by the Director, upon the complaint, request, or suggestion of any person. All requests for corrective action shall be in writing, shall be made to the Executive Committee, and shall be supported by reference to the specific activities or conduct which constitutes the grounds for the request.
- B. **Initiation:** Whenever corrective action is requested, the Executive Committee shall forward such request to the chair of the department 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.
- C. **Investigation:** Within thirty days after the department's receipt of the request for corrective action, the department shall make a written report of its investigation to the Executive Committee. Prior to the making of such report, the practitioner against whom corrective action has been requested shall be offered an opportunity to appear for an interview at a reasonable time with the departmental ad hoc investigating committee. 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. This interview 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 interview shall be made by the department and included with its report to the Executive Committee.
- D. **Request Involving a Department Chair:** 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 B and C of this Section 1.
- E. **Executive Committee Action:** Within sixty days following the receipt of the departmental ad hoc investigating committee'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 Director.

- F. **Executive Committee Recommendation:** The action of the Executive Committee on a request for corrective action shall be to make a recommendation to the Director. Such recommendation shall include one or more of the following:
1. Rejection of the request for corrective action.
 2. Issuance of a letter of admonition, censure, reprimand, or warning, although nothing herein shall preclude a department chair from issuing informal written or oral warnings outside the corrective action process.
 3. 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 consultation or proctoring.
 4. Reduction or revocation of clinical privileges.
 5. Termination, modification, or ratification of an already imposed summary suspension of clinical privileges.
 6. Suspension of clinical privileges until satisfactory completion of specific conditions or requirements.
 7. Suspension of Association membership until satisfactory completion of specific conditions or requirements.
 8. Revocation of Association membership.
 9. 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.
- G. **Notification and Action by the Director:** The President of the Association shall promptly notify in writing the Medical Director, the CEO, the Chief Medical Officer, and the Director of all requests for corrective action received by the Executive Committee and shall continue to keep the Medical Director, the CEO, the Chief Medical Officer, and the Director fully informed of all actions taken in connection therewith. After the Executive Committee has made its recommendation in the matter to the Director, the Director shall render a decision within thirty days and shall notify the practitioner in person or by registered or certified mail, return receipt requested. Thereafter, the procedure to be followed shall be as provided in Article VII.
- H. **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 and the Director. In the event the Executive Committee or the Director fails to take action in response to a direction from the Governing Body, the Governing Body, after notifying the Executive Committee and the Director in writing, shall have the authority to take action on its own initiative against the practitioner and assume all of the rights and responsibilities of the Executive Committee and the Director as provided in this Article VI.

SECTION 2 Summary Suspension

- A. **Initiation:** The President of the Association, the chair of any department, the Executive Committee, the Medical Director, the CEO, the Chief Medical Officer, or the Director shall have the authority, whenever immediate action must be taken to reduce a substantial likelihood of imminent impairment to the health or safety of any patient, any prospective patient, any employee, or any other person present in the Medical Center, to recommend to the Director that all or any portion of the clinical privileges of a practitioner be summarily suspended, and such summary suspension shall become effective immediately upon imposition by the Director; provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Medical Director, or his or her authorized representative in his or her absence, may temporarily suspend all or any portion of the clinical privileges of a practitioner for a period not to exceed three working days (excluding weekends and holidays) pending investigation and action by the Director.
- B. **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 suspend clinical privileges, the Governing Body or its designee may temporarily suspend all or any portion of the clinical privileges of a practitioner where there is a substantial likelihood of imminent impairment to the health or safety of any person so long as the Governing Body has, before the suspension, made reasonable attempts to contact the Executive Committee and the Director. A summary suspension by the Governing Body which has not been ratified by the Executive Committee and the Director within two working days (excluding weekends and holidays) after the suspension, shall automatically terminate; provided that additional such summary suspensions may be imposed by the Governing Body, not to exceed a total of ten working days for the entire period of the summary suspension, if the Executive Committee is unable to meet to ratify the summary suspension.
- C. **Effective Date:** A summary suspension shall become effective immediately upon imposition, and the person or body responsible therefor shall promptly, within one working day, give oral or written notice of the summary suspension to the practitioner, the Executive Committee, the Medical Director, the CEO, Chief Medical Officer, and the Director. The notice of suspension given to the Executive Committee shall constitute a request for corrective action, and the corrective action process set forth in Section 1 of this Article VI shall be followed. The summary suspension shall continue in effect during the pendency of the corrective action process and of the hearing and appellate review process under Article VII unless the summary suspension is previously terminated as provided in these bylaws.
- D. **Corrective Action Process:** A practitioner whose clinical privileges have been summarily suspended shall not be entitled to request a hearing on the matter under Article VII until after the corrective action process set forth in Section 1 of this Article VI has been complied with and the Director has taken action under the corrective action process pursuant to Section 1(G) of this Article VI and then only if the action taken constitutes grounds for a hearing under Article VII.
- E. **Transfer of Patient Care:** Unless otherwise indicated by the terms of the summary suspension, the patients of the practitioner whose privileges have been summarily suspended shall be assigned to another Association member by the department chair or by the Medical Director, considering, where feasible, the wishes of each patient in the selection of such

substitute practitioner.

SECTION 3 Automatic Suspension

- A. **General:** In the circumstances described in Sections 3(B), 3(C) and 3(D), 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 where a bona fide dispute exists as to whether the circumstances have occurred.
- B. **License:**
1. **Revocation or Expiration:** Whenever a practitioner's license 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 terminated.
 2. **Restriction:** Whenever a practitioner's license authorizing him or her to practice in California is limited or restricted by the applicable licensing 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 terminated.
 3. **Suspension:** Whenever a practitioner's license authorizing him or her to practice in California is suspended by the applicable licensing 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:** Whenever a practitioner is placed on probation by the applicable licensing authority, his or her applicable Association membership status and clinical privileges shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.
- C. **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 terms of the probation, effective upon and for at least the term of the probation.

- D. **Insurance:** For any failure to maintain the programs of insurance as described in Article XVII, 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 Medical Director that he or she has secured such programs of insurance in the amounts required. Any failure to provide such evidence within three months after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Association membership.
- E. **Executive Committee Action:** As soon as practicable after action is taken as described in this Article VI, the Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Executive Committee, or any other person or body authorized by these bylaws to request corrective action, may request additional corrective action based upon information disclosed or otherwise made available, and in such event, the corrective action process set forth in Section 1 of this Article VI shall be followed as to such additional corrective action. Except as to any such additional corrective action, the affected practitioner shall not be entitled to a hearing and appellate review under Article VII.
- F. **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 Executive Committee, the Medical Director, the CEO, the Chief Medical Officer, and the Director. 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 Director, Medical Director, or responsible department chair 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.

SECTION 4 Exhaustion of Remedies

If any routine corrective action, summary suspension, or automatic suspension, as set forth in Sections 1, 2 and 3 of this Article VI, is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

SECTION 5 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. These mechanisms are not applicable to allied health professionals or other persons who provide health services at the Medical Center.

ARTICLE VII

HEARING AND APPELLATE REVIEW PROCEDURE

SECTION 1 Definitions

- A. "Body whose decision prompted the hearing" means the person who, or body which, pursuant to the Association bylaws, rules and regulations, rendered the decision which resulted in a

hearing being requested.

- B. "Notice" means a written communication sent by certified or registered mail, return receipt requested.
- C. "Person who requested the hearing" means the applicant or Association member, as the case may be, who has requested a hearing pursuant to Section 2 of this Article VII.

SECTION 2 Request for Hearing

- A. **Notice of Action and Request for Hearing:** In all cases in which the person or body which under these bylaws has the authority to take, and pursuant to this authority has taken, any of the actions constituting grounds for hearing as set forth in Subsection "B" of this Section 2, the applicant or Association member, as the case may be, shall promptly be given notice. Such applicant or member shall have fifteen days following the date of the receipt of such notice within which to request a hearing by the Judicial Review Committee hereinafter referred to. Such request shall be by notice to the President. In the event the applicant or member does not request a hearing within the time and in the manner hereinabove set forth, he or she shall be deemed to have accepted the action involved and it shall thereupon become final and effective immediately, subject to Article XVIII.
- B. **Grounds for Hearing:** Except as otherwise provided in these bylaws, any one or more of the following actions 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. Demotion to lower Association membership category;
 - 5. Suspension of Association membership;
 - 6. Revocation of Association membership;
 - 7. Denial of requested privileges;
 - 8. Involuntary reduction of privileges;
 - 9. Suspension of privileges;
 - 10. Termination of privileges;
 - 11. Requirement of consultation;
 - 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.
- C. **Action on Request for Hearing:** Upon receipt of a request for hearing, the President or the

Medical Director shall deliver such request to the Executive Committee at its next regular or special meeting, if such is deemed necessary by the President of the Association. The Executive Committee shall, within fifteen days after receipt of such request, schedule and arrange for a hearing. The date of the commencement of the hearing shall not be less than thirty days nor more than sixty days from the date of receipt of the request by the President for a hearing; provided that when the request is received from a member who is under suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed fifteen days from the date of receipt of the request for hearing by the President.

- D. **Notice of Hearing:** As a part of, or together with, the notice of hearing, the Executive Committee shall state in writing, in concise language, the acts or omissions with which the applicant or Association member is charged, a list of charges by chart number under question, or the reasons for the denial of the application or request of the applicant or Association member. If either party, by notice, requests a list of witnesses, then each party within fifteen days of such request shall furnish to the other a list, in writing, of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence in support of that party at the hearing.
- E. **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 members of the Active Staff who shall not have actively participated in the consideration of the matter involved at any previous level. 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.
- F. **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, subject to Article XVIII.
- G. **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 its chair acting upon its behalf only on a showing of good cause.
- H. **Decision of Judicial Review Committee:** Within fifteen days after final adjournment of the hearing (provided that in the event the member is currently under suspension, this time shall be ten days), the Judicial Review Committee shall render a decision which shall be accompanied by a report, in writing, to the body whose decision prompted the hearing, to the Executive Committee, and to the chair of the involved department. The decision of the Judicial Review Committee shall be to affirm, modify or reverse the decision of the body whose decision prompted the hearing. In all cases, a copy of such decision and report shall be forwarded to the Director. The report shall contain a concise statement of the reasons justifying the decision made. At the same time, a copy of the decision and report shall be delivered to the person who requested the hearing by registered or certified mail, return receipt requested.
- I. **Final Decision:** The decision of the Judicial Review Committee shall be considered final, subject only to the right of appeal as provided in Section 4 of this Article VII.

- J. **Right to Hearing:** No person who requested the hearing shall be entitled to more than one hearing on any single matter which may be the subject of a hearing.

SECTION 3 Hearing Procedure

- A. **Appearance at Hearing:** Under no circumstances shall the hearing be conducted without the personal presence of the person requesting the hearing unless he or she has waived such appearance, in writing, or has failed without good cause to appear after appropriate notice.
- B. **Representation:** The hearings provided for in these bylaws are for the purpose of intraprofessional resolution of matters bearing on conduct or professional competency. Accordingly, neither the person requesting the hearing, the Executive Committee, nor the Director shall be represented in any phase of the hearing or appeals procedure by an attorney at law unless the Judicial Review Committee, in its sole discretion, permits both sides to be represented by legal counsel. The person requesting the hearing shall be entitled to be accompanied by and represented at the hearing only by a physician, dentist or podiatrist who is licensed to practice in the State of California, who is not an attorney at law and who, preferably, is a member in good standing of the Association. The body whose decision prompted the hearing may appoint a representative from the attending staff who shall present its decision and the materials in support thereof and examine witnesses.
- C. **Presiding Officer:** The presiding officer at the hearing shall be the hearing officer or, if none has been appointed in accordance with Subsection "D" of this Section 3, the chair of the Judicial Review Committee. The presiding officer shall act to ensure that all participants in the hearing have a reasonable opportunity to be heard, to present all oral and documentary evidence, and that decorum is maintained. He or she shall be entitled to determine the order of procedure during the hearing. He or she shall have the authority and discretion, in accordance with these bylaws, to make all rulings on questions which pertain to matters of law and to the admissibility of evidence.
- D. **Hearing Officer:** At the request of the person who requested the hearing, the Executive Committee, the Judicial Review Committee, or the Director, on his or her own request, the Director may appoint a hearing officer, who may be an attorney at law, qualified to preside at the hearing. Such hearing officer may be legal counsel to Los Angeles County, provided that he acts during the hearing in accordance with this Article VII. He must not act as a prosecuting officer or as an advocate for the Medical Center, the Director, Executive Committee or the body whose decision prompted the hearing. If requested by the Judicial Review Committee, he or she 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.
- E. **Hearing Record:** The Judicial Review Committee shall maintain a record of the hearing by one of the following methods: by a certified shorthand or stenographic reporter present to make a record of the hearing or by a recording of the proceedings. The cost of any certified shorthand or stenographic reporter and any transcript shall be borne by the party requesting same. The Judicial Review Committee may, but shall not be required to, order that oral evidence be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of California.
- F. **Hearing Rights:** At the hearing, both sides shall have the following rights: to ask Judicial Review Committee members questions which are directly related to determining whether they

are impermissibly biased and to challenge such members, to call and examine witnesses, to introduce exhibits or other documents, to cross-examine any witness on any matter relevant to the issues, to impeach any witness, and to rebut any evidence. If the applicant or Association member does not testify in his or her own behalf, he or she may be called and examined as if under cross-examination. Any challenge to one or more members of the Judicial Review Committee shall be resolved by the Judicial Review Committee prior to continuation of the hearing.

- G. **Hearing Rules:** The hearing shall not be conducted according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence 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, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Judicial Review Committee may request such a memorandum to be filed following the close of the hearing. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems it appropriate.
- H. **Official Notice of Matters:** The presiding officer shall have the discretion to take official notice of any matters, whether technical or scientific, relating to the issues under consideration which could have been judicially noticed by the courts of this State. Participants in the hearing shall be informed of the matters to be officially noticed, and they shall be noted in the record of the hearing. The person requesting the hearing shall have the opportunity to request that a matter be officially noticed or to refute the noticed matters by evidence or by written or oral presentation of authority. Reasonable additional time, not to exceed thirty days, shall be granted, if requested, to present written rebuttal of any evidence submitted on official notice.
- I. **Evidence:** The decision of the Judicial Review Committee shall be based on the evidence produced at the hearing. This evidence may consist of the following:
1. Oral testimony of witnesses;
 2. Briefs or memoranda of points and authorities presented in connection with the hearing;
 3. Any materials contained in the Medical Center or Association personnel files regarding the person who requested the hearing which have been made a part of the hearing record;
 4. Any and all applications, references, medical records, and other documents which have been made a part of the hearing record;
 5. All officially noticed matters; and
 6. Any other admissible evidence.
- J. **Burden of Proof:** Except as otherwise required by law, at any hearing involving any of the grounds for hearing specified in Section 2, Subsection "B", points 1,2,3, or 7 of this Article VII, it shall be incumbent on the person who requested the hearing to initially come forward with evidence in support of his or her position. In all other cases specified in Section 2, Subsection "B" of this Article VII, it shall be incumbent on the body whose decision prompted the hearing

to initially come forward with evidence to support its decision. Thereafter, the burden shall shift to the person who requested the hearing to come forward with evidence in his support. In all cases in which a hearing is conducted under this Article VII, after all the evidence has been submitted by both sides, the Judicial Review Committee shall rule against the person who requested the hearing unless it finds that such person has proven, by a preponderance of evidence, that the action of the body whose decision prompted the hearing was arbitrary, unreasonable, not supported by the evidence, or otherwise unfounded.

- K. **Adjournment and Decision:** The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review Committee shall thereupon, outside the presence of any other person, conduct its deliberations and render a decision and accompanying report, in the manner and within the time as provided in Section 2, Subsection "H" of this Article VII.

SECTION 4 Appeal to Director

- A. **Request for Appeal:** Within fifteen 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 Director. Such request shall be in writing to the Director and shall be delivered either in person or by certified or registered mail, return receipt requested. If such appellate review is not requested within such period, both sides shall be deemed to have accepted the action involved, and it shall thereupon become final and shall be effective immediately subject to Article XVIII. The written request of appeal shall also include a brief statement of the reasons for appeal.
- B. **Grounds for Appeal:** The grounds for appeal from the hearing shall be:
1. Substantial failure of any person or body to comply with the procedures required by these bylaws for the conduct of hearings and decisions upon hearings so as to deny due process and a fair hearing; or
 2. The action taken by the Judicial Review Committee was arbitrary, capricious, with prejudice, or not supported by substantial evidence.
- C. **Notice of Appeal:** In the event of any appeal to the Director, as set forth in the preceding Subsection "B", the Director shall within fifteen days after receipt of such notice of appeal, schedule and arrange for an appellate review. The Director shall cause the applicant or member 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 days, nor more than sixty days, from the date of receipt of the request for appellate review, provided that when a request for appellate review is from a member 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 thirty days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Director upon a showing of good cause.
- D. **Appeal Board:** When an appellate review is requested, the Director shall appoint an Appeal Board which shall be composed of an odd number of not less than five Appeal Board members, one of whom shall be designated by the Director as Chair. The Medical Director and the Dean of the Professional School concerned, if any, shall be Appeal Board members.

The remaining members shall be taken from the administrative and/or attending staffs of the Medical Center or otherwise at the discretion of the Director. Knowledge of the particular matter on appeal shall not preclude anyone from serving as a member of the Appeal Board.

- E. **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 that the Appeal Board may, in its sole discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing. Each party shall have the right to present a written statement in support of his or her position on appeal, and in its sole discretion, the Appeal Board may allow each party or representative to personally appear and make oral argument. At the conclusion of oral argument, if allowed, 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 Director affirm, modify, or reverse the decision of the Judicial Review Committee, or refer the matter back to the Judicial Review Committee for further review and recommendation.
- F. **Director's Decision:** Within fifteen days after receipt of the recommendations of the Appeal Board, the Director 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 or registered mail, return receipt requested. The Director may affirm, modify, or reverse the decision of the Judicial Review Committee or, in his or her sole discretion, refer the matter back to the Judicial Review Committee for further review and recommendations.
- G. **Effective Date of Decision:** Except where the matter is referred back to the Judicial Review Committee for further review and recommendation in accordance with Subsection "F" of this Section 4, the final decision of the Director, following the appeal procedures set forth in this Section 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 Director within thirty days except as the parties may otherwise stipulate, in writing, to extend such period. Within fifteen days after receipt of the Judicial Review Committee's recommendations, the Director shall render a decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee in person or by certified or registered mail, return receipt requested. The Director may affirm, modify, or reverse the decision of the Judicial Review Committee, and such decision shall be final and effective immediately and shall not be subject to further review.
- H. **Right to Hearing:** Except as otherwise provided in these bylaws, no applicant or Association member shall be entitled as a matter of right to more than one appeal to the Director on any single matter which may be the subject of an appeal.

SECTION 5 Exhaustion of Remedies

If any action described in Subsection B of Section 2 of this Article VII, is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

ARTICLE VIII

OFFICERS

SECTION 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

SECTION 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.

SECTION 3 Election of Officers and Representatives At Large

- A. **The nominating committee** shall consist of at least three members of the Active Staff appointed by the President of the Association at least two months prior to the date of the annual Association meeting at which the election according to this Section 3 will take place.
- B. **This committee shall offer one or more nominees** for each of the following positions:
 1. President-Elect,
 2. Secretary/Treasurer,
 3. Ten Representatives At Large:
 - a. six Association Members At Large,
 - b. Representative from the Association of Physicians of Los Angeles County Hospital (APLACH),
 - c. Representative from the Medical Faculty Assembly (MFA) of the University of Southern California Keck School of Medicine, and
 - d. Representative and Alternate Representative to Organized Medical Staff Section (OMSS) of the California Medical Association/American Medical Association.

Two months prior to the annual Association meeting at which these elections shall take place, each department listed in Article IX, Section 1(A) shall submit to the Secretary/Treasurer two nominees, who are Active Staff members and County Civil Service unclassified employees, for each of the six Association Members At Large positions and for the OMSS Representative and OMSS Alternate Representative positions. Also, APLACH and MFA shall each also submit to the Secretary/Treasurer two nominees who are Active Staff members for each of the APLACH

and MFA representative positions. The Secretary/Treasurer will transmit the list of the nominees to the nominating committee. From this list, the nominating committee will recommend six Active Staff members for the six Association Members At Large positions and one 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 nominee of APLACH and at least one nominee of MFA will be recommended by the nominating committee.

- C. **Nominations** may also be made by petition signed by at least five 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 days prior to the annual Association meeting. In this event, the Secretary/Treasurer shall promptly advise the membership of the additional nomination(s) by mail.
- D. **The President-Elect, the Secretary/Treasurer, and the ten Representatives At Large** shall be elected in even numbered years for a two-year term at the annual Association meeting. Only members accorded the right to vote as described in Article III shall be eligible to vote.
- E. **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 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 candidate. If two candidates have the same number of least votes, both shall be omitted from the successive slate. Election to the ten Representatives At Large positions shall be by plurality of the votes cast for each position with the candidate receiving the most votes being elected.

SECTION 4 Term of Office

Each elected officer and Representative At Large shall serve a two-year term or until a successor is elected. The President-Elect shall serve a two-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 year term. Officers and Representative At Large shall take office on the first day of the Association Year following their election.

SECTION 5 Vacancies in Office

Vacancies in office 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 remain vacant during the remainder of the term for which he or she was elected.

SECTION 6 Removal of Elected Officers and Representatives At Large

Except as otherwise provided, removal of an elected 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 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 Representatives At Large, the position held, as described in these bylaws.

SECTION 7 Duties of Officers

A. President: The President shall:

1. Be the chief officer of the Association;
2. Act in coordination and cooperation with the Director, the Chief Medical Officer, the CEO, the Medical Director, 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;
5. Serve as an ex-officio member of all other Association committees without vote unless otherwise provided in these bylaws;
6. Be responsible, in conjunction with the Medical Director, 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 Medical Director, CEO and the Dean of the appropriate Professional School, committee members and the officers thereof to all standing Association committees as listed in Article X, except as otherwise provided in Article X;
8. Represent the views, policies, needs, and grievances of the Association to the CEO, the Medical Director, the Chief Medical Officer, the Director, and the Governing Body or their duly authorized designees;
9. Be spokes person for the Association;
10. Perform other functions as may be assigned to him or her by these bylaws, by the membership, by the Executive Committee, and by the Director. ;
11. Refer appropriate items to the committees of the Association for recommendations;
12. Receive and interpret the policies of the Governing Body and the Director and report to the Governing Body and the Director, through the Chief Medical Officer, 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.

B. 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 shall perform such other functions as may be assigned to him or her by these bylaws, by the membership, by the Executive Committee, and by the Director.

- C. **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 and shall perform such other functions as may be assigned to him or her by these bylaws, by the membership, by the Executive Committee, and by the Director.
- D. **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;
 4. Perform other functions as may be assigned to him or her by these bylaws, by the membership, by the Executive Committee, and by the Director;
 5. Keep accurate and complete financial records of all Association activities;
 6. Provide regular reports to the Association concerning the financial status of the Association; and
 7. Safeguard all funds and assets of the Association.

ARTICLE IX

DEPARTMENTS, DIVISIONS, AND SECTIONS

SECTION 1 Organization of the Association

- A. The Association shall be organized into departments which are reflective of the scope of services provided within the Hospital and the Network. Each department shall have a chair. Departments may be organized into one or more divisions or sections which shall have a chief (division) or head (section). The divisions and sections are specified in the Association's rules and regulations. The departments are:
1. Anesthesiology
 2. Cardiothoracic Surgery
 3. Dentistry
 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

- B. The specified divisions and sections of a department will be recommended by the chair of the department to the Executive Committee for action.
- C. Subject to the approval of the Director, the organization of the Association, as set forth in this Section 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. 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 Director, which approval shall not be withheld unreasonably. The President shall notify all the members of the Association of any approved change. Notwithstanding the above, it shall be exclusively within the control and discretion of the Director and the Governing Body to establish the scope and venue of services provided within the Hospital and the Network, including, but not limited to, the creation, elimination, consolidation or modification of specific departments of the Hospital and the Network.

SECTION 2 Department Assignment

Each practitioner shall have a primary assignment in one department as limited by Article IV, Section 2, Subsection D, 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 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 to the authority of the department chair division chief men and section head.

SECTION 3 Appointment of Department Chairs, Division Chiefs and Section Heads

- A. The department chairs, division chiefs and section heads shall be members of the Association well qualified by training, experience, and demonstrated ability for these positions.
- B. **Department Chair:** Each department chair shall be:
1. an Active Staff member,
 2. qualified by training, experience, interest and demonstrated current ability in at least one of the clinical areas covered by the particular department,
 3. board certified in a specialty or subspecialty of the particular department or be able to establish, through the privilege delineation process, that he or she possesses comparable competence, and
 4. willing and able to faithfully discharge the functions of chair of the particular department.
- C. **Division Chief:** Each division chief shall be:
1. an Active Staff member and a member of the division which he or she is to head,
 2. qualified by training, experience, interest and demonstrated current ability in the clinical area covered by the particular division,
 3. board certified in a specialty or subspecialty of the particular division or able to establish, through the privilege delineation process, that he or she possesses comparable competence, and
 4. willing and able to faithfully discharge the functions of chief of the particular division.
- D. **Section Head:** Each section head shall be:
1. an Active Staff member and a member of the section which he or she is to head,
 2. qualified by training, experience, interest and demonstrated current ability in the clinical area covered by the particular section,
 3. board certified in a specialty or subspecialty of the particular section or able to establish, through the privilege delineation process, that he or she possesses comparable competence, and
 4. willing and able to faithfully discharge the functions of chief of the particular section.
- E. **Appointments:** Department chairs shall be appointed by the Dean of the University of Southern California Keck School of Medicine or School of Dentistry, whichever is applicable, with concurrence of the Medical Director, the CEO and the Executive Committee. Division chiefs and section heads shall be appointed by the appropriate department chair with concurrence of the Medical Director and the Executive Committee. In the event that the Executive Committee does not approve the appointment of a department chair, division chief or section head, then a clinical chief, approved by the Executive Committee, shall serve as such department chair, division chief or section head for Association purposes as set forth in these

bylaws. Each department chair, 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, 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 vote of the Executive Committee, to recommend such action as is considered appropriate for any failure of a department chair, division chief or section head to satisfactorily perform his or her functions or for other reasons, to those authorized to make and concur in the initial appointment.

SECTION 4 Functions of Department Chairs, Division Chiefs and Section Heads

- A. The department chairs shall report to the Executive Committee and the Medical Director, the division chiefs shall report to their department chair and the section heads shall report to their division chief, if such exists, or otherwise to their department chair. Both division chiefs and section heads shall report indirectly to the Executive Committee and the Medical Director;
- B. The department chairs, division chiefs and section heads shall:
 - 1. Be accountable for all 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. This shall include timely completion of medical records and documentation of pertinence and clinical appropriateness;
 - 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 Medical Director regarding their areas of responsibility in order to enhance quality patient care;
 - 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;
 - 6. Be responsible for enforcement of Medical Center policies and the Association bylaws, rules, and regulations within their areas of responsibility, including, without limitation,

the orientation 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 shall be members of the Executive Committee;
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 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;
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, the Medical Director, the CEO, the Chief Medical Officer, or the Director;
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 XI, Section 9(A);
12. In the temporary absence of a department chair, the Dean of the University of Southern California Keck School of Medicine or, in his or her absence, the Medical Director shall designate a person to assume all of the above responsibilities of the department chair;
13. In the temporary absence of a division chief or section head, the department chair or, in his or her absence, the Dean of the University of Southern California Keck School of Medicine or the Medical Director shall designate a person to assume all of the responsibilities of the division chief or section head;
14. Recommend the selection of any needed outside sources for clinical services not

provided by the department or the Medical Center; and

15. Perform other duties as may from time to time be reasonably requested of him or her by the Executive Committee, the President, the Medical Director, the CEO, the Chief Medical Officer, or the Director, following appropriate consultation with the President and the Medical Director.

SECTION 5 Functions of Departments, Divisions and Sections

- A. 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.
- B. Each department may establish a departmental Credentials Committee, responsible to the department chair, 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.
- C. 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 Network Quality of Care Review 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 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.
- D. Each department shall coordinate the patient care provided by the department's members with the nursing and ancillary patient care services.
- E. Each department shall meet monthly at least ten 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.
- F. 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.
- G. Department committees shall be appointed by the chair and mechanisms shall be established as may be necessary or appropriate to conduct department functions, including proctoring requirements.

- H. 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 Director and, if approved, shall be disseminated to the members of the department.
- I. **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 attending staff 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.

ARTICLE X

COMMITTEES

SECTION 1 General Provisions

- A. **Designation:** 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.
- B. **Members and Reporting:** The committees described in this Article X 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 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 resident member on the Executive Committee, Graduate Medical Education Committee, Pharmacy and Therapeutics Committee, Blood Utilization Committee and Infection Control Committee.

- C. **Purposes and Rules:** The purposes of the standing committees are stated in the bylaws. The rules and regulations of the committees shall be developed by the committees in cooperation with the Rules and Bylaws Committee and the Executive Committee and shall be approved by the Executive Committee. These rules and regulations may be amended from time to time as approved by the Executive Committee.
- D. **Terms of Committee Members:** Unless otherwise specified, each committee member shall be appointed for a term of one 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.
- E. **Removal:** Any committee member, not including a committee member serving ex-officio, may be removed by a majority vote of the Executive Committee.
- F. **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.
- G. **Executive Committee:** Whenever these bylaws require that a function be performed by, or that a report or recommendation be submitted to a named committee but no such committee exists, the Executive Committee shall perform such function or receive such report or recommendation or shall assign the functions of such committee to a new or existing committee of the Association or the Association as a whole.
- H. **Voting Privileges:** Only members of the Active Staff, Emeritus Staff, Honorary Staff and Fellow Staff shall be voting members of the committees unless otherwise specified in these bylaws. The CEO or his or her designee and the Dean of the University of Southern California Keck School of Medicine or his or her designee shall be ex-officio members of all Association committees, with voting privileges based on their membership in the above Association membership categories. All physician members of Association committees eligible to vote shall be members of the faculty of the University of Southern California Keck School of Medicine.

SECTION 2 Executive Committee

- A. **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 shall include:
 - a. the CEO, the Medical Director , the Director of Quality Management, the Director for Graduate Medical Education, the Director of Primary Care Services, the Chief Nursing Officer , the Chief Pharmacist, and the administrators of the Network clinics:

- b. the Deans of the Professional Schools,
 - c. the chair of each department described in Article IX, Section 1(A), or clinical chief of the department, as designated by the department chair and approved by the Executive Committee,
 - d. the chairs of the standing committees as described in Article X, and
 - e. the President of the Joint Council of Interns and Residents/Committee of Interns and Residents.
3. **Representatives At Large:** Ten 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 shall be Association Members At Large who are County Civil Service unclassified employees and are not paid employees of the Medical Center or the Professional Schools,
 - b. One shall be a Representative from the Association of Physicians of Los Angeles County Hospital (APLACH),
 - c. One shall be a Representative from the Medical Faculty Assembly (MFA) of the University of Southern California Keck School of Medicine, and
 - d. One shall be the Organized Medical Staff Section (OMSS) Representative to the California Medical Association/ American Medical Association and one shall be the Alternate Representative.
- B. The President, President-Elect, and Secretary/Treasurer shall serve as chair, vice-chair, and secretary/treasurer, respectively, of the Committee.
- C. **Duties:** The Executive Committee shall:
- 1. Represent and act on behalf of the Association in the intervals between Association meetings, subject to such limitations as may be imposed by these bylaws;
 - 2. Coordinate and implement the professional and organizational activities and general policies of the Association, including, without limitation, the various departments;
 - 3. Receive and act upon the reports and recommendations from Association committees, departments, and special Association groups;
 - 4. Provide formal liaison between the Association, Medical Center administration, the Director and the Governing Body;
 - 5. Recommend action to the Medical Director, the CEO, the Director and the Governing Body on matters of a medico-administrative and management nature, including, but not limited to: the structure of the Association, the process used to review credentials and delineate clinical privileges, 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;

6. Fulfill the Association's accountability to the Governing Body for the health care rendered to patients in the Medical Center;
7. Participate in activities relating to, and ensure that the Association is informed of the status of, the Medical Center's accreditation and licensing, internal and external disaster planning, and fire and safety standards;
8. 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;
9. Review the credentials, performance, professional competence, character, and other qualifications, of all applicants and Association members and make recommendations to the Director for Association membership appointments and reappointments, assignments to departments, delineation of clinical privileges, and corrective action;
10. 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;
11. 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;
12. Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Association, including, without limitation, the initiation of and/or participation in Association corrective or review measures when warranted;
13. Report at each Association meeting;
14. Act for the Association as a liaison in the development of all Medical Center policy;
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; and

20. Establish a process for resolution of any disputes between attending staff members regarding the care of any patient.
- D. **Meetings:** The Executive Committee shall hold at least ten monthly meetings each year, shall maintain a permanent record of its proceedings and actions, and shall submit the general findings and recommendations of each meeting to the Director through the Chief Medical Officer.
 - E. **Attending Staff Association (ASA) Review Subcommittee of the Executive Committee**
 1. **Composition:** The ASA Review Subcommittee shall consist of the elected officers of the Association and the Representatives At Large.
 2. **Duties:** The ASA Review Subcommittee shall:
 - a. Review and evaluate findings and recommendations by the Association committees and departments, and make recommendations to the Executive Committee related to improving the delivery of patient care;
 - b. Review, evaluate and make recommendations to the Executive Committee on policies requiring Executive Committee approval and shall act for the Association as a liaison in the development of all Medical Center policy;
 - c. Identify issues requiring clinical operations improvement;
 - d. Recommend operational improvement issues, with supporting documentation, to the Executive Committee for review and referral to the Network Executive Council;
 - e. Recommend the appointment of ad hoc committees of the Subcommittee when indicated; and
 - f. Submit monthly reports to the Executive Committee of findings and recommendations requiring any action by the Executive Committee.
 3. **Meetings:** The ASA Review Subcommittee shall hold at least ten monthly meetings per year, shall maintain a permanent record of its proceedings and actions, and shall submit a report of each meeting (meeting minutes will suffice for this purpose) to the Executive Committee on its activities.

SECTION 3 Credentials and Privileges Advisory Committee

- A. **Composition:** The Credentials and Privileges Advisory Committee shall consist of seven members, one of whom shall be the President-Elect who shall be chair of the Committee and the administrative director of the Medical Centers's Attending Staff Office. There shall be no more than one member from any department.
- B. **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 Medical Director, 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 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 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. Review any records that may be referred by any committee of the Association, the Medical Director or the Executive Committee and shall arrive at decisions regarding the 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.
- C. **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 (meeting minutes will suffice for this purpose) to the Executive Committee on its activities.

SECTION 4 Network Quality of Care Review Committee

A. **Composition:** The Network Quality of Care Review Committee shall consist of the Medical Director, President, Director of Quality Management, chairs and/or clinical chiefs of departments, and one each from the nursing service, pharmacy, health information management, utilization review, risk management, safety, plant management, and Medical Center administration.

B. **Duties:**

The Network Quality of Care Review Committee shall:

1. Have an ongoing responsibility for the Network-wide monitoring of the quality of the patient care provided in the Medical Center to assure that the Network's and 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, jointly with the Network's Executive Council, the Network's Quality of Care Program and identify opportunities to improve patient care and Network and Medical Center performance;
 3. Annually review, evaluate and recommend for approval of the Executive Committee the Network- wide Healthcare Quality Plan. 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, Medical Center and Network to meet applicable accreditation requirements relating to healthcare quality; and
 5. Review and evaluate data collected, reviewed and reported to the Association, Medical Center and Network committees, including, but not limited to: Clinical Councils (departmental quality improvement committees), Network Quality of Care Committee (including medico-legal matters and risk management), Safety Committee, Operating Room Committee, Organ and Tissue Oversight Committee, Infection Control Committee, Ethics Resource Committee and the Core Functional Teams, Cardiopulmonary Resuscitation Committee, Surgical Case Review Committee, Respiratory Care Committee and Trauma Committee.

- C. **Meetings:** The Network Quality of Care Review Committee shall hold at least ten 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 (meeting minutes will suffice for this purpose) to the Executive Committee, to the Director, and to the Governing Body through the Director, except that routine reports to the Director and Governing Body shall not include peer evaluations related to individual members.

SECTION 5 Pharmacy and Therapeutics Committee

- A. **Composition:** The Pharmacy and Therapeutics Committee shall consist of at least five Association members and one each from the Section of Clinical Pharmacology of the University of Southern California Keck School of Medicine, 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.
- B. **Duties:** The Pharmacy and Therapeutics Committee shall be responsible for:
1. The development 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 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 establishment of standards concerning the use and control of investigational drugs and of research in the use of recognized drugs;
 9. Drug error and adverse drug reaction review and evaluation and making specific recommendations with the goal of reducing drug errors and adverse drug reactions;
 10. Advising the attending staff 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;

- C. **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.

SECTION 6 Infection Control Committee

- A. **Composition:** There is one Infection Control Committee in General Hospital and one Infection Control Subcommittee in Women's and Children's Hospital. The membership of each Committee and Subcommittee shall be representative of the appropriate membership of the Association for the Medical Center area concerned and one representative each from Medical Center administration, nursing service, epidemiology, plant management, environmental services, and others as necessary.

B. **Duties:**

1. The Infection Control Committee and Infection Control Subcommittee shall be responsible for the development of Medical Center-wide infection control program and the 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 and Subcommittee 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 written policies defining special indication for isolation requirements;
 - b. Coordinating action on findings from the attending staff's review of the clinical use of antibiotics;
 - c. Acting upon recommendations related to infection control received from the Medical Director, Executive Committee, departments, and other committees; and
 - d. Reviewing sensitivities of organisms specific to the particular facility.
- C. **Meetings:** The Infection Control Committee and the Infection Control Subcommittee shall each meet as often as necessary but at least every two months and shall maintain a permanent record of its proceedings and actions. The Infection Control Subcommittee shall report to the Infection Control Committee on its activities. The Infection Control Committee shall submit a quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee and the Network Quality of Care Review Committee on the activities of the Committee and Subcommittee .

SECTION 7 Rules and Bylaws Committee

- A. **Composition:** The Rules and Bylaws Committee shall consist at least three Association members, including at least the President-Elect, the Medical Director, and the Immediate Past President. The President-Elect shall act as chair.
- B. **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, 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, 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; and
 6. Review the Association bylaws annually and recommend revisions or amendments as necessary.
- All actions of the Rules and Bylaws Committee shall be subject to approval by the Executive Committee.
- C. **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 to the Executive Committee on its activities.

SECTION 8 Cancer Committee

- A. **Composition:** The Cancer Committee shall consist of at least five 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, Network Quality of Care Review Committee, nursing service, Cancer Registry (CRT), Hospice, Pharmacy, Pain Control, Dietary/Nutrition, Comprehensive Health Center physician representative and Medical Center and Network administration and the Cancer Liaison Physician. All Tumor Boards presenting cancer patients cared for at the Medical Center or in the Network are considered subcommittees of the Cancer Committee. Subcommittees may be appointed as necessary.
- B. **Duties:** The Cancer Committee shall cover the entire spectrum of care for all cancer patients admitted to the Medical Center and cared for in the Network 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 and the Network Quality of Care Review Committee. The

responsibilities of the Committee shall be consistent with the Commission on Cancer and Cancer Program Standards for Networks 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 patients at the Medical Center and in the Network;
 5. Supervise the activities of the Network's Tumor Registry, and evaluate the quality of abstracting, staging and reporting;
 6. Receive and review, at least monthly, a report of all Tumor Board Conferences; and
 7. Conduct one or two patient care evaluation studies each year.
- C. **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.

SECTION 9 Blood Utilization Committee

- A. **Composition:** The Blood Utilization Committee shall consist of the Director of the Blood Bank, at least five Association members with two members from the Department of Surgery, one each from the Departments of Anesthesiology, Medicine, Pediatrics, and Obstetrics and Gynecology, nursing service, and such other members as from time to time may be necessary. Subcommittees may be formed to review transfusion records.
- B. **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 reaction, blood utilization, and making recommendations regarding specific improvements in transfusion services and policies. The Committee shall also:
1. Review, revise and approve policies and procedures on ordering, distributing, handling, dispensing, and administering blood and blood components;
 2. Evaluate periodically the appropriateness and usage of selected blood components;
 3. Review transfusion reactions; and
 4. Make appropriate recommendations for improvement.
- C. **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 to the Executive Committee on its activities.

SECTION 10 Joint Conference Committee

- A. **Composition:** The Joint Conference Committee shall be composed of an equal number of the Director's designees and the Association's members, but the Association members shall at least include the President, the President-Elect, and the Immediate Past President. The chair of the Committee shall alternate yearly between the Director's designees and the Association members.
- B. **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 Director's designees and the Association on such matters as may be referred by the Executive Committee or the Director.
- C. **Meetings:** The Joint Conference Committee shall meet quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit an annual report of its activities to the Executive Committee and the Director.

SECTION 11 Medical Staff Aid Committee

- A. **Composition:** Medical Staff Aid Committee shall consist of not less than three Active Staff members, and a resident physician member, 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 assessment and value improvement committees at the Medical Center while serving on this Committee.
- B. **Duties:** The Medical Staff Aid 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 investigate such reports. 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.
- C. **Meetings:** The Medical Staff Aid Committee shall meet as often as necessary but at least quarterly, 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.

SECTION 12 Ethics Committees

- A. **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, and administrators, although a majority shall be physician members of the Association.

- B. **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 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.
- C. **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.

SECTION 13 Research Committee

- A. **Composition:** The Research Committee shall consist of the same members as the Institutional Review Board (hereafter "IRB") of the Network , the University of Southern California Health Sciences Campus and the Health Research Association and the proceedings and actions of the IRB shall constitute the proceedings and actions of the Research Committee, provided that:
1. The IRB shall be a broadly represented body;
 2. A majority of IRB members shall be Association members;
 3. The Executive Committee shall appoint all IRB members in consultation with the Medical Director and the CEO; and
 4. Each IRB member and any new IRB member shall be subject to approval in writing by the Director as to his or her membership on the Association's Research Committee.
- B. **Duties:** The Research Committee shall:
1. Examine all requests for the performance of any type of medical research within the Medical Center and make recommendations to the Executive Committee on whether to grant permission to conduct such research at the Medical Center and whether, 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 Medical Director, 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;

3. Assure compliance with all Federal and State laws and regulations applicable to the approval, performance and monitoring of medical research; and
 4. Make an annual detailed written report to the Director, not later than twelve months following the end of each County fiscal year, of the medical research accomplished, the research in progress, and a description of the source and dollar amounts of funds expended for research at the Medical Center during the County's previous fiscal year.
- C. **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 Medical Director, 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. Whenever a request for permission to conduct medical research is made by an Association member who is also a member of the faculty of a Professional School, the Committee may recommend that portions of the particular medical research be conducted in facilities other than the Medical Center.
- D. **Authority of Director:** Notwithstanding any other provision of these bylaws, the Director may at any time, after considering the recommendation, if any, of the Executive Committee, remove any person as a member of the Association's Research Committee. The Director's decision regarding removal shall be final and shall not be subject to review.
- E. **Meetings:** The Research 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 (meeting minutes will suffice for this purpose) to the Executive Committee, the Medical Director, the CEO, and the Director or his or her authorized designee, on its activities.

SECTION 14 Interdisciplinary Practice Committee

- A. **Composition:** The Interdisciplinary Practice Committee shall consist of, at a minimum, the Chief Nursing Officer the Medical Director 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.
- B. **Duties:** The Interdisciplinary Practice Committee shall perform functions consistent with the requirements of law and regulation. The duties of the Committee include, but are not limited to:
1. Consistent with the requirements of law and regulation, develop and review standardized procedures, protocols or guidelines and receive reviews of the quality of care provided by allied health professionals (AHP) 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.
- C. **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, to the Medical Director, to the CEO, and to the Governing Body through the Director, on its activities.

SECTION 15 Graduate Medical Education Committee

A. 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 Medical Director, the Academic Administrator if different from the Medical Director, one Professional School representative, the Director of Graduate Medical Education, and three resident representatives, two of whom shall be elected by their peers as authorized by the Executive Committee and one 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 Medical Director; the Academic Administrator if different from the Medical Director; one Professional School representative; the Director of Graduate Medical Education; and three resident representatives.

B. Duties: The Graduate Medical Education Committee shall:

1. Organize and oversee the postgraduate physician educational programs sponsored by the Medical Center;
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.
- C. **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 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) to the Executive Committee, the Medical Director, the CEO and the Director, on its activities.

SECTION 16 Health Record Committee

- A. **Composition:** The Health Record Committee shall consist of at least five Association members each of whom shall be from a different department and one representative each from Medical Center administration, information management services, nursing service, quality improvement, and risk management.
- B. **Duties:** The Health Record Committee shall:
1. Report committee findings, conclusions and recommendations to the Executive Committee and the Network'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 Network Quality of Care Review 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.
- C. **Meetings:** The Health Record 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.

SECTION 17 Surgical Case and Invasive Procedure Review Committee

- A. **Composition:** The Surgical Case Review Committee shall consist of at least three members from the departments of Pathology, Surgery, and Obstetrics and Gynecology; at least one each from the nursing service and Medical Center administration; and members from other departments as desired.
- B. **Duties:** The Surgical Case Review 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. Discrepancies between pre- and postoperative diagnoses; and
 4. Adequate follow-up of for unexpected findings.
- C. **Meetings:** The Surgical Case Review 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.

SECTION 18 Operating Room Committee

- A. **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 each from the Joint Council of Interns and Residents/Committee of Interns and Residents, nursing service and Medical Center administration; and the Medical Director who shall be an ex-officio member. The chair shall be appointed by the Executive Committee with the concurrence by the Medical Director.
- B. **Duties:**
- The Operating Room Committee shall:
1. Develop policies and procedures for the effective operation of the Operating Room Suite;
 2. Provide excellent and timely care for each patient requiring surgery; and
 3. Monitor overall Operating Room performance and utilization.
- C. **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.

SECTION 19 Trauma Committee

- A. **Composition.** The Trauma Committee shall consist of at least eight members from the departments of Surgery, Emergency Medicine, Radiology, Pediatrics, Anesthesiology, and

Pathology; one from the nursing service; and one from Medical Center administration.

B. Duties:

The Trauma Committee shall:

1. Establish policies and procedures for the management of trauma at the Medical Center;
2. Collect and review data regarding the management of trauma patients; and
3. Monitor Medical Center performance within the community-wide trauma system.

- C. Meetings.** The Trauma 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 through the Network Quality of Care Review Committee on its activities.

SECTION 20 Utilization Review Committee

- A. Composition:** The Utilization Review Committee shall include at least three members from different departments, and one each from nursing service and Medical Center administration.

B. Duties:

1. **Utilization Review Studies:** The Utilization Review 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 Medical Director, the CEO, the Chief Medical Officer, 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 Committee shall also formulate a written Utilization Review Plan for the Medical Center and the Network. 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 Plan to claims administrated 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 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 the attending physician by the Committee and full consideration has been given to the availability of out-of-Network 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 Medical Director, and to the attending physician for such action, if any, as may be warranted.
- C. **Meetings:** The Utilization Review Committee shall hold at least ten 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 Executive Committee on its activities.

SECTION 21 Other Committees

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

- A. The members of the committee and its chair;
- B. The exact charge for which the committee is formed;
- C. To whom and when the committee shall report concerning its deliberations and/or actions; and
- D. The duration of service of the committee.

ARTICLE XI

MEETINGS

SECTION 1 Annual Association Meeting

There shall be an annual meeting of the members of the Association. The annual meeting of the Association shall be held in June. 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 actions taken by the Executive Committee during the preceding year and on other matters believed to be of interest and value to the membership of the Association and the Medical Center. The meeting shall include reports of review and evaluation of the work done in the clinical departments and of the performance of the required Association functions.

The agenda for the annual meeting shall be:

A. Administrative:

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. Communications;
5. Report from the President;
6. Reports of departments;
7. Reports of committees;
8. Reports from the Medical Director and/or CEO;
9. New business;
10. Election of officers and Representatives At Large when required by these bylaws; and

B. Professional:

1. Review and analysis of the clinical work of the Medical Center;
2. Reports of departments;
3. Reports of committees;
4. Discussion and recommendations for improvement of the professional work of the Medical Center; and
5. Adjournment.

SECTION 2 Special Association Meetings

- A. 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 days after his or her receipt of a written request for same, signed by not less than thirty members of the Active Staff stating the purposes of such 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 be:
1. Reading of the notice calling the meeting;
 2. Transaction of business for which the meeting was called; and
 3. Adjournment.

SECTION 3 Committee, Department, Division and Section Meetings

- A. **Regular Meetings:** Committees, departments, divisions and sections 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 months per year to review and evaluate the clinical work of practitioners with privileges in the department.
- B. **Special Meetings:** A special meeting of any committee, department, division or section may be called by, or at the request of, the chair or chief or head thereof, the President of the Association, or by one-third of the group's current members eligible to vote but not less than two members.

SECTION 4 Notice of Meetings

Written or printed notice stating the place, day, and hour of any Association meeting or of any regular committee, department, division or section meeting not held pursuant to resolution shall be delivered either personally or by United States or County mail to each person entitled to be present not less than seven days, nor more than twenty days before the date of such meeting, except that notice of the annual Association meeting shall be delivered at least thirty days prior to the meeting. Notice of special committee, department, division or section 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.

SECTION 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 such members, shall constitute a quorum for the transaction of any business, including amendment of these bylaws

SECTION 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 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.

SECTION 7 Manner of Action

Except as otherwise specified, 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. Committee action may be conducted in a telephone conference at which a quorum exists, if the telephone conference is approved by the presiding officer of the meeting, and the telephone conference shall be deemed to constitute a meeting only for the matters discussed in the telephone conference. 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.

SECTION 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. The minutes shall be signed by the presiding officer. 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.

SECTION 9 Attendance Requirements

- A. **Association Meetings:** The representatives of the departments, as appointed pursuant to Article IX, Section 4(B)(11), 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. They shall have the duty of reporting to their departments the proceedings and actions of such meetings. 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.
- B. **Committee, Department, Division and Section Meetings:** Each member of the Active Staff who is employed by the County of Los Angeles or the Professional Schools shall be required to attend not less than thirty percent of all meetings of each committee, department, division or section of which he or she is a member in each Association Year.
- C. **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.

- D. **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, 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 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.

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, including, without limitation, a summary suspension of all or any portion of the member's clinical privileges. If the member makes a written request for postponement, which is received by the President within five 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, 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.

SECTION 10 Confidentiality

All members and attendees shall agree in writing, to keep the proceedings and activities of the Association, committees, departments, divisions and sections confidential.

ARTICLE XII

CONFIDENTIALITY, IMMUNITY AND RELEASES

SECTION 1 Special Definitions

For the purposes of this Article, the following definitions shall apply:

- A. **INFORMATION** means records of proceedings, minutes, records, files, communications, reports, memoranda, statements, recommendations, data and other disclosures, whether in written or oral form, relating to professional qualifications, clinical ability, judgment, character, physical and mental health status, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.
- B. **REPRESENTATIVE** means Los Angeles County and any officer, employee or agent thereof; the Association and any member, officer, department, service, division, section, board, or committee thereof; any other attending or medical staff organization and any member, officer, department, service, division, section, board, or committee thereof; any other health care facility or organization and any officer, department, service, division, section, board, or committee thereof; and any person authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- C. **THIRD PARTY** means any person or organization providing information to any representative.

SECTION 2 Authorizations and Conditions

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

- A. 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.
- B. 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.
- C. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative or third party who acts in accordance with the provisions of this Article.
- D. Acknowledges that the provisions of this Article are express conditions to his or her application for, and acceptance of, Association membership and the continuation of such membership, and/or to his or her application and exercise of clinical privileges or provision of specified patient care services at the Medical Center.

SECTION 3 Confidentiality of Information

- A. **General:** Information with respect to any practitioner submitted, collected, prepared, or maintained by any representative for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research as well as any other information with respect to any Association, committee, department, division or section meetings shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a duly authorized person nor be used in any way except as provided herein or except as otherwise required by law. Dissemination of such information shall be made only where expressly required by law, pursuant to officially adopted policies of the Association, or, where no official policy exists, only with the express approval of the Executive Committee. Such confidentiality shall extend also to any information submitted, collected, prepared, or maintained by any practitioner or any third party. This information shall not become part of any particular patient's file or of the general Medical Center records.
- B. **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 or organization or any licensing authority, is outside appropriate standards of conduct for the Association and shall be deemed disruptive to the operations of the Association and the Medical Center. If it is determined that such a breach has occurred or is likely to occur, the Medical Center or the Executive Committee may undertake such corrective action as deemed appropriate.

It shall be the responsibility of each practitioner to obtain the release of any information requested by the Association or the Medical Center.

Notwithstanding any other provision of these bylaws, the Association, the Medical Center, and

the County of Los Angeles, and their officers, employees, and agents shall, to the fullest extent permitted by law, be entitled to utilize any information submitted, collected, prepared, or maintained by any practitioner, representative, or third party, in defense of any suit or claim brought against any or all of them relating to any act or omission of any practitioner.

SECTION 4 Immunity From Liability

- A. **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.
- B. **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.

SECTION 5 Activities and Information Covered

The 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:

- A. Applications for appointment, clinical privileges, or specified patient care services.
- B. Periodic reappraisals for reappointment, clinical privileges, or specified patient care services.
- C. Corrective action.
- D. Hearings and appellate reviews.
- E. Performance data from the quality improvement program.
- F. Utilization reviews.
- G. Other Medical Center, Association, department, division, section, or committee activities related to monitoring and/or maintaining quality patient care and appropriate professional conduct.
- H. National Practitioner Data Bank, peer review organizations, Medical Board of California and similar reports.

SECTION 6 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.

ARTICLE XIII

RULES AND REGULATIONS

SECTION 1 Association Rules and Regulations

Subject to the approval of the Director, the Executive Committee shall adopt, amend, or repeal such rules and regulations of the Association as may be necessary to implement more specifically the general principles found in these bylaws. Following Executive Committee action, such rules and regulations shall become effective only upon approval of the Director, which approval shall not be withheld unreasonably. Such rules and regulations shall be reviewed, and may be revised if necessary, at least every two years. Such rules and regulations shall not be inconsistent with these bylaws or the policies of the Medical Center. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern. If significant changes are made in such rules and regulations, as determined by the Executive Committee, then the Association members and other persons with clinical privileges shall be provided with revised texts.

SECTION 2 Departmental Rules and Regulations

Subject to the approval of the Executive Committee and the Director, 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 or the Medical Center, or the policies of the Medical Center. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern.

ARTICLE XIV

GENERAL PROVISIONS

SECTION 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.

SECTION 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.

SECTION 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 or the CEO may deem

appropriate.

SECTION 4 Acceptance of Principles

All members of whatever class or category do by application for appointment or reappointment to membership in the Association agree to be bound by the provisions of these bylaws, a copy of which shall be delivered to each member on his or her initial appointment and a copy of each amendment thereto which shall be promptly delivered after adoption. Any violation of these bylaws shall subject the applicant or member to such disciplinary action as the Executive Committee or the CEO may deem appropriate consistent with these bylaws.

ARTICLE XV

FEES AND PROFITS

SECTION 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.

SECTION 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 from the Association.

SECTION 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 XVI

CONFLICTS

In the event of any conflict between the provisions of these bylaws and of any County ordinance or State or Federal law or regulation, the provisions of the latter shall govern.

ARTICLE XVII

INDEMNIFICATION AND INSURANCE

SECTION 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 classified 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.

SECTION 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.

- A. **Evidence of Insurance:** Certificate(s) or other evidence of coverage satisfactory to County shall be delivered to the Medical Director 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 coverages.
 3. Contain the express condition that County is to be given written notice by mail at least thirty days in 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.
- B. **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.
- C. **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 3 of Article VI. County, at its sole option, may obtain damages from the

practitioner resulting from such breach.

- D. **Notification of Incidents, Claims, or Suits:** Each such practitioner shall notify County, or its authorized claims representative, by Department of Health Services incident 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.
- E. **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 costs incurred by County.

SECTION 3 Insurance Coverage Requirements

- A. **General Liability Insurance** (written on ISO policy form CG 00 01 or its equivalent) with limits of not less than the following:
 - 1. General Aggregate: \$2 million
 - 2. Products/Completed Operations Aggregate: \$1 million
 - 3. Personal and Advertising Injury: \$1 million
 - 4. Each Occurrence: \$1 million
- B. **Automobile Liability Insurance** (written on ISO policy CA 00 01 or its equivalent) with a limit of liability or not less than \$1 million for each accident. Such insurance shall include coverage for all owned, hired or non-owned vehicles, or coverage for any auto.
- C. **Workers Compensation and Employers 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 than the following:
 - 1. Each Accident \$1 million
 - 2. Disease - policy limit: \$1 million
 - 3. Disease - each employee: \$1 million
- D. **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

AUTHORITY OF DIRECTOR OF HEALTH SERVICES

SECTION 1

In accordance with the provisions of these bylaws, no appointment or reappointment to membership or grant of clinical privileges shall be effective unless and until approved by the Director, and no suspension or termination (including, without limitation, any denial of reappointment, but not including any automatic suspension or termination) of the membership or all or any portion of the clinical privileges of any person shall be effective unless and until approved by the Director; provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Medical Director, or his or her authorized representative in his or her absence, may temporarily suspend all or any portion of the clinical privileges of any person for a period not to exceed three working days (excluding weekends and holidays) pending investigation and action by the Director.

SECTION 2

Notwithstanding any other provision of these bylaws, the Director, in his or her sole discretion, after considering the recommendations, if any, of the Executive Committee (except that the Director shall not consider the recommendations of the Executive Committee in instances where these bylaws authorize the Director to take action without such recommendations) and in the interest of patient care, shall have the authority to grant clinical privileges as well as modify, suspend, or terminate the membership and/or all or any portion of the clinical privileges of any person in the attending staff.

SECTION 3

Notwithstanding any other provision of these bylaws, the Director, after considering the recommendations, if any, of the Executive Committee, shall have the authority to take such action as he or she deems necessary and appropriate relative to all aspects of the membership and/or clinical privileges of any person in order to accommodate and carry out orders of the County Civil Service Commission or other County Civil Service requirements.

ARTICLE XIX

CONFLICT OF INTERESTS

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.

ARTICLE XX

AMENDMENT OF BYLAWS

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 days before such meeting. The notice shall include the exact wording of the proposed amendment and the time and place of the meeting. To

be adopted, an amendment shall require an affirmative two-thirds vote of those present and eligible to vote, provided that a quorum exists. Amendments shall be effective only if and when approved by the Governing Body, which approval shall not be withheld unreasonably. Neither the Association nor the Governing Body may unilaterally amend these bylaws.

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LAC + USC MEDICAL CENTER - ATTENDING STAFF ASSOCIATION BYLAWS

APPROVED by the Association,
Cynthia Stotts, D.O., M.S.
President of the Association

APPROVED by the Chief Executive Officer,
David Runke
Los Angeles County+University of Southern California Medical Center

APPROVED by the Chief Medical Officer,
Thomas Garthwaite, M.D.
Los Angeles County Department of Health Services

APPROVED by the Director of Health Services
Thomas Garthwaite, M.D.
Los Angeles County Department of Health Services

APPROVED by the Governing Body in 2003
Chair of the Board of Supervisors
Los Angeles County

APPROVED AS TO FORM:
Lloyd W. Pellman
County Counsel
By James Kashian
Principal Deputy County Counsel