

**BYLAWS
OF THE PROFESSIONAL STAFF**

2017

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PREAMBLE

The Professional Staff of the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA believes that the interests and well-being of patients are best served and protected by the organized effort and support of the health care professionals to whom patients entrust their care; and that education and research in the health sciences are most effectively advanced by such an organized effort. The Professional Staff is dedicated to (1) maintaining the most suitable facility and milieu in which to meet the needs of patients, and to continuously improve the quality of patient care; (2) stimulating, coordinating, integrating and evaluating the professional and scientific efforts of members or groups of members of the Professional Staff, house staff, students of medicine and psychology, and students of allied health sciences and health professions; and (3) increasing progressively the value and contribution of the Stewart and Lynda Resnick Neuropsychiatric Hospital to the education and training of all students of medicine, psychology, and allied health sciences, as well as for members of the health professions and their affiliates at large.

Subject to the authority and approval of the Governing Body, the Professional Staff will exercise such power as is reasonably necessary to discharge its responsibilities under these Bylaws, and associated Rules and Regulations and Policies, in compliance with law and regulation.

In meeting these responsibilities, the Professional Staff is subject to the ultimate authority of The Regents of the University of California, through the President of the University of California and the Chancellor of UCLA. The Chancellor delegates to the Vice Chancellor of the Health Sciences, the Physician-in-Chief, the Medical Director, and to the Chief of Staff of the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA, the authority to act on the Chancellor's behalf in matters pertaining to the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA unless otherwise directed. In recognition of these responsibilities and relationships the clinical professionals of the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA hereby organize themselves in conformity with the Bylaws, Rules and Regulations hereinafter stated.

ARTICLE I: PURPOSES, SCOPE, AND DEFINITIONS

1.1 PURPOSES AND SCOPE

These Bylaws are adopted in order to provide for the organization of the Professional Staff of the Resnick Neuropsychiatric Hospital at UCLA and to provide a framework for self-government in order to permit the Professional Staff to discharge its responsibilities in matters involving the quality of medical care, and to govern the orderly resolution of those purposes. These Bylaws provide the professional and legal structure for Professional Staff operations, organized Professional Staff relations with the delegated Governing Body, and relations with applicants to and members of the Professional Staff. The organized Professional Staff both enforces and complies with these Professional Staff Bylaws

These Bylaws recognize that the organized Professional Staff has the authority to establish and maintain patient care standards, including full participation in the development of hospital-wide policy, involving the oversight of care, treatment, and services provided by members and others in the hospital. The Professional Staff is also responsible for and involved with all aspects of delivery of health care within the hospital including, but not limited to, the treatment and services delivered by practitioners credentialed and privileged through the mechanisms described in these Bylaws and the functions of credentialing and peer review.

These Bylaws acknowledge that the provision of quality medical care in the hospital depends on the mutual accountability, interdependence, and responsibility of the Professional Staff and Governing Body for the proper performance of their respective obligations.

The scope of these Bylaws, Rules and Regulations shall be limited to those clinical privileges, duties, responsibilities, and organizational activities which relate directly to the care of patients of the Hospital and shall not encompass or govern those otherwise legitimate and authorized academic pursuits of members of the governance of the Department of Psychiatry and Behavioral Sciences, nor the UCLA Neuropsychiatric Institute.

1.2 DEFINITIONS

- 1.2-1 CHIEF EXECUTIVE OFFICER or CEO means the person appointed by the Governing Body to serve in an administrative capacity, or his designee.
- 1.2-2 CHIEF OF STAFF means the chief officer of the Professional Staff elected by members of the Professional Staff.
- 1.2-3 CLINICAL PRIVILEGES or PRIVILEGES means the permission granted by the Governing Body to Professional Staff members to render specific patient services to patients at the Hospital.
- 1.2-4 GOVERNING BODY means the governing body of the Hospital. It is the person or group delegated the Governing Body functions from The Regents of the University of California through the President of the University of California, to the Chancellor of

the University of California, Los Angeles, and through the Vice Chancellor of the Health Sciences and the Physician-in-Chief to the delegated persons or group.

- 1.2-5 **HOSPITAL** means the Resnick Neuropsychiatric Hospital at UCLA, including the associated ambulatory treatment areas which are included in the hospital license.
- 1.2-6 **IN GOOD STANDING** means a member is currently not under suspension or serving with any limitation of voting or other prerogatives imposed by operation of the Bylaws, Rules and Regulations or Policies of the Professional Staff.
- 1.2-7 **INVESTIGATION** means a process specifically instigated by the Professional Staff Executive Committee to determine the validity, if any, to a concern or complaint raised against a member of the Professional Staff, and does not include activity of the Professional Staff Health Committee.
- 1.2-8 **MEDICAL DIRECTOR** means an Active member of the Professional Staff appointed by the Governing Body to serve as liaison between the Professional Staff and Administration. The Medical Director is appointed by the Professional Staff to serve as a voting member of the Professional Staff Executive Committee.
- 1.2-9 **MEMBER** means, unless otherwise expressly limited, any physician (MD or DO) and clinical psychologist holding a current license in California to practice within the scope of that license who is a member of the Professional Staff.
- 1.2-10 **PHYSICIAN** means an individual with an MD or DO degree or the equivalent degree (i.e., foreign) as recognized by the Medical Board of California (MBC) or the Board of Osteopathic Examiners (BOE), who is licensed by either the MBC or the BOE.
- 1.2-11 **PROFESSIONAL STAFF** or **STAFF** means those physicians (MD or DO) and clinical psychologists who have been granted recognition as members of the Professional Staff pursuant to the terms of these Bylaws.
- 1.2-12 **PROFESSIONAL STAFF EXECUTIVE COMMITTEE** means the executive committee of the Professional Staff which shall constitute the governing body of the Professional Staff as described in these Bylaws.
- 1.2-13 **PROFESSIONAL STAFF YEAR** means the period from July 1 to June 30.

ARTICLE II: MEMBERSHIP

2.1 NATURE OF MEMBERSHIP

No physician or clinical psychologist including those in a medical administrative position by virtue of a contract with the hospital, shall admit or provide medical or health-related services to patients in the hospital unless he is a member of the Professional Staff or has been granted temporary privileges in accordance with the procedures set forth in these Bylaws. Professional Staff membership shall confer only such clinical privileges and prerogatives as have been granted in accordance with these Bylaws.

2.2 QUALIFICATIONS FOR MEMBERSHIP

2.2-1 General Qualifications

Only physicians and clinical psychologists shall be deemed to possess basic qualifications for membership in the Professional Staff, and who

- (a) document their (1) current California licensure, (2) adequate experience, education, and training, (3) current professional competence, (4) good judgment, and (5) current adequate physical and mental health status, so as to demonstrate to the satisfaction of the Professional Staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
- (b) are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work cooperatively with others so as not to adversely affect patient care, (3) to keep as confidential, as required by law, all information or records received in the physician-patient relationship, and (4) to be willing to participate in and properly discharge those responsibilities determined by the Professional Staff;
- (c) maintain in force professional liability insurance in not less than \$1 million occurrence/\$3 million aggregate and document involvement in professional liability actions.

2.3 EFFECT OF OTHER AFFILIATIONS

No person shall be entitled to membership in the Professional Staff merely because that person holds a certain degree, is licensed to practice in this or in any other state, is a member of any professional organization, is certified by any clinical board, or because such person had, or presently has, staff membership or privileges at another health care facility. Professional Staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in a particular medical group, surgery center or other outpatient service facility, IPA, PPO, PHO, hospital-sponsored foundation, or other organization or in contracts with a third party which contracts with this hospital. Professional Staff membership or clinical privileges shall not be revoked, denied, or otherwise infringed based on the member's professional or business interests. Neither the existence of an actual or potential conflict of interest, nor the disclosure thereof, shall affect a member's Professional Staff membership or clinical privileges.

Appointment to the faculty of the School of Medicine, University of California, Los Angeles, shall not automatically result in conferral of Professional Staff membership. Neither appointment to the Professional Staff nor the granting of privileges to perform specific procedures shall confer entitlement to unrestricted use of the Hospital or the resources thereof.

Allocation of resources (including, but not limited to, patient beds) shall be subject to administrative control pursuant to procedures established by authority of the Medical Director or the Director's designee.

2.4 NONDISCRIMINATION

No aspect of Professional Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, color, religion, ancestry, national origin, disability, physical or mental impairment, marital status, or sexual orientation in accordance with University policy or federal or state laws that does not pose a threat to the quality of patient care.

2.5 BASIC RESPONSIBILITIES OF PROFESSIONAL STAFF MEMBERSHIP

Except for the Honorary Staff, the ongoing responsibilities of each member of the Professional Staff include:

- (a) providing patients with the quality of care meeting the professional standards of the Professional Staff of this hospital;
- (b) abiding by the Professional Staff Bylaws, Rules and Regulations, and Policies;
- (c) discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Professional Staff membership, including committee assignments;
- (d) preparing and completing in timely fashion medical records for all the patients to whom the member provides care in the hospital;
- (e) abiding by the code of ethics adopted by the recognized and official professional organization for the respective clinical disciplines;
- (f) aiding in Professional Staff approved educational programs for medical and psychology students, interns, resident physicians, staff physicians and psychologists, social workers, nurses, and other mental health trainees;
- (g) working cooperatively with members, nurses, hospital administration and others so as not to adversely affect patient care;
- (h) making appropriate arrangements for continuous coverage of that member's patients as determined by the Professional Staff;
- (i) refusing to engage in improper inducements for patient referral, or any similar impropriety;
- (j) participating in continuing education programs as determined by the Professional Staff;

- (k) serving as a proctor or other peer reviewer, and otherwise participating in Professional Staff peer review as reasonably requested;
- (l) participating in such emergency service coverage or consultation panels as may be determined by the Professional Staff;
- (m) seeking appropriate consultations when appropriate;
- (n) obtaining and continuously maintaining a valid electronic mail address, notifying Professional Staff Services of any changes,
- (o) meeting all educational requirements for membership, such as training on computer systems, training on compliance standards such as HIPAA, and other training as required by the Professional Staff Executive Committee .
- (p) discharging such other staff obligations as may be lawfully established from time to time by the Professional Staff or Professional Staff Executive Committee ; and
- (q) providing information to and/or testifying on behalf of the Professional Staff or an accused practitioner regarding any matter under an investigation pursuant to Article VI, and those which are the subject of a hearing pursuant to Article VII.

2.6 MEMBERS' CONDUCT REQUIREMENTS

As a condition of membership and privileges, a Professional Staff member shall continuously meet the requirements for professional conduct established in these Bylaws. Non-members with privileges will be held to the same conduct requirements as members.

2.6-1 Disruptive and Inappropriate Conduct

Disruptive and inappropriate Professional Staff member conduct affects or could affect the quality of patient care at the hospital and includes:

(a) Harassment by a Professional Staff member against any individual involved with the hospital; (e.g., against another Professional Staff member, house staff, hospital employee or patient) on the basis, of race, religion, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex or sexual orientation.

(b) "Sexual harassment" defined as unwelcome verbal or physical conduct of a sexual or gender-based nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physical harassment (such as unwelcome touching, assault, or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings, or posters). Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when (1) submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment; or (2) this conduct substantially interferes with the individual's employment or creates and/or perpetuates an intimidating, hostile, or offensive work environment. Sexual harassment also includes conduct

which indicates that employment and/or employment benefits are conditioned upon acquiescence in sexual activities.

(c) Deliberate physical, visual or verbal intimidation or challenge, including disseminating threats or pushing, grabbing or striking another person involved in the hospital;

(d) Inappropriate access and unauthorized release of protected health and patient information.

(e) Refusal or failure to comply with Professional Staff conduct requirements.

ARTICLE III: CATEGORIES OF MEMBERSHIP

3.1 CATEGORIES

The categories of the Professional Staff shall include the following: Attending with admit privileges, Attending without admit privileges, Courtesy, Consulting, Teaching only, Honorary, Resident, and Administrative. Each time membership is granted or renewed, the member's staff category shall be determined.

3.2 ATTENDING WITH ADMIT PRIVILEGES – MD, DO

3.2-1 Qualifications

The Attending staff with admit privileges category shall consist of members who:

- (a) meet the general qualifications for membership set forth in Section 2.2 and
- (b) are full time faculty in the UCLA David Geffen School of Medicine who regularly admit, or otherwise be involved in the care of six (6) or more patients per year. Patient care may include patient admissions, procedures, consultations and/or outpatient consultations, occurring within the hospital setting (at the hospital, its clinics or hospital sponsored programs).

3.2-2 Prerogatives

Except as otherwise provided, the prerogatives of an Attending Staff with admit privileges member shall be to:

- (a) admit, attend and/or consult on patients and exercise such clinical privileges as are granted pursuant to Article V;
- (b) attend and vote on Professional Staff Bylaws and amendments and all other matters presented at meetings and committees to which the member is duly appointed; and
- (c) hold staff, or division office and serve as a voting member of committees to which the member is duly appointed or elected by the Professional Staff or duly authorized representative thereof, so long as the activities required by the position fall within the member's scope of practice as authorized by law.

3.3 ATTENDING WITHOUT ADMIT PRIVILEGES - PHD

3.3-1 Qualifications

Attending staff without admit privileges category shall consist of members who:

- (a) meet the general qualifications for membership set forth in Section 2.2 and
- (b) are full time faculty in the UCLA School of Medicine who are regularly involved in the care of six (6) or more patients per year. Patient care may include patient procedures,

consultations and/or outpatient consultations, occurring within the hospital setting (at the hospital, its clinics or hospital sponsored programs).

3.3-2 Prerogatives

Except as otherwise provided, the prerogatives of an Attending Staff without admit privileges member shall be to:

- (a) consult on patients and exercise such clinical privileges as are granted pursuant to Article V. The member shall not be authorized to admit or discharge patients.
- (b) attend and vote on Professional Staff Bylaws and amendments and all other matters presented at meetings and committees to which the member is duly appointed; and
- (c) hold staff, or division office and serve as a voting member of committees to which the member is duly appointed or elected by the Professional Staff or duly authorized representative thereof, so long as the activities required by the position fall within the member's scope of practice as authorized by law.

3.3-3 Transfer of Attending Staff Member

When a member of the Attending staff fails to regularly care for patients in this hospital, resigns his full-time faculty appointment, or fails to be regularly involved in Professional Staff functions as determined by the Professional Staff, that member shall be automatically transferred to the appropriate category, if any, for which the member is qualified.

3.4 COURTESY

3.4-1 Qualifications

The Courtesy category shall consist of members who:

- (a) meet the general qualifications for membership set forth in Section 2.2;
- (b) are involved in the care of at least six (6) or patients per year. Patient care may include patient admissions (MDs only), procedures, consultations and/or outpatient consultations, occurring within the hospital setting (at the hospital, its clinics or hospital sponsored programs); and
- (c) are members in good standing of the active staff status or category of another California licensed hospital, although exceptions to this requirement may be made by the Professional Staff Executive Committee for good cause.

3.4-2 Prerogatives

Except as otherwise provided, the Courtesy Professional Staff member shall be entitled to:

- (a) admit (MDs only) to the hospital or consult on patients with the limitations of Sections 3.2-1(b) and 3.3-1(b) and exercise such clinical privileges as are granted pursuant to Article V and

- (b) attend committees and meetings of the Professional Staff to which the member is duly appointed, with or without vote at the discretion of the Professional Staff Executive Committee.

Courtesy staff members are eligible to hold office and vote on Professional Staff matters.

3.5 CONSULTING

3.5-1 Qualifications

Any member of the Professional Staff in good standing may consult in that member's area of expertise; however, the Consulting category shall consist of such practitioners who:

- (a) meet the general qualifications set forth in Section 2.2;
- (b) are willing and able to come to the hospital on schedule or promptly respond when called to render clinical services within their area of competence; and
- (c) are members of the Attending medical staff category of Ronald Reagan UCLA Medical Center, although exceptions to this requirement may be made by the Professional Staff Executive Committee for good cause.

3.5-2 Prerogatives

The Consulting staff member shall be entitled to:

- (a) exercise such clinical privileges as are granted pursuant to Article V and
- (b) attend meetings of the Professional Staff, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment.

Consulting staff members shall not be eligible to hold office in the Professional Staff organization, nor vote on Professional Staff matters, but may serve on committees.

3.6 TEACHING ONLY

3.6-1 Qualifications

The Teaching Only category shall consist of such practitioners who:

- (a) meet the general qualifications set forth in Section 2.2;
- (b) hold faculty appointments in the Clinical Departments of the UCLA School of Medicine who volunteer their clinical skills only for teaching in an R-NPH sponsored clinic and/or are authorized to supervise R-NPH Residents and Fellows and render a clinical opinion within their competence on the Resident's/Fellow's care and treatment of inpatients and outpatients;
- (c) are not remunerated for patient care or professional activities at R-NPH (i.e., do not receive remuneration from the patient, hospital, or University for the teaching activities or care they provide).;

- (d) shall not be authorized to admit, discharge or attend inpatients and outpatients; and
- (e) have satisfactorily completed their designated term as a Provisional Staff member.

3.6-2 Prerogatives

The Teaching Only staff member shall be entitled to:

- (a) exercise such clinical privileges as are granted pursuant to Article V;
- (b) be exempt from Professional Staff application processing fees; and
- (c) attend meetings of the Professional Staff, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment.

Teaching Only staff members shall not be eligible to hold office in the Professional Staff organization, nor vote on Professional Staff matters, but may serve on committees.

3.7 ADMINISTRATIVE

3.7-1 Qualifications

Administrative category membership shall be held by any physician or clinical psychologist who is retained by the hospital or Professional Staff solely to perform ongoing medical administrative activities.

The administrative staff shall consist of members who:

- (a) are charged with assisting the Professional Staff in carrying out medical-administrative functions, including but not limited to quality assessment and improvement and utilization review;
- (b) document their (1) current licensure, (2) adequate experience, education and training, (3) current professional competence, (4) good judgment, and (5) current physical and mental health status, so as to demonstrate to the satisfaction of the Professional Staff that they are professionally and ethically competent to exercise their duties; and
- (c) are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work cooperatively with others so as not to adversely affect their judgment in carrying out the quality assessment and improvement functions, and (3) to be willing to participate in and properly discharge those responsibilities determined by the Professional Staff.

3.7-2 Prerogatives

The administrative staff shall be entitled to:

Attend meetings of the Professional Staff, including open committee meetings and educational programs, with or without vote at the discretion of the Professional Staff Executive Committee.

Administrative staff members are not eligible to admit patients or exercise clinical privileges, hold office, nor vote on Professional Staff matters.

3.8 HONORARY

3.8-1 Qualifications

The Honorary category shall consist of physicians and clinical psychologists who do not actively practice at the hospital but are deemed deserving of membership by virtue of their outstanding reputation, noteworthy contributions to the health and medical sciences, or their previous long-standing service to the hospital, and who continue to exemplify high standards of professional and ethical conduct.

3.8-2 Prerogatives

Honorary staff members are not eligible to admit patients to the hospital or to exercise clinical privileges in the hospital, or to vote or hold office in this Professional Staff organization, but they may serve on committees with or without vote at the discretion of the Professional Staff Executive Committee. They may attend staff meetings, including open committee meetings and educational programs.

3.9 RESIDENT/FELLOWS

3.9-1 Qualifications

Resident Professional Staff membership shall be held by post-doctoral trainees (residents) in training programs of teaching institutions who are not eligible for another staff category and who are licensed with the appropriate State of California licensing board. All Resident Professional Staff members must obtain a license to practice medicine within the State of California when eligible.

3.9-2 Appointment

- (a) Post-doctoral trainees who are enrolled in accredited residency training programs and who meet the above qualifications shall be appointed to the Resident Professional Staff. Members of the Resident staff are not eligible to hold office within the Professional Staff, but may participate in the activities of the Professional Staff through membership on Professional Staff committees, with the right to vote within committees if specified at the time of appointment, and non-voting attendance at Professional Staff meetings.
- (b) All medical care provided by Resident Professional Staff is under the supervision of members of the Attending and Teaching Only staff. Such care shall be in accordance with the provision of a program approved by and in conformity with the Accreditation Council on Graduate Medical Education of the American Medical Association and the American Osteopathic Association. Residents must be supervised by Teaching staff in such a way that the trainee assumes progressively increasing responsibility for patient care according to their level of training, ability and experience.
- (c) A Division Chief may request privileges for fellows to perform clinical work in the discipline for which they have had previous training if the privileges requested are unrelated to the area of their current training. Such applicants must meet all the

requirements, qualifications, and responsibilities of the Professional Staff, and are subject to such policies as may be established by the Chief of Staff.

- (d) Resident Professional Staff membership may not be considered as the observational period required to be completed by Provisional Staff. Resident Professional Staff membership terminates with termination from the training program.

3.10 PROVISIONAL STAFF

3.10-1 Qualifications

The Provisional Staff shall consist of members who:

- (a) meet the general Professional Staff membership qualifications set forth in Sections 3.2-1(a) and (b); 3.3-1(a) and (b); 3.4-1(a) and (b); 3.5-1(a) and (b); or 3.6-1(a)-(b); or
- (b) immediately prior to their application and grant of membership were not members (or were no longer members) of this Professional Staff.

3.10-2 Prerogatives

The Provisional Staff member shall be entitled to:

- (a) exercise such clinical privileges as are granted pursuant to Article V and
- (b) attend meetings of the Professional Staff, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment.

Provisional Staff members shall not be eligible to hold office in the Professional Staff organization, nor vote on Professional Staff Bylaws and amendments, but may serve on committees.

3.10-3 Observation of Provisional Staff Member

Each Provisional Staff member shall undergo a period of observation by designated monitors as described in Section 5.3. The purpose of observation shall be to evaluate the member's (1) proficiency in the exercise of clinical privileges initially granted and (2) overall eligibility for continued staff membership and advancement within staff categories. Observation of Provisional Staff members shall follow whatever frequency and format each division 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. Appropriate records shall be maintained. The results of the observation shall be communicated by the Division Chief to the Credentials Committee.

3.10-4 Term of Provisional Staff Status

A member shall remain in the Provisional Staff for a period of 12 months, unless that status is extended by the Professional Staff Executive Committee for an additional period of up to 12 months upon a determination of good cause, which determination shall not be subject to review pursuant to Articles VI or VII.

3.10-5 Action at Conclusion of Provisional Staff Status

- (a) If the Provisional Staff member has satisfactorily demonstrated the ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Professional Staff membership, the member shall be eligible for placement in the Active staff as appropriate, upon recommendation of the Professional Staff Executive Committee; and
- (b) In all other cases, the appropriate division shall advise the Credentials Committee which shall make its report to the Professional Staff Executive Committee which, in turn, shall make its recommendation to the Governing Body regarding a modification or termination of clinical privileges or termination of Professional Staff membership.

3.11 LIMITATION OF PREROGATIVES

The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other sections of these Bylaws and by the Professional Staff Rules and Regulations.

3.12 MODIFICATION OF MEMBERSHIP

On its own, upon recommendation of the Credentials Committee, or upon direction of the Governing Body, the Professional Staff Executive Committee may recommend a change in the Professional Staff category of a member consistent with the requirements of the Bylaws.

ARTICLE IV: MEMBERSHIP AND MEMBERSHIP RENEWAL

4.1 GENERAL

Except as otherwise specified herein, no person (including persons engaged by the hospital in administratively responsible positions) shall exercise clinical privileges in the hospital unless and until that person applies for and obtains membership on the Professional Staff and is granted privileges as set forth in these Bylaws, or, with respect to allied health practitioners, has been granted privileges under applicable Professional Staff policies. By applying to the Professional Staff for initial membership or renewal of membership (or, in the case of members of the Honorary staff, by accepting membership in that category), the applicant acknowledges responsibility to first review these Bylaws and Professional Staff Rules, Regulations and Policies, and agrees that throughout any period of membership that person will comply with the responsibilities of Professional Staff membership and with the Bylaws, Rules and Regulations and Policies of the Professional Staff as they exist and as they may be modified from time to time. Membership on the Professional Staff shall confer on the member only such clinical privileges as have been granted in accordance with these Bylaws.

4.2 BURDEN OF PRODUCING INFORMATION

In connection with all applications for initial membership, membership renewal, advancement, or transfer, the applicant shall have the burden of producing accurate and adequate information for an evaluation of the applicant's qualifications and suitability for the clinical privileges and staff category requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. The applicant's failure to sustain this burden shall be grounds for denial of the application. To the extent consistent with law, this burden may include submission to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Professional Staff Executive Committee which may select the examining physician. Until the Credentials Committee has declared the application complete, the application will be filed as incomplete.

4.3 AUTHORITY TO GRANT, DENY AND REVOKE MEMBERSHIP

Approvals, denials and revocations of Professional Staff membership and/or privileges shall be made as set forth in these Bylaws, but only after there has been a recommendation from the Professional Staff.

4.4 DURATION OF MEMBERSHIP AND MEMBERSHIP RENEWAL

Except as otherwise provided in these Bylaws, initial membership on the Professional Staff shall be for a period of 24 months, the first year is provisional to provide an opportunity to determine the eligibility for advancement to Active membership. The Division Chief for good cause, may recommend a one-year extension of the provisional period to the second year of the initial appointment. Membership renewals shall be for a period of up to twenty-four months.

4.5 APPLICATION FOR INITIAL MEMBERSHIP AND RENEWAL OF MEMBERSHIP

4.5-1 Application Form

An application form shall be developed by the Professional Staff Executive Committee. The form shall require detailed information which shall include, but not be limited to, information concerning:

- (a) the applicant's qualifications, including, but not limited to, professional training and experience, current licensure, current DEA registration, and continuing medical education information related to the clinical privileges to be exercised by the applicant;
- (b) peer references familiar with the applicant's professional competence and ethical character;
- (c) requests for membership categories, divisions, and clinical privileges;
- (d) past or pending professional disciplinary action, voluntary or involuntary denial, revocation, suspension, reduction for relinquishment of Professional Staff membership or privileges or any licensure or registration, and related matters; current physical and mental health status;
- (e) final judgments or settlements made against the applicant in professional liability cases, and any filed and served cases pending during the past five (5) years;
- (f) professional liability coverage; and
- (g) any past, pending or current exclusion from a federal health care program.

Each application for initial membership on the Professional Staff shall be in writing, submitted on the prescribed form with all provisions completed (or accompanied by an explanation of why answers are unavailable), and signed by the applicant. When an applicant requests an application form, that person shall be given a copy of these Bylaws, the Professional Staff Rules and Regulations, and, as deemed appropriate by the Professional Staff Executive Committee, copies or summaries of any other applicable Professional Staff Policies relating to clinical practice in the hospital.

4.5-2 Effect of Application

In addition to the matters set forth in Section 4.1, by applying for membership on the Professional Staff each applicant:

- (a) signifies willingness to appear for interviews in regard to the application;
- (b) authorizes consultation with others who have been associated with the applicant and who may have information bearing on the applicant's competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;
- (c) consents to inspection of records and documents that may be material to an evaluation of the applicant's qualifications and ability to carry out clinical privileges requested, and

authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;

- (d) releases from any liability, to the fullest extent provided by law, all persons for their acts performed in connection with investigating and evaluating the applicant;
- (e) releases from any liability, to the fullest extent provided by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;
- (f) consents to the disclosure to other hospitals, medical associations, licensing boards, and to other similar organizations as required by law, any information regarding the applicant's professional or ethical standing that the hospital or Professional Staff may have, and releases the Professional Staff and hospital from liability for so doing to the fullest extent permitted by law;
- (g) agrees to provide for continuous quality care for patients;
- (h) pledges to maintain an ethical practice, including refraining from illegal inducements for patient referral, providing for the continuous care of the applicant's patients, seeking consultation whenever necessary, and refraining from delegating patient care responsibility to non-qualified or inadequately supervised practitioners or allied health practitioners;
- (i) pledges to be bound by the Professional Staff Bylaws, Rules and Regulations, and Policies; and
- (j) agrees that if membership and privileges are granted, and for the duration of Professional Staff membership, the member has an ongoing and continuous duty to report to Professional Staff Services within ten days any and all information that would otherwise correct, change, modify or add to any information provided in the application or most recent reapplication when such correction, change, modification or addition may reflect adversely on current qualifications for membership or privileges.

4.5-3 Verification of Information

The applicant shall deliver a completely filled-in, signed, and dated application and supporting documents to Professional Staff Services and an advance payment of the processing fees paid to the UC Regents, as required. Professional Staff Services shall expeditiously seek to collect or verify the references, licensure status, and other evidence submitted in support of the application. The hospital's authorized representative shall query the National Practitioner Data Bank regarding the applicant or member and submit any resulting information to the Credentials Committee for inclusion in the applicant's or member's credentials file. The applicant shall be notified of any problems in obtaining the information required, and it shall be the applicant's obligation to obtain any reasonably requested information. When collection and verification of information is accomplished, the application shall be considered complete and all such information shall be transmitted to the appropriate division and Credentials Committee.

The provision of information containing significant misrepresentations or omissions, and/or failure to sustain the burden of producing adequate information, shall be grounds for denial of the application. Until the Credentials Committee (the applicant has provided all information the applicant has been called upon to provide during the credentialing process) has declared the application complete the application will be filed as incomplete. An applicant whose application is not complete within 6 months after submission shall be automatically removed from consideration for staff membership. Such an applicant's application may, thereafter, be reconsidered only if all information therein which may change over time, including, but not limited to, hospital reports and personal references, has been resubmitted.

4.5-4 Division Action

After receipt of the application, the Chief of the division to which the application is submitted, shall review the application and supporting documentation, and may conduct a personal interview with the applicant at the Chief's discretion. The Chief shall evaluate all matters deemed relevant to a recommendation, including information concerning the applicant's provision of services within the scope of privileges granted, his clinical and technical skills and any relevant data available from hospital performance improvement activities, and the re-applicant's participation in relevant continuing education and shall transmit to the Credentials Committee a written report and recommendation as to membership and, if membership is recommended, as to membership category, division affiliation, clinical privileges to be granted, and any special conditions to be attached. The Chief may also request that the Credentials Committee defer action on the application.

4.5-5 Credentials Committee Action

The Credentials Committee shall review the application, evaluate and verify the supporting documentation, the Division Chief's report and recommendations, and other relevant information. The Credentials Committee may elect to interview the applicant and seek additional information. The applicable Division Chief and Credentials Committee may request further documentation or clarification. If requested supporting documents have not been supplied by the applicant or the application is not otherwise complete, the applicant will be notified promptly by the Credentials Committee and given thirty (30) days to comply with the application requirements. Failure to do so will cause the processing of the application to be discontinued and the application will be filed as incomplete. The applicant will be so notified by certified mail. Notwithstanding any other provision of these Bylaws, any individual whose application has been discontinued for failure to supply the required documentation or meet other requirements shall not be entitled to the procedural rights provided in Article VII of these Bylaws. As soon as practicable, the Credentials Committee shall transmit to the Professional Staff Executive Committee a written report and its recommendations as to membership and, if membership is recommended, as to membership category, division affiliation, clinical privileges to be granted, and any special conditions to be attached to the membership. The committee may recommend that the Professional Staff Executive Committee defer action on the application.

4.5-6 Professional Staff Executive Committee Action

At its next regular meeting after receipt of the Credentials Committee report and recommendation, or as soon thereafter as is practicable, the Professional Staff Executive Committee shall consider the report and any other relevant information. The Professional Staff

Executive Committee may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant. The Professional Staff Executive Committee shall forward to the Governing Body, a written report and recommendation as to Professional Staff membership and, if membership is recommended, as to membership category, division affiliation, clinical privileges to be granted, and any special conditions to be attached to the membership. The committee may also defer action on the application. The reasons for each recommendation shall be stated.

4.5-7 Action on the Application

The Governing Body may accept the recommendation of the Professional Staff Executive Committee or may refer the matter back to the Professional Staff Executive Committee for further consideration, stating the purpose for such referral and setting a reasonable time limit for making a subsequent recommendation. The following procedures shall apply with respect to action on the application:

- (a) If the Professional Staff Executive Committee issues a favorable recommendation, the Governing Body shall affirm the recommendation of the Professional Staff Executive Committee if the Professional Staff Executive Committee's decision is supported by substantial evidence.
 - (1) If the Governing Body concurs in that recommendation, the decision of the Governing Body shall be deemed final action.
 - (2) If the tentative final action of the Governing Body is unfavorable, the CEO or designee shall give the applicant written notice of the tentative adverse recommendation and the applicant shall be entitled to the procedural rights set forth in Article VII. If procedural rights are waived by the applicant, the decision of the Governing Body shall be deemed final action.
- (b) In the event the recommendation of the Professional Staff Executive Committee, or any significant part of it, is unfavorable to the applicant the procedural rights set forth in Article VII shall apply.
 - (1) If procedural rights are waived by the applicant, the recommendations of the Professional Staff Executive Committee shall be forwarded to the Governing Body for final action, which shall affirm the recommendation of the Professional Staff Executive Committee if the Professional Staff Executive Committee's decision is supported by substantial evidence.
 - (2) If the applicant requests a hearing following the adverse Professional Staff Executive Committee recommendation or an adverse Governing Body tentative final action, the Governing Body shall take final action only after the applicant has exhausted all procedural rights as established by Article VII. After exhaustion of the procedures set forth in Article VII, the Governing Body shall make a final decision and shall affirm the decision of the Judicial Review Committee if the Judicial Review Committee's decision is supported by substantial evidence, following a fair procedure. The Governing Body's decision shall be in writing and shall specify the reasons for the action taken.

4.5-8 Notice of Final Decision

- (a) Notice of the final decision shall be given to the Professional Staff Executive Committee and the Credentials Committee, the Division Chief concerned, the applicant, and the CEO.
- (b) A decision and notice to grant or renew membership shall include, if applicable: (1) the staff category to which the applicant becomes a member; (2) the division to which that person is assigned; (3) the clinical privileges granted; and (4) any special conditions attached to the membership.

4.5-9 Reapplication After Adverse Membership Decision

An applicant who has received a final adverse decision regarding membership shall not be eligible to reapply to the Professional Staff for a period of 24 months. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

4.5-10 Timely Processing of Applications

Applications for staff membership shall be considered in a timely manner by all persons and committees required by these Bylaws to act thereon. While special or unusual circumstances may constitute good cause and warrant exceptions, the following maximum time periods provide a guideline for routine processing of applications:

- (a) evaluation, review, and verification of a complete application and all supporting documents by Professional Staff Services: 30 days from receipt of all required documentation (a complete application);
- (b) review and recommendation by the Division Chief: 30 days after receipt of all necessary documentation from Professional Staff Services;
- (c) review and recommendation by Credentials Committee: 30 days after receipt of all necessary documentation from the division;
- (d) review and recommendation by Professional Staff Executive Committee: 30 days after receipt of all necessary documentation from the Credentials Committee; and
- (e) final action: 30 days after receipt of all necessary documentation by the Professional Staff Executive Committee, or 7 days after conclusion of hearings.

4.6 MEMBERSHIP RENEWALS AND REQUESTS FOR MODIFICATIONS OF STAFF STATUS OR PRIVILEGES

4.6-1 Application

At least 6 months prior to the expiration date of the current staff membership, an application form developed by the Professional Staff Executive Committee shall be mailed or delivered to the member. If an application for renewal of membership is not received at least 150 days prior to the expiration date, written notice shall be promptly sent to the applicant advising that the

application has not been received. At least 45 days prior to the expiration date, each Professional Staff member shall submit to the Credentials Committee the completed application form for renewal of membership, and for renewal or modification of clinical privileges. The application form shall include all information necessary to update and evaluate the qualifications of the applicant including, but not limited to, the matters set forth in Section 4.5-1, as well as other relevant matters. Upon receipt of the application, the information shall be processed as set forth commencing at Section 4.5-3.

4.6-2 Effect of Application

The effect of an application for renewal of membership or modification of staff status or privileges is the same as that set forth in Section 4.5-2.

4.6-3 Standards and Procedure for Review

When a staff member submits the first application for renewal of membership, and every two years thereafter, or when the member submits an application for modification of staff status or clinical privileges, the member shall be subject to an in-depth review generally following the procedures set forth in Sections 4.5-3 through 4.5-10.

4.6-4 Failure to File Application for Renewal of Membership

Failure without good cause to timely file a completed application for renewal of membership shall result in the termination of the member's privileges and expiration of other prerogatives at the end of the current staff membership period. If the member fails to submit a completed application for renewal of membership within 30 days past the date it was due, the member shall be deemed to have voluntarily resigned membership in the Professional Staff. In the event membership terminates for the reasons set forth herein, the procedures set forth in Article VII shall not apply.

4.6-5 Failure to Meet Minimum Activity or Proctoring Requirements

Members who do not meet minimum clinical activity levels or proctoring requirements of their Clinical Division at the time of reappointment will be separated from the Professional Staff.

(a) Members separated from the Professional Staff for not meeting minimum activity or proctoring requirements as established by each Clinical Division who then supply documentation that they have met the applicable requirement(s) may apply for reappointment if the information is submitted to the Professional Staff within 30 days of separation.

(b) Members may submit an application for initial appointment after one year of separation. Such practitioners shall be placed on Provisional status and shall be subject to a focused professional practice evaluation.

4.7 LEAVE OF ABSENCE

4.7-1 Leave Status

At the discretion of the Professional Staff Executive Committee, a Professional Staff member may obtain a voluntary leave of absence from the staff upon submitting a written request to the Professional Staff Executive Committee stating the approximate period of leave desired, which

may not exceed 24 months. During the period of the leave, the member shall not exercise clinical privileges at the hospital and membership rights and responsibilities shall be inactive.

4.7-2 Termination of Leave

At least 30 days prior to the termination of the leave of absence, or at any earlier time, the Professional Staff member may request reinstatement of privileges by submitting a written notice to that effect to the Professional Staff Executive Committee. The Professional Staff Executive Committee shall make a recommendation concerning the reinstatement of the member's privileges and prerogatives, and the procedure provided in Sections 4.1 through 4.5-10 shall be followed.

4.7-3 Failure to Request Reinstatement

Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Professional Staff and shall result in automatic termination of membership, privileges, and prerogatives. A member whose membership is automatically terminated shall not be entitled to the procedural rights provided in Article VII. A request for Professional Staff membership subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial membership.

ARTICLE V CLINICAL PRIVILEGES

5.1 EXERCISE OF PRIVILEGES

Except as otherwise provided in these Bylaws, a member providing clinical services at this hospital shall be entitled to exercise only those clinical privileges specifically granted. Said privileges and services must be hospital specific, within the scope of any license, certificate or other legal credential authorizing practice in this state and consistent with any restrictions thereon, and shall be subject to the authority of the Division Chief and the Professional Staff. Professional Staff privileges may be granted, continued, modified or terminated by the Governing Body of this hospital only upon recommendation of the Professional Staff, only for reasons directly related to quality of patient care and other provisions of the Professional Staff Bylaws, and only following the procedures outlined in these Bylaws.

5.2 DELINEATION OF PRIVILEGES IN GENERAL

5.2-1 Requests

Each application for initial membership or renewal of membership to the Professional Staff must contain a request for the specific clinical privileges desired by the applicant. A request by a member for a modification of clinical privileges may be made at any time, but such requests must be supported by documentation of training and/or experience supportive of the request.

5.2-2 Bases for Privileges Determination

- (a) Requests for clinical privileges shall be evaluated on the basis of the member's education, training, experience, current demonstrated professional competence and judgment, clinical performance, current health status, and the documented results of patient care and other quality review and monitoring which the Professional Staff deems appropriate. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a member exercises clinical privileges.
- (b) No specific privilege may be granted to a member if the task, procedure or activity constituting the privilege is not available within the hospital despite the member's qualifications or ability to perform the requested privilege.

5.2-3 Criteria for "Cross-Specialty" Privileges Within the Hospital

Any request for clinical privileges that are either new to the Hospital or that overlap more than one division shall initially be reviewed by the appropriate divisions, in order to establish the need for, and appropriateness of, the new procedure or services. The Professional Staff Executive Committee shall facilitate the establishment of hospital-wide credentialing criteria for new or trans-specialty procedures, with the input of all appropriate divisions, with a mechanism designed to ensure that quality patient care is provided for by all individuals with such clinical privileges.

5.3 PROCTORING

5.3-1 General Provisions

Except as otherwise determined by the Professional Staff Executive Committee , all initial members to the Professional Staff and all members granted new clinical privileges shall be subject to a period of proctoring. Each member or recipient of new clinical privileges shall be assigned to a division where performance on an appropriate number of cases as established by the Professional Staff Executive Committee, or the division as designee of the Professional Staff Executive Committee, shall be monitored by a member of the Professional Staff who has been designated for that purpose by the Division Chief, during the period of proctoring, to determine suitability to continue to exercise the clinical privileges granted in that division.

The member shall remain subject to such proctoring until the Professional Staff Executive Committee has been furnished with a report signed by the Division Chief to which the member is assigned describing the types and numbers of cases monitored and the evaluation of the applicant's performance, a statement that the applicant appears to meet all of the qualifications for unsupervised practice in that division, has discharged all of the responsibilities of staff membership, and has not exceeded or abused the prerogatives of the category to which membership was granted.

5.3-2 Failure to Complete the Proctoring Requirement

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

5.3-3 Professional Staff Advancement

The failure to complete the proctoring requirement for any specific clinical privilege shall not, of itself, preclude advancement in Professional Staff category of any member. If such advancement is granted absent such completion, continued proctorship on the procedure shall continue for the specified time period.

5.4 TEMPORARY CLINICAL PRIVILEGES

Temporary privileges are allowed under two circumstances only: to address a patient care need and to permit patient care to be provided while an application is pending.

5.4-1 Patient Care Needs

(a) Care of Specific Patient

Temporary clinical privileges may be granted where good cause exists to allow a physician or clinical psychologist to provide care to a specific patient (but not more than 3 during a calendar year) provided that the procedure described in Section 5.4 has been completed.

(b) Other Important Patient Care Needs

Temporary clinical privileges may be granted to allow a physician or clinical psychologist to fulfill an important patient care treatment or service need (but not more than 3 during a calendar year) provided that the procedure described in Section 5.4-3 has been completed.

5.4-2 Pending Application for Professional Staff Membership

Temporary clinical privileges may be granted to an applicant while that person's application for Professional Staff membership and privileges is completed and awaiting review and approval of the Professional Staff Executive Committee, provided that the applicant has no current or previously successful challenge to professional licensure or registration, no involuntary termination of Professional Staff membership at any other organization, and no involuntary limitation, reduction, denial or loss of clinical privileges. Such persons may only attend patients for a period not to exceed 120 days.

5.4-3 Application and Review

Upon receipt of a completed application and supporting documentation from a physician or clinical psychologist authorized to practice in California, the CEO or his designee, on the recommendation of either the applicable Division Chief or the Chief of Staff, may grant temporary privileges to an applicant who appears to have qualifications, ability and judgment consistent with Section 2.2-1, but only:

- (1) With respect to fulfill an important patient care need, after verification of current licensure and current competence; or
- (2) With respect to a new applicant awaiting review and approval of the Professional Staff Executive Committee in compliance with the requirements in Section 5.4-2, after the National Practitioner Data Bank report regarding the applicant for temporary privileges has been received and evaluated and current California licensure has been verified.

5.4-4 General Conditions

- (a) If granted temporary privileges, the applicant shall act under the supervision of the Division Chief to which the applicant has been assigned, and shall ensure that the Chief, or the Chief's designee, is kept closely informed as to the applicant's activities within the hospital.
- (b) Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated or suspended under Articles VI and/or VII of these Bylaws. A Professional Staff applicant's temporary privileges shall automatically terminate if the applicant's initial membership application is withdrawn. As necessary, the appropriate Division Chief or, in the chief's absence, the Chief of Staff, shall assign a member of the Professional Staff to assume responsibility for the care of such member's patient(s). The wishes of the patient shall be considered in the choice of a replacement Professional Staff member.

- (c) Requirements for proctoring and monitoring, including but not limited to those in Section 5.3, shall be imposed on such terms as may be appropriate under the circumstances upon any member granted temporary privileges by the Chief of Staff after consultation with the Division Chief or the Chief's designee.
- (d) All persons requesting or receiving temporary privileges shall be bound by the Bylaws and Rules and Regulations of the Professional Staff.

5.5 EMERGENCY PRIVILEGES

- (a) In the case of an emergency involving a particular patient, any member of the Professional Staff with clinical privileges, to the degree permitted by the scope of the applicant's license and regardless of division, staff status, or clinical privileges, shall be permitted to do everything reasonably possible to save the life of the patient or to save the patient from serious harm provided that the care provided is within the scope of the individual's license. The member shall make every reasonable effort to communicate promptly with the Division Chief concerning the need for emergency care and assistance by members of the Professional Staff with appropriate clinical privileges, and once the emergency has passed or assistance has been made available, shall defer to the Division Chief with respect to further care of the patient at the hospital.
- (b) In the event of an emergency under subsection (a), any person shall be permitted to do whatever is reasonably possible to save the life of a patient or to save a patient from serious harm. Such persons shall promptly yield such care to qualified members of the Professional Staff when it becomes reasonably available.

5.6 DISASTER PRIVILEGES

- (a) In the case of a disaster in which the disaster plan has been activated and the hospital is unable to handle the immediate patient needs, the Chief of Staff, or in the absence of the Chief of Staff, the Vice-Chief of Staff, may grant disaster privileges. In the absence of the Chief of Staff and Vice-Chief of Staff and Division Chief(s), the Chief Executive Officer or his designee may grant the disaster privileges consistent with this subsection. The grant of privileges under this subsection shall be on a case-by-case basis at the sole discretion of the individual authorized to grant such privileges. An initial grant of disaster privileges is reviewed by a person authorized to grant disaster privileges within 72 hours to determine whether the disaster privileges should be continued.
- (b) The verification process of the credentials and privileges of individuals who receive disaster privileges under this subsection shall be developed in advance of a disaster situation. This process shall begin as soon as the immediate disaster situation is under control.
 - (1) Those authorized under subsection (a) may grant disaster privileges upon presentation of a valid picture ID issued by a state, federal or regulatory agency and at least one of the following:
 - (i) A current picture hospital ID card clearly identifying professional designation.
 - (ii) A current license to practice.

- (iii) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or MRC, ESAR-VHP, or other recognized state or federal organizations or groups.
 - (iv) Identification indicating that the individual has been granted authority by a federal, state, or municipal entity to render patient care in disaster circumstances.
 - (v) Identification by current hospital or medical staff member(s) with personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster.
- (2) Current professional licensure of those providing care under disaster privileges is verified from the primary source as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer licensed independent practitioner presents himself to the hospital, whichever comes first. If primary source verification cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the hospital documents all of the following:
- (i) The reason[s] verification could not be performed within 72 hours of the practitioner's arrival,
 - (ii) Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment and services.
 - (iii) Evidence of an attempt to perform primary source verification as soon as possible.
- © Members of the medical staff shall oversee those granted disaster privileges by direct observation.

5.7 REQUIREMENTS FOR HISTORIES AND PHYSICALS

Histories and physicals can be conducted or updated and documented only pursuant to specific privileges granted upon request to qualified physicians and other practitioners who are members of the Professional Staff or seeking temporary privileges, acting within their scope of practice.

Every patient receives a history and physical within twenty-four hours of admission, unless a previous history and physical performed within thirty days of admission (or registration if an outpatient procedure) is on record, in which case that history and physical will be updated within twenty-four hours of admission.

5.8 MODIFICATION OF CLINICAL PRIVILEGES OR DIVISION ASSIGNMENT

On its own, upon recommendation of the Credentials Committee, or pursuant to a request under Section 5.2.1, the Professional Staff Executive Committee may recommend a change in the clinical privileges or division assignment(s) of a member. The Professional Staff Executive Committee may also recommend that the granting of additional privileges to a current Professional Staff member be made subject to monitoring in accordance with procedures similar to those outlined in Section 5.3-1.

5.9 LAPSE OF APPLICATION

If a Professional Staff member requesting a modification of clinical privileges or division assignments fails to timely furnish the information reasonably necessary to evaluate the request, the application shall automatically lapse, and the applicant shall not be entitled to a hearing as set forth in Article VII.

ARTICLE VI: EVALUATION AND CORRECTIVE ACTION

6.1 PEER REVIEW OF APPLICANTS

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

6.2 ONGOING PEER REVIEW

All members are subject to evaluation based on Professional Staff peer review criteria, adopted consistent with these Bylaws. Evaluation results are used in privileging, system improvement, and when warranted, corrective action.

6.2-1 Peer Review Criteria

Divisions shall develop and routinely update peer review criteria based on current practices and standards of care, which shall be the sole criteria used in evaluating those applying for membership and privileges and the performance of members and privileges holders. Included in the division peer review criteria are the types of data to be collected for evaluation. Divisions shall, where relevant, collect and evaluate members' data that may include monitoring of the following elements when appropriate:

- a) Professional Staff approved generic indicators
- b) Division-specific clinical indicators or outcome measurements
- c) Morbidity and mortality rates
- d) Compliance with standards of evidence-based medicine
- e) Outcomes of clinical procedures
- f) Practitioner-specific practice patterns related to ordering tests and procedures, blood and medication use, use of consultants, length of stay; and
- g) Evidence-based clinical process audits

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

6.2-2 Focused Peer Review of Initial Members

All initial grants of privileges shall be subject to proctoring under these Bylaws and otherwise reviewed for compliance with the relevant division peer review criteria.

6.2-3 Focused Peer Review of Members

All members and privilege holders not otherwise subject to initial review are reviewed for compliance with the relevant division peer review criteria on an on-going basis. In addition to

information gathered under routine screening, determined by the division, such as periodic chart review, proctoring, monitoring of diagnostic and treatment techniques, and discussions with other professionals, complaints and concerns are analyzed in light of the division peer review criteria. Peer review analysis shall be conducted by the peer review committee for reporting monthly to the Professional Staff Executive Committee. Members are kept apprised of reviews of their performance. Performance monitoring, corrective action or other measures are implemented or recommended.

6.2-4 Results of Review

Information resulting from ongoing peer review of members according to the relevant division criteria and analyzed by the process established in these Bylaws must be acted upon. Resulting action can be, but is not limited to:

- a) documenting in the member's credentials file that the member is performing well or within desired expectations;
- b) identifying issues that require a focused evaluation;
- c) determining that the privilege should be continued because the hospital's mission is to be able to provide the privilege to its patients;
- d) recommending to the Professional Staff Executive Committee needed changes in hospital systems to improve patient safety or the quality of patient care;
- e) recommending limiting a privilege or privileges or other corrective action under these Bylaws.

Results of the peer review and any recommendations and determinations pertaining to the member shall be included in the member's credentials file and dealt with according to these Bylaws.

6.2-5 External Peer Review

The Division Chief, Credentials Committee or the Professional Staff Executive Committee, in evaluating or investigating an applicant, privileges holder, or member, may obtain external peer review in the following circumstances:

- (a) Committee or division review(s) that could affect an individual's membership or privileges do not provide a sufficiently clear basis for action;
- (b) No current Professional Staff member can provide the necessary expertise in the clinical procedure or area under review;
- (c) to promote impartial peer review;
- (d) Upon the reasonable request of the practitioner.

6.3 Informal Corrective Activities

The Chief of Staff, Medical Director, Division Chiefs and Professional Staff committees may counsel, educate, issue letters of warning or censure, or institute retrospective or concurrent monitoring in the course of carrying out their duties without initiating formal corrective action. Comments, suggestions and warnings may be issued orally or in writing. The member shall be given an opportunity to respond in writing and may be given an opportunity to meet with the Chief of Staff, Medical Director, Division Chief, or committee. Any informal actions, monitoring or counseling shall be documented in writing in the member's peer review file. Professional Staff Executive Committee approval is not required for such actions. The actions shall not constitute a restriction of privileges or grounds for any formal hearing or appeal rights under Article 7.

6.4 Criteria for Initiation of Formal Corrective Action

A formal corrective action investigation may be initiated whenever reliable information indicates a member may have exhibited acts, demeanor or conduct, either within or outside of the Hospital that is reasonably likely to be:

- (a) Detrimental to patient safety or to the delivery of quality patient care within the Hospital;
- (b) Unethical or unprofessional;
- (c) Contrary to the Professional Staff Bylaws, Rules and Regulations. This shall include, but is not limited to, failure to disclose information pertinent to and necessary for the evaluation of the member's qualifications for appointment or re-appointment to the Professional Staff;
- (d) Care below applicable professional standards. This shall include, but is not limited to, incompetence, negligence, gross negligence, clinical care that is below the standard of practice established by the clinical division, or substantial or consistent misdiagnosis;
- (e) Disruptive of Professional Staff or Hospital operations. This shall include, but is not limited to, harassment, discrimination, the inability to work in harmony with others, patient abandonment, disruptive behavior or falsification of records;
- (f) Criminal conviction, including a conviction or plea of guilty or nolo contendere for any felony or for any misdemeanor related to the practice of a health care professional, fraud or abuse relating to any governmental health program, third party reimbursement, or controlled substance, whether or not an appeal has been filed or is pending; or
- (g) A breach of privacy and confidentiality.

Generally, formal corrective action measures should not be initiated unless reasonable attempts at informal resolution have failed; however, this is not a mandatory condition, and formal corrective action may be initiated whenever circumstances reasonably appear to warrant formal action. Any recommendation of formal corrective action must be based on evaluation of specific information.

6.5 Initiation

- 6.5.1 Any person who believes that formal corrective action may be warranted may provide information to the Chief of Staff, Medical Director, or the applicable Clinical Division Chief. Such requests may but need not be, referred to the Clinical Division Chief for review and investigation. When such information about a member of a Division comes to the attention of the Clinical Division Chief, he/she may review and investigate the matter, either directly or by delegation. If the Clinical Division Chief thereafter concludes that there appears to be grounds for corrective action, he/she must submit a request for such corrective action in accordance with this section 6.5; however, such prior investigation by the division is not a precondition for making a request for corrective action.
- 6.5.2 If the Chief of Staff, Medical Director, or the applicable Clinical Division Chief determines that corrective action may be warranted under this section 6.5, that person may request the initiation of a formal corrective action investigation or may recommend particular corrective action by conveying such request to the Chief of Staff, as Chair of the Professional Staff Executive Committee, in writing and supported by reference to and documentation of the specific activity or conduct that constitutes the grounds for the request. For clarity, an investigation of a matter that could warrant formal corrective action will be deemed to begin when the Chief of Staff receives a request such as that described in this section.
- 6.5.3 The Chief of Staff shall notify the Professional Staff Executive Committee, the Medical Director, the Clinical Division Chief where the member has such privileges, and the member of the action to be taken, and shall continue to keep them fully informed of all actions taken. In addition, if there is to be a preliminary investigation as described in 6.6, the Chief of Staff shall appoint and immediately forward all necessary information to a committee or person that will conduct any such preliminary investigation.

6.6 Preliminary Investigation

Whenever information suggests that corrective action may be warranted (including but not limited to, cases of complaints of harassment or discrimination involving a patient, member or an employee), the Chief of Staff or Medical Director, on behalf of the Professional Staff Executive Committee, may immediately investigate and conduct whatever interviews may be indicated or may delegate such activities as appropriate. The information developed during this initial review shall be presented at its next regularly scheduled meeting to the Professional Staff Executive Committee, which shall decide whether to initiate a formal investigation as described in Section 6.8.

6.7 Interview

Interviews shall neither constitute nor be deemed a hearing as described in Article 7, shall be preliminary in nature, and shall not be conducted according to the procedural rules applicable with respect to hearings. The Professional Staff Executive Committee shall be required, at the member's request, to grant an interview only when so specified in this Article 6. In the event an interview is granted, the member shall be informed of the general nature of the reasons for the recommendation and may present information relevant thereto. A record of the matters discussed and the finding resulting from an interview shall be made.

6.8 Formal Investigation

- 6.8.1 If the Chief of Staff or Medical Director, acting on behalf of the Professional Staff Executive Committee, concludes that corrective action is indicated but that no further investigation is necessary, he or she may proceed to take action without further investigation or summarily suspend the member in accordance with the procedures set forth in Section 6.12.
- 6.8.2 If the Chief of Staff, acting on behalf of the Professional Staff Executive Committee, concludes a formal investigation is warranted, he or she shall direct an investigation to be undertaken and the member shall be informed in writing of the investigation and of the allegations that give rise to the investigation. The Chief of Staff may personally conduct the investigation or may assign the task to an appropriate standing or ad hoc committee to be appointed by the Chief of Staff. The investigating body should not include individuals with a conflict of interest, which may include partners, associates or relatives of the individual being investigated. Additionally, the investigating person or body may, but is not required to engage the services of one or more outside reviewers as deemed appropriate or helpful in light of the circumstances. If the investigation is delegated to a committee other than the Professional Staff Executive Committee, such committee shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the Professional Staff Executive Committee within sixty (60) days of the assignment. The Professional Staff Executive Committee may authorize an extension of this time period for good cause. The report may include recommendations for appropriate corrective action.
- 6.8.3 Within five days of receipt of the report of findings and recommendations, the Professional Staff Executive Committee shall notify the affected staff member, furnish copies of the request for corrective action and the report of findings and recommendations and offer the member an opportunity to make an appearance before the Professional Staff Executive Committee prior to action being taken. Neither this appearance nor the investigation referred to in 6.6 shall constitute a hearing. This appearance shall be at the next regularly scheduled meeting of the Professional Staff Executive Committee, shall be preliminary in nature, and none of the procedural rules of the Bylaws with respect to hearings shall apply.
- 6.8.4 Despite the status of any investigation(s), at all times the Professional Staff Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary action.

6.9 Professional Staff Executive Committee Action

As soon as practicable after the conclusion of the investigation, the Professional Staff Executive Committee shall take action including, without limitation:

- (a) Determining no corrective action be taken and, if the Professional Staff Executive Committee determines there was no credible evidence for the complaint in the first instance, removing any adverse information from the member's file;
- (b) Deferring action for a reasonable time;
- (c) Issuing letters of admonition, censure, reprimand or warning, although nothing herein shall be deemed to preclude Division Chiefs or committee chairs from issuing informal written or oral

warnings outside of the mechanism for formal corrective action. In the event such letters are issued, the affected member may make a written response and both letters which shall be placed in the member's peer review file;

- (d) Recommending the imposition of terms of probation or special limitation upon continued Professional Staff membership or exercise of privileges including, without limitation, requirements for co-admissions, mandatory consultation or monitoring;
- (e) Recommending reduction, modification, suspension or revocation of privileges. If suspension is recommended, the terms and duration of the suspension and the conditions that must be met before the suspension is ended shall be stated;
- (f) Recommending reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care;
- (g) Recommending suspension, revocation or probation of Professional Staff membership. If suspension or probation is recommended, the terms and duration of the suspension or probation and the conditions that must be met before the suspension or probation is ended shall be stated;
- (h) Taking other actions deemed appropriate under the circumstances; and
- (i) Determining whether the action is taken for any of the reasons required to be reported pursuant to Business & Professions Code §805.01. Section 805.01 reports are intended to expedite the investigation process; according to the Medical Board of California, section 805.01 reports are not disseminated and not posted on a licensee's profile. Section 805.01 reports must be filed under the following circumstances:
 - (i) Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients, to the extent or in such a manner as to be dangerous or injurious to any person or to the public;
 - (ii) The use of, or prescribing for or administering to himself or herself, any controlled substance; or the use of any dangerous drug, as defined in Business & Professions Code §4022, or of alcoholic beverages, to the extent or in such a manner as to be dangerous or injurious to the licentiate, any other person, or the public, or to the extent that such use impairs the ability of the licentiate to practice safely;
 - (iii) Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and medical reason therefor. However, in no event shall a physician and surgeon prescribing, furnishing, or administering controlled substances for intractable pain, consistent with lawful prescribing, be reported for excessive prescribing and prompt review of the applicability of these provisions shall be made in any complaint that may implicate these provisions; and
 - (iv) Sexual misconduct with one or more patients during a course of treatment or an examination.

6.10 Procedural Rights

- 6.10.1 If the Professional Staff Executive Committee determines that no corrective action is required or only a letter of warning, admonition, reprimand or censure should be issued, the decision shall be transmitted to the Governing Body. The Governing Body may affirm, reject or modify the action. The Governing Body shall give great weight to the Professional Staff Executive Committee's decision and may initiate further action only if the failure to act is contrary to the weight of the evidence that is before it, and then only after it has consulted with the Professional Staff Executive Committee and the Professional Staff Executive Committee still has not acted. The decision shall become final if the Governing Body affirms it or takes no action on it within 60 days after receiving the notice of decision. If the corrective action does not constitute "ground for hearing" as that term is defined in Section 7.2, that action shall not entitle the member to a hearing.
- 6.10.2 If the Professional Staff Executive Committee recommends an action that is a ground for a hearing under Section 7.2, the Chief of Staff shall give the member prompt written notice of the proposed action and of the right to request a hearing. The Governing Body will be informed of the recommendation, but shall take no action until the member has either waived his or her right to a hearing or exhausted all procedural right set forth in Article 7.

6.11 Summary Restriction or Suspension

6.11.1 Criteria for Initiation

- (a) Whenever a member's conduct appears to require that immediate action be taken to protect the life or well-being of any patient, prospective patient, or other individual or to prevent the disruption of the Hospital, any two (2) of the following shall have the authority to summarily suspend and concurrently notify the Chief of Staff: the Division Chief, Medical Director, Chief of Staff and a Professional Staff Executive Committee member.
- (b) If the Chief of Staff, the Medical Director, the Professional Staff Executive Committee, or Clinical Division Chief in which the member holds privileges are not available to summarily restrict or suspend the member's membership or clinical privileges, the Governing Body (or designee) may summarily restrict or suspend the member's membership or clinical privileges for the reasons stated above, provided that the Governing Body made reasonable attempts to contact the Chief of Staff, the Professional Staff Executive Committee and the Clinical Division Chief before the suspension. The Professional Staff Executive Committee must ratify any summary suspension imposed by Governing Body within two (2) days. If the Professional Staff Executive Committee does not ratify a summary suspension imposed within two (2) working days, the summary suspension shall terminate automatically. If the Professional Staff Executive Committee does ratify the summary suspension, all other provisions under Section 6.12 of these bylaws will apply. In this event, the date of imposition of the summary suspension shall be considered to be the date of ratification by the Professional Staff Executive Committee for purposes of compliance with notice and hearing requirements.
- (c) The summary action may be limited in duration and shall remain in effect for the period stated or, if none, until ratified by the Professional Staff Executive Committee as set forth in this Section 6.11.

- (i) Unless otherwise stated, such summary restriction or suspension (summary action) shall become effective immediately upon imposition, and the person or body responsible shall immediately give written special notice to, the Governing Body, the Professional Staff Executive Committee, the Clinical Division Chief, and the President of UCLA Health. The special notice shall generally describe the reasons for the action.
- (ii) Within two (2) working days of imposition of a summary suspension or summary restriction, the member shall be provided with written notice of such suspension. This initial notice shall include a statement of facts explaining why the suspension was necessary. The written notice shall inform the member: (a) of the right to an informal interview upon request; (b) that if a summary suspension or restriction remains in effect for more than fourteen (14) days, the action will be reported to the Medical Board of California pursuant to Business and Professions Code Section 805; and (c) that the suspension could be reportable to the National Practitioner Data Bank if it becomes final.
- (iii) The notice of the summary action given to the Professional Staff Executive Committee shall constitute a request to initiate corrective action and the procedures set forth in this section 6.11 shall be followed.
- (d) Unless otherwise indicated by the terms of the summary action, the member's patients shall be promptly assigned to another member of the Division, by the Chief of Staff or Division Chief considering, where feasible, the wishes of the patient and the affected member in the choice of a substitute member.

6.11.2 **Professional Staff Executive Committee Action**

Within seven (7) days after any summary restriction or suspension has been imposed, a meeting of the Professional Staff Executive Committee shall be convened to review and consider the action. Upon request, the affected member may attend and request an interview with the Professional Staff Executive Committee. The interview shall be convened as soon as reasonably possible, shall be informal, and shall not constitute a hearing, as that term is used in these Bylaws. The Professional Staff Executive Committee may thereafter continue, modify or terminate the terms of the summary action. It shall give the member written special notice of its decision within two (2) working days of its meeting. Said notice shall include the information specified in section 6.12 if the action is adverse.

6.11.3 **Procedural Rights**

Unless the Professional Staff Executive Committee terminates the summary action, it shall remain in effect during the pendency and completion of the corrective action process and of the hearing and appellate review process. When a summary action is continued, the affected member shall be entitled to the procedural rights afforded by Article 7. In addition, the affected member shall have the following rights:

Any affected member shall have the right to challenge imposition of the summary suspension, particularly on the issue of whether or not the facts stated in the notice present a reasonable possibility of "imminent danger" to an individual. Initially, the member may present this challenge to the Professional Staff Executive Committee at the meeting held within one week of imposition of the suspension. If the Professional Staff Executive Committee's decision is to continue the summary suspension, then any member who has properly requested a hearing under the Professional Staff Bylaws may request that the

hearing be bifurcated, with the first part of the hearing being devoted exclusively to procedural matters, including the propriety of summary suspension. Along with any other appropriate requests for rulings, the affected member may request that the hearing officer [or hearing panel] stay the summary suspension, pending the final outcome of the hearing and any appeal.

At the conclusion of the procedural portion of the hearing, the hearing officer shall issue a written opinion on the issues raised, including whether or not the facts stated in the written notice to the affected member adequately support a determination that failure to summarily restrict or suspend could reasonably result in “imminent danger” to an individual. Such written opinion shall be transmitted to both the affected practitioner and the Professional Staff Executive Committee within one week of the date of the procedural hearing.

If the hearing officer’s determination is that the facts stated in the notice required by Section 6.11.2 do not support a reasonable determination that failure to summarily restrict or suspend the practitioner’s privileges could result in imminent danger, the summary suspension shall be immediately stayed pending the outcome of the hearing and any appeal.

If the hearing officer determines that the facts stated in the notice required by Section 6.11.2 support a reasonable determination that summary suspension was necessary to avoid imminent danger to an individual, the summary suspension shall remain in effect pending conclusion of the hearing and any appellate review.

6.12 Automatic Suspension or Limitation

In the following instances, the member’s privileges or membership may be suspended or limited automatically as follows and such suspensions or limitations shall be recorded by the Hospital:

6.12.1 Licensure

- (a) **Revocation, Suspension or Expiration:** Whenever a member’s license or other legal credential, certificate or permit authorizing practice in this state is revoked, suspended or expired, Professional Staff membership and privileges shall be automatically revoked as of the date such action becomes effective. If, after 180 consecutive days of suspension the member remains suspended, the member shall be considered to have resigned voluntarily from the Professional Staff.
- (b) **Restriction:** Whenever a member’s license, other legal credential authorizing practice in this state, certificate or permit issued to permit specific privileges following routine testing is limited or restricted by the applicable licensing or certifying authority or by the Hospital, any privileges which are within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.
- (c) **Probation:** Whenever a member is placed on probation by the applicable licensing or certifying authority his or her membership status and privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

6.12.2 Drug Enforcement Administration (DEA) Certificate

- (a) Revocation, Limitation, Suspension and Expiration: Whenever a member's DEA certificate is revoked, limited, suspended or expired, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.
- (b) Probation: Whenever a member's DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation as of the date such action becomes effective and throughout its term.

6.12.3 **Medical Records**

Professional Staff members are required to complete medical records within the time prescribed in the Bylaws, Rules and Regulations. With the advent of UCLA's electronic health record (CareConnect), the definition of a **complete medical record** now includes the requirement that the encounter for the episode of care in question must be closed by the attending clinician. Failure to close the encounter in a timely manner constitutes an incomplete medical record and shall result in an automatic suspension after notice is given as provided in the Rules. Such suspension shall apply to the member's right to admit, treat, consult or provide services to new patients in the Hospital, but shall not affect the right to continue to care for a patient the member has already admitted or is treating. The suspension shall continue until the medical records are completed. If, after 180 consecutive days of suspension the member remains suspended, the member shall be considered to have resigned voluntarily from the Professional Staff.

6.12.4 **Cancellation of Professional Liability Insurance**

Failure to maintain professional liability insurance as required by the University of California and by these Bylaws shall be grounds for automatic suspension of a member's privileges. Failure to maintain professional liability insurance for certain procedures shall result in the automatic suspension of privileges to perform those procedures. The suspension shall be effective until appropriate coverage is reinstated, including coverage of any acts or potential liabilities that may have occurred or arisen during the period of any lapse in coverage. A failure to provide evidence of appropriate coverage after 180 days of suspension shall be deemed a voluntary resignation of the member from the Professional Staff.

6.12.5 **Failure to Pay Fees/Fines**

Failure, without good cause as determined by the Professional Staff Executive Committee, to pay fees/fines shall be grounds for automatic suspension of a member's clinical privileges, and if within six months after written warnings of the delinquency the member does not pay the required fees/fines, the member's membership shall be automatically terminated.

6.12.6 **Other Regulatory Requirements**

- (a) Failure to provide evidence of the current status of Tuberculin Testing (Ref IC 004 Tuberculosis Exposure Control Plan) at the time of initial appointment and reappointment shall be grounds for automatic suspension of a member's privileges. The suspension shall be effective until notification of clearance from the Hospital's Occupational Health Facility. A failure to provide evidence of clearance after 180 days of suspension shall be deemed a voluntary resignation of the member from the Professional Staff.
- (b) Failure to provide evidence of the UCLA Health Insurance Portability and Accountability Act (HIPAA) Privacy & Security Workforce Training at the time of initial appointment and reappointment shall be grounds for automatic suspension of a member's privileges. The suspension shall be effective until notification of completion from the UCLA Office of Privacy and Compliance. A failure to provide evidence of completion after 180 days of suspension shall be deemed a voluntary resignation of the member from the Professional Staff.

6.12.7 **Exclusion from Government Programs**

Whenever a member is excluded from a Federal or State health care program in accordance with applicable federal or state laws and regulations, the member's Professional Staff membership and clinical privileges shall be terminated automatically as of the date the exclusion becomes effective. Federal and State health care programs shall include, but are not limited to, Medicare, Medi-Cal, TriCare (formerly CHAMPUS), California Children's Services, Maternal and Child Health Services, and Block Grants to the State Children's Health Insurance Program.

6.12.8 **Failure to Satisfy Special Attendance Requirement**

Failure of a member without good cause to provide information or appear when requested by a Professional Staff committee as described in these Bylaws shall result in the referral to the Professional Staff Executive Committee for action, which may include automatic suspension of all privileges. The automatic suspension shall remain in effect until the practitioner has provided requested information and/or satisfied the special attendance requirement which has been made by the Professional Staff Executive Committee.

6.12.9 **Felony Conviction**

A member who has been convicted of a felony or who pleads nolo contendere to a felony may be suspended automatically by the Professional Staff Executive Committee if the committee concludes that the felony conviction has a relationship to the qualifications, functions or duties of Professional Staff membership. Such suspension shall become effective immediately upon such conviction regardless of whether or not an appeal is taken or pending from said judgment. Such suspension shall remain in effect until the matter is resolved by the Courts.

6.12.10 **Automatic Termination**

If a member is suspended for more than six months for any reason set forth above in Section 6.12.1 through 6.12.6, his or her membership (or the affected privileges, if the suspension is a partial suspension) shall

be automatically terminated. Thereafter, reinstatement to the Professional Staff shall require a new application and compliance with the appointment procedures applicable to applicants.

6.12.11 Professional Staff Executive Committee Deliberation and Procedural Rights

Members whose privileges are automatically suspended and/or who have been deemed to have resigned their Professional Staff membership automatically shall be entitled to a hearing only if the suspension is reportable to the Medical Board of California or the Federal National Practitioner Data Bank.

6.12.12 Notice of Automatic Suspension or Action

Special notice of an automatic suspension or action for reasons other than delinquent medical records, professional liability insurance, and other regulatory requirements, shall be given to the affected individual, and regular notice of the suspension shall be given to the Division, the President of UCLA Health, and the Governing Body, but such notice shall not be required for the suspension to become effective. Patients affected by such automatic suspension shall be assigned to another member by the Division Chief. The wishes of the patient and affected member shall be considered, where feasible, in choosing a substitute member.

6.12.13 Automatic Action Based upon Actions Taken by another University of California Peer Review Body after a Hearing

- (a) The Professional Staff Executive Committee shall be empowered automatically to impose any adverse action that has been taken by another University of California peer review body (as that term is used in the Professional Staff Hearing Law, Business and Professions Code Section 809 et. seq.) after a hearing by that other peer review body that meet the requirement of the Professional Staff Hearing Law. Such an adverse action may be any action taken by the original peer review body, including, but not limited to, denying membership and/or privileges restricting privileges or terminating membership and/or privileges. The Action may be taken automatically only if the original Hospital took action based upon standards that were essentially the same as those in effect at this Hospital at the time the automatic action will be taken. Also, the action that will be the basis of the automatic action shall have become final within the past 36 months. The action may be taken once the member has completed the hearing and any appeal at the other Hospital. It is not necessary to await a final disposition in any judicial proceeding that may be brought challenging the action.
- (b) The member shall not be entitled to any hearing or appeal unless the Professional Staff Executive Committee takes an action that is more restrictive than the final action taken by the original peer review body. Any hearing and appeal that is requested by the member shall not address the merits of the action taken by the original peer review body, which were already reviewed at the original peer review body's hearing, and shall be limited to only the question of whether the automatic action is more restrictive than the original peer review body's action. The member shall not be entitled to challenge the automatic peer review action unless he or she successfully overturns the original peer review action in court.
- (c) Nothing in this section shall preclude the Professional Staff or Governing Body from taking a more restrictive action than another peer review body based upon the same facts or circumstances.

ARTICLE VII: HEARINGS AND APPEAL PROCEDURES

7.1 General Provisions

7.1.1 Exhaustion of Remedies

If an adverse action as described in section 7.2 is taken or recommended, the member must exhaust the remedies afforded by these Bylaws before resorting to legal action.

7.1.2 Definitions

Except as otherwise provided in these Bylaws, the following definitions shall apply under this article:

- (a) “*Body whose decision prompted the hearing*” refers to the Professional Staff Executive Committee in all cases where it took the action or rendered the decision that resulted in a hearing being requested. It refers to the Governing Body in all cases where the Governing Body or its authorized officers, directors or committees took the action or rendered the decision that resulted in a hearing being requested.
- (b) “*Member,*” as used in this Article, refers to the member or applicant who has requested a hearing pursuant to Section 7.3 of this article.

7.1.3 Substantial Compliance

Technical, insignificant or nonprejudicial deviation from the procedures set forth in these Bylaws shall not be ground for invalidating the action taken.

7.2 Grounds for Hearing

Except as otherwise specified in these Bylaws, any one or more of the following actions or recommended actions shall be deemed an actual or potential adverse action and shall constitute ground for a hearing;

- (a) Denial of Professional Staff membership;
- (b) Denial of requested advancement in membership;
- (c) Denial of Professional Staff reappointment;
- (d) Suspension of staff membership;
- (e) Termination of membership;
- (f) Denial of requested clinical privileges;
- (g) Involuntary reduction of current clinical privileges;
- (h) Suspension of clinical privileges;

- (i) Termination of some or all clinical privileges;
- (j) Involuntary imposition of significant consultation or monitoring requirements (excluding consultation/monitoring incidental to provisional status and other regular proctoring) that restricts a practitioner's exercise of privileges; or
- (k) Any other action or recommendation that requires a report to be made to relevant licensing agencies in accordance with Section 805 or 805.01 of the Business and Professions Code or requires a report to be made to the National Practitioner Data Bank.

7.3 Requests for Hearing

7.3.1 Notice of Action or Proposed Action

In all cases in which the Professional Staff Executive Committee has taken any actions constituting grounds for hearing as set forth in Section 7.2, the member, or applicant as the case may be, shall be given notice within ten (10) days. In all cases in which action has been taken or a recommendation made as set forth in Section 7.3.2, the Professional Staff Executive Committee shall give the member prompt written notice of the recommendation or final proposed action and that such action, if adopted shall be taken and reported to the Medical Board of California pursuant to Section 805 or the National Practitioner Data Bank.

7.3.2 Request for Hearing

The member or applicant shall have 30 days following receipt of notice of such action to request a hearing. The request shall be in writing addressed to the Professional Staff Executive Committee with a copy to the Governing Body. In the event the member or applicant does not request a hearing within the time and in the manner described, the member or applicant shall be deemed to have waived any right to a hearing and accepted the recommendation or action involved.

The member shall state, in writing, his or her intentions with respect to attorney representation at the time he or she files the request for a hearing. Notwithstanding the foregoing and regardless of whether the member elects to have attorney representation at the hearing, the parties shall have the right to consult with legal counsel to prepare for a hearing or an appellate review.

7.4 Hearing Procedure

7.4.1 Time and Place for Hearing

Upon receipt of a request for hearing, the Chief of Staff shall schedule a hearing and within 30 days from the date he or she received the request for a hearing, give special notice to the member of the time, place and date of the hearing. The date of the commencement of the hearing shall be not less than 30 days nor more than 60 days from the date the Chief of Staff received the request for a hearing; provided, however, that when the request is received from a member who is under summary suspension, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed 45 days from the date of the request.

7.4.2 **Notice of Charges**

Together with the special notice stating the place, time and date of the hearing, the Chief of Staff shall state clearly and concisely in writing the reasons for the adverse proposed action taken or recommended, including the acts or omissions with which the member is charged and a list of the medical record numbers in question, where applicable. The Notice of Charges shall contain a list of witnesses expected to testify at the hearing on behalf of the Professional Staff. A supplemental notice may be issued at any time, provided the member is given sufficient time to prepare to respond.

7.4.3 **Hearing Committee**

- (a) When a hearing is requested, the Chief of Staff shall appoint a Hearing Committee composed of not less than three members of the Active Staff who shall gain no direct financial benefit from the outcome and who shall not have acted as accuser, investigator, fact finder, initial decision maker or otherwise have not actively participated in the consideration of the matter leading up to the recommendation or action. Knowledge of the matter involved shall not preclude a member of the Professional Staff from serving as a member of the Hearing Committee. In the event that it is not feasible to appoint a Hearing Committee from the Active Professional Staff, the Chief of Staff may appoint members from other Professional Staff categories or members who are not Active Professional Staff members. Such appointment shall include designation of the chair. The Hearing Committee shall include when feasible, at least one member who has the same healing arts licensure as the member and who practices the same specialty as the member. The Chief of Staff shall appoint alternate(s) who meet the standards described above and who can serve if a Hearing Committee member becomes unavailable.
- (b) The Hearing Committee shall have such powers as are necessary to discharge its or his or her responsibilities.

7.4.4 **The Hearing Officer**

The Chief of Staff shall appoint a Hearing Officer to preside at the hearing.

The Hearing Officer shall be an attorney at law qualified to preside over a quasi-judicial hearing, but not an attorney regularly utilized by the Hospital for legal advice regarding its affairs and activities.

The Hearing Officer shall not be biased for or against any party, shall gain no direct financial benefit from the outcome (i.e., the hearing officer's remuneration shall not be dependent upon or vary depending upon the outcome of the hearing), and must not act as a prosecuting officer or as an advocate.

The Hearing Officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained.

The Hearing Officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing.

He/she shall have the authority and discretion to make all rulings on questions that pertain to matters of law, procedures, or the admissibility of evidence that are raised prior to, during or after the hearing. This

shall include deciding when evidence may or may not be introduced, granting continuances, ruling on disputed discovery requests, and ruling on challenges to Hearing Committee members or to himself or herself in their capacity as the Hearing Officer.

If the Hearing Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary action as seems warranted by the circumstances, including, but not limited to, limiting the scope of examination and cross-examination and setting fair and reasonable time limits on either side's presentation of its case.

The hearing officer shall preside over the voir dire process and may question panel members directly, and shall make all rulings regarding service by the proposed hearing panel members or the hearing officer.

When no attorney is accompanying any party to the proceedings, the hearing officer shall have the authority to interpose any objections and to initiate rulings necessary to ensure a fair and efficient process.

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

7.4.5 Representation

The member shall have the right, at his or her expense, to attorney representation at the hearing. If the member elects to have attorney representation, the body whose decision prompted the hearing may also have attorney representation. Conversely, if the member elects not to be represented by an attorney at the hearing, then the body whose decision prompted the hearing shall not be represented by an attorney at the hearing but may be represented by a Physician licensed to practice medicine in the State of California. When attorneys are not allowed, the member and the body whose decision prompted the hearing may be represented at the hearing only by a Professional Staff member licensed to practice in the State of California who is not also an attorney at law.

7.4.6 Failure to Appear or Proceed

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

7.4.7 Postponements and Extensions

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted upon a showing of good cause, as follows:

- (a) Until such time as a Hearing Officer has been appointed, by the Hearing Committee or its chair acting upon its behalf;
- (b) By the Hearing Officer, once he/she has been appointed; or
- (c) Upon the agreement of both parties.

7.4.8 Discovery

(a) Rights of Inspection and Copying

The member may inspect and copy (at his or her expense) any documentary information upon which the charges are based that the Professional Staff has in its possession or under its control. The body who decision prompted the hearing may inspect and copy (at its expense) any documentary information upon which the charges are based that the member has in his or her possession or under his or her control. The member shall also have the right to receive at least 30 days prior to the hearing a copy of the evidence forming the basis of the charges which is reasonably necessary to enable the member to prepare a defense. Failure to comply with reasonable discovery requests shall be good cause for a continuance of the hearing or for the Hearing Officer to bar or otherwise limit the introduction of any documents not provided to the other party.

Failure to disclose the identity of a witness or produce copies of all documents expected to be produced at least 10 days before the commencement of the hearing shall constitute good cause for a continuance.

(b) Limits on Discovery

The Hearing Officer shall rule on discovery disputes that the parties cannot resolve themselves. Discovery may be denied when justified to protect peer review or in the interest of fairness and equity. Further, the right to inspect and copy by either party does not extend to confidential information referring to an individually identifiable member other than the member under review nor does it create or imply any obligation to modify or create documents in order to satisfy a request for information.

(c) Ruling on Discovery Disputes

In ruling on discovery disputes, the factors that shall be considered include:

- 1) Whether the information sought may be introduced to support or defend the charges;
- 2) Whether the information is exculpatory in that it would dispute or cast doubt upon the charges or inculpatory in that it would prove or help support the charges and/or recommendation;
- 3) The burden on the party requested to produce the requested information; and
- 4) Any other discovery requests the party has previously made.

(d) Objections to Introduction of Evidence Previously Not Produced for the Professional Staff

The body whose decision prompted the hearing may object to the introduction of the evidence that was not provided during an appointment, reappointment or privilege application review or during corrective action despite the requests of the peer review body for such information. The information will be barred from the hearing by the Hearing Officer unless the member can prove he or she previously acted diligently and could not have submitted the information.

7.4.9 Pre-Hearing Document Exchange

At the request of either party, the parties must exchange all documents that will be introduced at the hearing. The documents must be exchanged at least 15 days prior to the hearing. A failure to comply

with this rule is good cause for the Hearing Officer to grant a continuance. Repeated failures to comply shall be good cause for the Hearing Officer to limit the introduction of any documents not provided to the other side in a timely manner.

7.4.10 **Witness Lists**

Not less than 15 days prior to the hearing, each party shall furnish to the other party a written list of names and addresses of the individuals, so far as they are then reasonably known or anticipated, who are expected to give testimony or evidence in support of that party at the hearing. Nothing in the foregoing shall preclude the testimony of additional witnesses whose possible participation was not reasonably anticipated. The parties shall notify each other as soon as they become aware of the possible participation of such additional witnesses. The failure to have provided the name of any witness at least fifteen days prior to the hearing date at which the witness is to appear shall constitute good cause for a continuance.

7.4.11 **Procedural Disputes**

- (a) The parties must exercise reasonable diligence in notifying the hearing officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible in order that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing decisions may be succinctly made at the hearing.
- (b) The parties shall be entitled to file motions as deemed necessary to give full effect to rights established by the Bylaws and to resolve such procedural matters as the Hearing Officer determines may properly be resolved outside the presence of the full Hearing Committee. Such motions shall be in writing and shall specifically state the motion, all relevant factual information, and any supporting authority for the motion. The moving party shall deliver a copy of the motion to the opposing party, who shall have five working days to submit a written response to the Hearing Officer, with a copy to the moving party. The Hearing Officer shall determine whether to allow oral argument on any such motions. The Hearing Officer's ruling shall be in writing and shall be provided to the parties promptly upon its rendering. All motions, responses and rulings thereon shall be entered into the hearing record by the Hearing Officer.

7.4.12 **Record of the Hearing**

The Hearing Committee shall maintain a record of the hearing. A court reporter shall be present to make a record of the hearing proceedings and the pre-hearing proceedings if deemed appropriate by the Hearing Officer. The cost of attendance of the court reporter shall be borne by the Hospital, but the cost of the transcript, if any, shall be borne by the party requesting it. The member is entitled to receive a copy of the transcript upon paying the reasonable cost for preparing the record. The Hearing Committee may, but shall not be required to, order that oral evidence be taken only on oath or affirmation administered by any person lawfully authorized to administer such oath.

7.4.13 **Rights of the Parties**

Within reasonable limitations, both sides at the hearing may ask the Hearing Committee members and Hearing Officer questions that are directly related to evaluating their qualification to serve and for challenging such members or the Hearing Officer, call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who shall have

testified orally on any matter relevant to the issues and otherwise rebut evidence, receive copies of all information made available to the Hearing Committee. Any challenge directed at one or more member/alternates or the Hearing Officer shall be ruled on by the Hearing Officer or the Chair of the Hearing Committee if a Hearing Officer has not been appointed. The member requesting the hearing may be called by the body whose decision prompted the hearing or the Hearing Committee and examined as if under cross-examination. The Hearing Committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate. The hearing will be confidential and closed to the public.

7.4.14 **Rules of Evidence**

Formal judicial rules of evidence and procedure relating to the conduct of the hearing, examination or witnesses, and presentation of evidence shall not apply to a hearing conducted under this Article. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on 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.

7.4.15 **Miscellaneous Rules**

Each party shall have the right to submit a written statement at the commencement of the hearing in support of the party's position. At its discretion, the Hearing Committee may request the parties to submit proposed finding of fact and conclusions of law to be filed following the conclusion of the presentation of oral testimony. At its discretion, the Hearing Committee may permit oral argument.

7.4.16 **Burdens of Presenting Evidence and Proof**

- (a) At the hearing, the body whose decision prompted the hearing shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The member shall be obligated to present evidence in response.
- (b) An applicant for membership and/or privileges shall bear the burden of persuading the Hearing Committee, by a preponderance of the evidence, that he or she is qualified for membership and/or the denied privileges. The applicant must produce information that allows for adequate evaluation and resolution of reasonable doubts concerning his or her current qualifications for membership and privileges.
- (c) Except as provided above to the applicants for membership and/or privileges, throughout the hearing, the body whose decision prompted the hearing shall bear the burden of persuading the Hearing Committee by a preponderance of the evidence, that its action or recommendation was reasonable and warranted.

7.4.17 **Adjournment and Conclusion**

The Hearing Officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Both the Professional Staff Executive Committee and the member may submit a written statement at the close of the hearing. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments, if submitted, the hearing shall be closed.

7.4.18 **Basis for Decision**

The decision of the Hearing Committee shall be based on the evidence and written statements introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony.

7.4.19 Presence of Hearing Committee Members and Vote

A majority of the Hearing Committee must be present throughout the hearing and deliberations. In unusual circumstances when a Hearing Committee member must be absent from any part of the proceedings, he or she shall not be permitted to participate in the deliberations or the decision unless and until he or she has read the entire transcript of the portion of the hearing from which he or she was absent. The final decision of the Hearing Committee must be sustained by a majority vote of the number of members appointed.

7.4.20 Decision of the Hearing Committee

Within 30 days after final adjournment of the hearing, the Hearing Committee shall render a written decision. If the member is currently under suspension, however, the time for the decision and report shall be 15 days after final adjournment. Final adjournment shall be when the Hearing Committee has concluded its deliberations. A copy of the decision shall be forwarded to the President of UCLA Health, the Professional Staff Executive Committee, the Governing Body and by special notice to the member. The report shall contain the Hearing Committee's findings of fact and its conclusions of law articulating the connection between the evidence produced at the hearing and the decision reached. Both the member and the body whose decision prompted the hearing shall be provided a written explanation of the procedure for appealing the decision. The decision of the Hearing Committee shall be considered final, subject only to such rights of appeal or Governing Body review as described in these Bylaws. If the final proposed action adversely affects the clinical privileges of the member for a period longer than 30 days and is based on medical disciplinary cause of reason (as defined in Business and Professions Codes Section 805(a)(6)), the decision shall state that the action, if adopted, will be reported to the Medical Board of California and/or the National Practitioner Data Bank.

7.5 Appeal

7.5.1 Time for Appeal

Within 10 days after receiving the decision of the Hearing Committee, either the member or the Professional Staff Executive Committee may request an appellate review. A written request for such review shall be delivered in person or by certified or registered mail, return receipt requested, to the Chief of Staff, the President of UCLA Health and the other party in the hearing. If appellate review is not requested within such period, that action or recommendation shall thereupon become the final action of the Professional Staff. The Governing Body shall consider the decision within 45 days, and shall give it great weight; however, it is not binding upon the Governing Body until adopted.

7.5.2 Ground for Appeal

A written request for an appeal shall include an identification of the ground for appeal and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the hearing shall be: (a) substantial non-compliance with the procedures required by these Bylaws or applicable law which has created demonstrable prejudice; (b) the decision was not supported by the evidence based upon the hearing record or such additional information as may be permitted pursuant to Section 7.4.15 of this Article 8, or (c) the action taken was arbitrary, unreasonable or capricious.

7.5.3 Appeal Board

The Governing Body may sit as the Appeal Board, or it may appoint an Appeal Board, which shall be composed of not less than three members designated by the Governing Body. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board, so long as that person did not take part in a prior hearing on the same matter. The Appeal Board may select an attorney to assist it in the proceeding. If an attorney is selected, he or she may act as an Appellate Hearing Officer and shall have all of the authority of and carry out all of the duties assigned to a hearing officer as described in this Article 7. That attorney shall not be entitled to vote with respect to the appeal. The Appeal Board shall have such powers as are necessary to discharge its responsibilities.

7.5.4 Time, Place and Notice

If an appellate review is to be conducted, the Appeal Board shall, within 30 days after receiving a notice of appeal, schedule a review date and cause each side to be given notice with special notice to the member of the time, place, and date of the appellate review. The date of appellate review shall not be less than thirty (30) days, not more than sixty (60) days from the date of the request for appellate review; however, when a request for appellate review concerns a member who is under suspension that is then in effect, the appellate review should commence with 45 days from the date the request for appellate review was received. The time for appellate review may be extended by the Appeal Board for good cause.

7.5.5 Appeal Procedure

The proceeding by the Appeal Board shall be an appellate hearing based upon the record of hearing before the Hearing Committee, provided that the Appeal Board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing

Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the hearing; or the Appeal Board may remand the matter to the Hearing Committee for the taking of further evidence and for decision. Each party shall have the right to be represented by legal counsel or any other representative designated by that party in connection with the appeal. The appealing party shall submit a written statement concisely stating the specific grounds for appeal. In addition, each party shall have the right to present a written statement in support of his, her or its position on appeal. The Appellate Hearing Officer may establish reasonable time frames for the appealing party to submit a written statement and for the responding party to respond. Each party has the right to appear personally and to make oral argument. The Appeal Board may then, at a time convenient to itself, deliberate outside the presence of the parties.

7.5.6 Decision

- (a) Except where the matter is remanded to the Hearing Committee, within 30 days after the adjournment of the appellate review proceeding, the Appeal Board shall render a final decision in writing. Final adjournment shall not occur until the Appeal Board has completed its deliberations.
- (b) The Appeal Board may affirm, modify, reverse the decision or remand the matter for further review by the Hearing Committee or any other body designated by the Appeal Board.
- (c) The Appeal Board shall give great weight to the Hearing Committee's recommendation, and shall not act arbitrarily or capriciously. The Appeal Board may, however, exercise its independent judgment in determining whether a member was afforded a fair hearing, whether the decision is reasonable and warranted, and whether any Bylaw, rule or policy relied upon by the Hearing Committee is unreasonable or unwarranted. The decision shall specify the reasons for the action taken and shall provide findings of fact and conclusions articulating the connection between the evidence produced at the hearing and the appeal (if any), and the decision reached, if such findings and conclusions differ from those of the Hearing Committee.
- (d) The Appeal Board shall forward copies of this decision to each side involved in the hearing. The decision shall be in writing, shall specify the reasons for the action taken, and shall be forwarded to the Chief of Staff, and the Professional Staff Executive Committee, the member, and the President of UCLA Health.
- (e) The Appeal Board may remand the matter to the Hearing Committee or any other body the Appeal Board designates for reconsideration or may refer the matter to the full Governing Body for Review. If the matter is remanded for further review and recommendation, the further review shall be completed within 30 days unless the parties agree otherwise or for good cause as determined by the Appeal Board.

7.5.7 Right to One Hearing

No member shall be entitled to more than one evidentiary hearing and one appellate review on any matter that shall have been the subject of adverse action or recommendation.

7.5.8 National Practitioner Data Bank

The authorized representative shall report an adverse action to the National Practitioner Data Bank only upon its adoption as final action and only using the description set forth in the final action as adopted by the Governing Body. The authorized representative shall report any and all revisions of an adverse action, including, but not limited to, any expiration of the final action consistent with the terms of that final action.

7.6 Confidentiality

7.6.1 To maintain confidentiality in the performance of peer review, disciplinary and credentialing functions, participants in any stage of the hearing or appellate review process shall limit their discussion of the matters involved to the formal avenues provided in these Bylaws.

7.6.2 By requesting a hearing or appellate review under these Bylaws, a member agrees to be bound by the provisions in the Professional Staff Bylaws relating to immunity from liability for the participants in the hearing process.

7.7 Exceptions to Hearing Rights

7.7.1 Allied Health Professionals

Allied health professionals (AHPs) are not entitled to the same hearing rights set forth in this Article.

7.7.2 Failure to Meet the Minimum Qualifications

Members shall not be entitled to any hearing or appellate review rights if their membership, privileges, applications or requests are denied because of their failure to have a current California license to practice medicine, dentistry clinical psychology or podiatry; to maintain an unrestricted Drug Enforcement Administration certificate (when it is required under these Bylaws or the rules); to maintain professional liability insurance; or to meet any of the other basic standards or regulatory requirements specified in Sections 2.2 and 6.12, or to file a complete application.

7.7.3 Automatic Suspension or Limitation of Privileges

No hearing is required when a member's license or legal credential to practice has been revoked or suspended as set forth in Section 6.12.1. In other cases described in Section 6.12, the issues that may be considered at a hearing, if requested, shall not include evidence designed to show that the determination by the licensing or credentialing authority or the Drug Enforcement Administration was unwarranted, but only whether the member may continue to practice in the Hospital despite the limitations imposed.

7.7.4 Failure to Meet Minimum Activity Requirements

Members shall not be entitled to the hearing and appellate review rights if their membership or privileges are denied, restricted or terminated or their Professional Staff categories are changed or not changed because of a failure to meet the minimum activity requirements set forth in the Professional Staff Bylaws. In such cases, the only review shall be provided by the Professional Staff Executive Committee through a subcommittee consisting of at least three Professional Staff Executive Committee members. The

subcommittee shall give the member notice of the reasons for the intended denial or change in membership, privileges, and/or category and shall schedule an interview with the subcommittee to occur no less than 30 days and no more than 100 days after the date the notice was given. At this interview, the member may present evidence concerning the reasons for the action, and thereafter the subcommittee shall render a written decision within 45 days after the interview. A copy of the decision shall be sent to the member, the Professional Staff Executive Committee and the Governing Body. The subcommittee decision shall be final unless it is reversed or modified by the Professional Staff Executive Committee within 45 days after the decision was rendered, or the Governing Body within 90 days after the decision was rendered.

7.7.5 Denial of Termination of Temporary Privileges

No practitioner shall be entitled to a hearing or appeal if temporary privileges are denied or terminated or otherwise restricted unless such action or recommendation would require the filing of a report pursuant to Business & Professions Code, Section 805.

ARTICLE VIII: ALLIED HEALTH STAFF

8.1 DEFINITIONS

“Allied Health Practitioner (AHP)” means an individual, other than a licensed physician or clinical psychologist who (1) exercises independent judgment within the areas of his professional competence and the limits established by the Governing Body, and (2) is qualified to render direct or indirect medical or psychological care, and who may be eligible to exercise privileges and prerogatives in conformity with the policies adopted by the Professional Staff and Governing Body, these Bylaws and the Rules.

“Allied Health Staff” means those Allied Health Practitioners who, pursuant to the terms of these Bylaws, are not eligible for Professional Staff membership, but have been granted privileges to provide certain clinical services.

8.2 QUALIFICATIONS

An Allied Health Practitioner who is not eligible for Professional Staff membership is eligible for privileges in this hospital if he:

- (a) holds a license, certificate, or other legal credential in a category of AHPs which the Governing Body has identified as eligible to apply for privileges (*see* Section 8.3, below); and
- (b) documents his experience, background, training, current competence, judgment, and ability with sufficient adequacy to demonstrate that any patient treated by the practitioner will receive care of the generally recognized professional level of quality established by the Professional Staff; and
- (c) is determined, on the basis of documented references: to adhere strictly to the lawful ethics of his profession, to work cooperatively with others in the hospital setting so as not to affect adversely patient care, and to be willing to commit to and regularly assist the Professional Staff in fulfilling its obligations related to patient care, within the areas of the practitioner’s professional competence and credentials; and
- (d) agrees to comply with all Professional Staff Bylaws, rules and regulations, and protocols to the extent applicable to the AHP; and
- (e) maintains professional liability insurance with a suitable insurer, with minimum limits as determined by the Professional Staff Executive Committee .

8.3 CATEGORIES

The categories of AHPs, based on occupation or profession, which shall be eligible to apply for Allied Health Staff membership and for privileges in the hospital and the corresponding prerogatives, terms, and conditions for each such AHP category shall be designated by the Governing Body, upon the recommendation of the Professional Staff Executive Committee. They include:

Licensed Independent Practitioners: granted privileges with no direct supervision

- a) Marriage and Family Therapists (MFT)
- b) Licensed Clinical Social Worker (LCSW)
- c) Speech Pathologists

Advanced Practice Professionals: granted privileges under Supervising Physician

- a) Nurse Practitioners

Such actions by the Professional Staff Executive Committee and the Governing Body shall be based upon the recommendations of the relevant divisions for the designation of categories of AHPs eligible to apply for privileges and the delineation of corresponding prerogatives, terms, and conditions for each such AHP category.

8.4 PROCEDURE FOR GRANTING PRIVILEGES

- 8.4-1** (a) An AHP whose scope of practice allows independent practice must apply and qualify for clinical privileges.
- (b) In the case of Advanced Practice Professionals who are working outside their scope of license, the development of Standardized Procedures will be required for submission to the Allied Health Professionals Committee for approval.
- © AHP applications shall be submitted to the Credentials Committee. AHPs may or may not be employed by the Medical Center and where employed, shall have a job description specifying their responsibilities. All such applications shall be processed in a parallel manner to that provided in Articles IV and V for Professional Staff members.
- 8.4-2** Except as is provided under Section 8.7-2(a), an AHP who (a) has received a final adverse decision regarding his application for privileges or (b) withdrew his application for privileges following an adverse recommendation by the Professional Staff Executive Committee, or (c) after having been granted privileges has received a final adverse decision resulting in termination of the privilege or (d) has relinquished his privileges following the issuance of a Professional Staff or Governing Body recommendation adverse to his privileges, shall not be eligible to reapply for the privileges affected by such decision or recommendation for a period of at least 24 months from the date that the adverse decision became final, the application was withdrawn, or the AHP relinquished his privileges.
- 8.4-3** An AHP who does not have licensure or certification in an AHP category identified as eligible for privileges pursuant to Section 8.3 may not apply for privileges but may submit a written request to the CEO, asking the Governing Body to consider designating the appropriate category of AHPs as eligible to apply for privileges. Upon receipt of such a request, the Governing Body shall forward a copy of the request to the Professional Staff Executive Committee for its recommendation, and

shall also request the recommendation of any affected division. The Governing Body shall consider such request and the Professional Staff Executive Committee's recommendation, as well as the recommendation of any affected division, in accordance with Section 8.3.

8.4-4 Each AHP who is granted privileges shall be assigned to the clinical division appropriate to his occupational or professional training and, unless otherwise specified in the Professional Staff rules and regulations, shall be subject to terms and conditions that parallel those specified in Article II, as they may logically apply to AHPs and may be appropriately tailored to the particular category of AHPs. Each AHP who practices independently must maintain communication with the patient's relevant physicians in order to enable the physician to assume responsibility, to the extent it is indicated, for the general medical condition of the patient.

8.4-5 Standardized Procedures

- (a) Definition. "Standardized Procedures" means the written policies and protocols for the performance of Standardized Procedure functions, and which have been developed in accordance with the requirements of California law.
- (b) Functions Requiring Standardized Procedures. Standardized procedures are required whenever any registered nurse practices beyond the scope of license taught in the basic curriculum for registered nurses as contemplated by the California Nurse Practice Act (i.e., whenever special training and/or experience are necessary in order for the nurse to perform the procedure or practice in question).

8.4-6 Development of Standardized Procedures

- (a) Standardized procedures may be initiated by the appropriate Clinical Service, the affected AHPs, or Supervising Physicians.
- (b) Representatives of the category of AHPs that will be practicing pursuant to the Standardized Procedure shall be involved in developing the standardized procedures. Standardized procedures shall be reviewed by the Clinical Service, and then must be approved by the Allied Health Professionals Committee, the Credentials Committee, the Professional Staff Executive Committee, and the Governing Body.

8.5 PREROGATIVES

Such prerogatives may include:

- (a) Provision of specified patient care services subject to a Professional Staff member's responsibility, to the extent indicated, for the patient's general medical condition and under the general oversight of the Professional Staff. AHP services must be consistent

with the privileges granted to the AHP and within the scope of the AHP's licensure or certification.

- (b) Service on Professional Staff and hospital committees except as otherwise expressly provided in the Professional Staff Bylaws, rules and regulations. An AHP may not serve as chair of Professional Staff committees.
- © Attendance at Professional Staff educational programs in his field of practice. An AHP may not vote at Professional Staff meetings.

8.6 RESPONSIBILITIES

Each AHP shall:

- (a) Meet those responsibilities required by the Professional Staff rules and regulations and if not so specified, meet those responsibilities specified in Section 2.5 as are generally applicable to the more limited practice of the AHP.
- (b) Retain appropriate responsibility within his area of professional competence for the care of each patient in the hospital for whom he is providing services.
- (c) Participate, when requested, in patient care audit and other quality review, evaluation, and monitoring activities required of AHPs, in evaluating AHP applicants, and in discharging such other functions as may be required by the Professional Staff from time to time.

8.7 TERMINATION, SUSPENSION OR RESTRICTION OF PRIVILEGES OR SERVICE AUTHORIZATIONS

8.7-1 General Procedures

- (a) At any time, the Chief of Staff or Division Chief to which the AHP has been assigned may recommend to the Professional Staff Executive Committee that an AHP's privileges be terminated, suspended or restricted. After investigation, if the Professional Staff Executive Committee agrees that corrective action is appropriate, the PSEC shall recommend specific corrective action to the Governing Body. A Notification Letter regarding the recommendation shall be sent by certified mail to the subject AHP. The Notification Letter shall inform the AHP of the recommendation and the circumstances giving rise to the recommendation.
- (b) Nothing contained in the Professional Staff Bylaws shall be interpreted to entitle an Allied Health Staff member, to the hearing rights set forth in Articles VI and VII. However, an AHP shall have the right to challenge any recommendation which would constitute grounds for a hearing under Section 7.2 of the Bylaws (to the extent that such grounds are applicable by analogy to the Allied Health Staff) by filing a written request for an AHP Health Staff hearing with the Professional Staff Executive Committee within fifteen (15) days of receipt of the Notification Letter. Upon receipt of a request, the Professional Staff Executive Committee or its designee, shall afford the AHP an opportunity for an AHP Health Staff hearing concerning the grievance. The hearing need not be conducted according to the procedural rules applicable to member hearings; however the purpose of the AHP Health Staff hearing is to allow both the AHP and the party recommending the

action the opportunity to discuss the situation and to produce evidence in support of their respective positions. A record of the AHP Health Staff hearing shall be made.

- (c) Within 10 days following the AHP Health Staff hearing, the Professional Staff Executive Committee, based on the AHP Health Staff hearing and all other aspects of the investigation, shall make a final recommendation to the Governing Body, which shall be communicated in writing, sent by certified mail, to the subject AHP. The final recommendation shall discuss the circumstances giving rise to the recommendation any pertinent information from the interview. Prior to acting on the matter, the Governing Body may, in its discretion, offer the affected practitioner the right to appeal to the Governing Body. The Governing Body shall adopt the Professional Staff Executive Committee 's recommendation, so long as it is reasonable, appropriate under the circumstances and supported by substantial evidence. The final decision by the Governing Body shall become effective upon the date of its adoption. The AHP shall be provided promptly with notice of the final action, sent by certified mail.

8.7-2 Summary Suspension

- (a) Notwithstanding Section 8.7-1, an Allied Health Practitioner's privileges may be immediately suspended or restricted where the failure to take such action may result in an imminent danger to the health of any individual. Such summary suspension or restriction may be imposed by the Chief of Staff, the Professional Staff Executive Committee , or the Division Chief to which the Allied Health Practitioner has been assigned (or his designee). Unless otherwise stated, the summary action shall become effective immediately upon imposition, and the person responsible for taking such action shall promptly give written notice of the action to the Governing Body, the Professional Staff Executive Committee , and the CEO. The notice shall also inform the practitioner of his right to file a grievance. The practitioner's right to file a grievance and subsequent interview procedures shall be in accordance with Section 8.7-1, except that all reasonable efforts shall be made to ensure that the practitioner is given an interview and that final action is taken within 10 days or as promptly thereafter as practicable.
- (b) Within one (1) working day of the summary action, the affected practitioner shall be provided with written notice of the action. The notice shall include the reasons for the action and that such action was necessary because of a reasonable probability that failure to take the action could result in imminent danger to the health of an individual.
- (c) Within five (5) working days following the action, the Credentials Committee shall meet to consider the matter and make a recommendation to the Professional Staff Executive Committee as to whether the summary suspension should be vacated or continued pending the outcome of any interview with the affected practitioner. Within eight (8) days following the imposition of the action, the Professional Staff Executive Committee shall meet and consider the matter in light of any recommendation forwarded from the Credentials Committee. Within two (2) working days following the Professional Staff Executive Committee 's meeting, the Professional Staff Executive Committee shall provide written notice to the affected practitioner regarding its determination on whether the summary action should be vacated or continued pending the outcome of any interview proceeding.

8.7-3 Automatic Suspension, Termination Or Restriction

- (a) Notwithstanding subsection 8.7-1, an AHP's privileges shall automatically terminate in the event that the AHP's certification, license, or other legal credential expires or is revoked.
- (b) Notwithstanding subsection 8.7-1, in the event that the AHP's certification or license is restricted, suspended, or made the subject of an order of probation, the AHP's privileges shall automatically be subject to the same restrictions, suspension, or conditions of probation.
- (c) Where the AHP's privileges are automatically terminated, suspended, or restricted pursuant to this subsection, the notice and interview procedures under subsection 8.7-1 shall not apply and the AHP shall have no right to an interview except, within the discretion of the Professional Staff Executive Committee, regarding any factual dispute over whether or not the circumstances giving rise to the automatic termination, suspension, or restriction actually exist.

8.7-4 Applicability of Section

The rights afforded by this section shall not apply to any decision regarding whether a category of AHP shall be eligible for privileges and the terms or conditions of such decision pursuant to Section 8.3.

8.8 REAPPLICATION

Every twenty four (24) months, each AHP on the Allied Health Staff must reapply for renewed privileges in accordance with Section 8.4.

ARTICLE IX OFFICERS

9.1 OFFICERS OF THE PROFESSIONAL STAFF

9.1-1 Identification

The officers of the Professional Staff shall be the Chief of Staff, Vice Chief of Staff, and Immediate Past Chief of Staff.

9.1-2 Qualifications

Officers must be members of the Active Attending Professional Staff at the time of their nominations and election, and must remain members in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved. All officers must be licensed as physicians or psychologists, given the nature of their duties in office.

9.1-3 Nominations

The Professional Staff election year shall be every other odd numbered Professional Staff year. Nominations for officers shall be made by the Nominating Committee and announced at a Professional Staff Executive Committee meeting, and circulated by electronic mail to the Professional Staff. Additional nominations may be made by electronic mail from the Professional Staff membership.

The Nominating Committee shall be composed of six (6) members, including a past Chief of Staff, the Medical Director, two members of the Professional Staff Executive Committee, and 2 members from among the Active Attending Professional Staff. The Nominating Committee shall offer the name of one nominee for each elective office.

9.1-4 Elections

The Chief of Staff and Vice Chief of Staff shall be elected by electronic mail ballot. A nominee shall be elected upon receiving a majority of the votes cast.

9.1-5 Term of Elected Office

Each officer shall serve a 2 year term, commencing on the first day of the Professional Staff year following the election. Each officer shall serve in each office until the end of that officer's term, or until a successor is elected, unless that officer shall sooner resign or be removed from office. At the end of that officer's term, the Chief of Staff shall automatically assume the office of Immediate Past Chief of Staff and the Vice Chief of Staff shall automatically assume the office of Chief of Staff.

9.1-6 Recall of Officers

Any Professional Staff officer may be removed from office for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude. Recall of a Professional Staff officer may be initiated by the Governing Body, Professional Staff Executive Committee, or by a petition signed by at least 25% of the members of the Professional Staff eligible to vote for officers. Prior to any such removal, the recommendation of the Governing Body shall be sought, and the affected officer shall be given an opportunity to meet informally

with the Governing Body. Recall shall be considered at a special meeting called for that purpose. Recall shall require a two-thirds vote of the Professional Staff members eligible to vote for Professional Staff officers who present at the special meeting.

9.1-7 Vacancies in Elected Office

Vacancies in office occur upon the death or disability, resignation, or removal of the officer, or such officer's loss of membership in the Professional Staff. Vacancies, other than that of the Chief of Staff, shall be filled by appointment by the Professional Staff Executive Committee until the next regular election. If there is a vacancy in the office of Chief of Staff, then the Vice Chief of Staff shall serve out that remaining term. If there is a vacancy in the office of Vice Chief of Staff, that office need not be filled by election, but the Professional Staff Executive Committee shall appoint an interim officer to fill this office until the next regular election, at which time the election shall also include the office of Chief of Staff.

9.2 DUTIES OF OFFICERS

9.2-1 Chief of Staff

The Chief of Staff shall serve as the chief officer of the Professional Staff. The duties required of the Chief of Staff shall include, but not be limited to:

- (a) enforcing the Professional Staff Bylaws, rules and regulations, policies and procedures, implementing sanctions where indicated, and promoting compliance with procedural safeguards where corrective action has been requested or initiated;
- (b) calling, presiding at, and being responsible for the agenda of all meetings of the Professional Staff;
- (c) serving as chair of the Professional Staff Executive Committee and calling, presiding at, and being responsible for the agenda of all meetings thereof;
- (d) serving as an ex officio member of all other staff committees without vote;
- (e) interacting with the CEO in all matters of mutual concern within the hospital;
- (f) appointing, in consultation with the Professional Staff Executive Committee, committee members for all standing committees other than the Professional Staff Executive Committee and all special Professional Staff, liaison, or multi-disciplinary committees, except where otherwise provided by these Bylaws and, except where otherwise indicated, designating the chairs of these committees;
- (g) representing the views and policies of the Professional Staff to the Governing Body at every Governing Body meeting;
- (h) being a spokesperson for the Professional Staff in external professional and public relations;
- (i) performing such other functions as may be assigned to the Chief of Staff by these Bylaws, the Professional Staff, or by the Professional Staff Executive Committee.

9.2-2 Vice Chief of Staff

The Vice Chief of Staff shall assume all duties and authority of the Chief of Staff in the absence of the Chief of Staff. The Vice Chief of Staff shall be a member of the Professional Staff Executive Committee, shall attend and represent, at the direction of and in the absence of the Chief of Staff, the views and policies of the Professional Staff to the Governing Body at every Governing Body meeting and shall perform such other duties as the Chief of Staff may assign or as may be delegated by these Bylaws, or by the Professional Staff Executive Committee.

9.2-3 Immediate Past Chief of Staff

The Immediate past Chief of Staff shall be a member of the Professional Staff Executive Committee and shall perform such other duties as may be assigned by the Chief of Staff or delegated by these Bylaws, or by the Professional Staff Executive Committee.

ARTICLE X: CLINICAL DIVISIONS

10.1 ORGANIZATION OF CLINICAL DIVISIONS

The Professional Staff shall be organized into clinical divisions. Each division shall be organized as a separate component of the Professional Staff and shall have a chief appointed and entrusted with the authority, duties, and responsibilities specified in Section 10.5. When appropriate, the Professional Staff Executive Committee may recommend to the Professional Staff the creation, elimination, modification, or combination of divisions.

10.2 CURRENT DIVISIONS

The Stewart and Lynda Neuropsychiatric Hospital at UCLA shall be composed of three Clinical Divisions which correspond to respective clinical components of the academic programs of the UCLA Neuropsychiatric Institute: Adult Psychiatry Division, Child and Adolescent Psychiatry Division, and Geriatric Psychiatry Division.

10.3 ASSIGNMENT TO DIVISIONS

Each member shall be assigned membership in one division.

10.4 FUNCTIONS OF DIVISIONS

The general functions of each division shall include:

- (a) Conducting patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the division. The number of such reviews to be conducted during the year shall be as determined by the Professional Staff Executive Committee in consultation with other appropriate committees. The division shall routinely collect information about important aspects of patient care provided in the division, 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 division, regardless of whether the member whose work is subject to such review is a member of that division.
- (b) Recommending to the Professional Staff Executive Committee criteria for the granting of clinical privileges and the performance of specified services within the division.
- (c) Evaluating and making appropriate recommendations regarding the qualifications of applicants seeking membership or renewal of membership and clinical privileges within that division.
- (d) Conducting, participating and making recommendations regarding continuing education programs pertinent to division clinical practice.
- (e) Reviewing and evaluating division adherence to: (1) Professional Staff policies and procedures and (2) sound principles of clinical practice.

- (f) Coordinating patient care provided by the division's members with nursing and ancillary patient care services.
- (g) Submitting reports to the Professional Staff Executive Committee concerning: (1) the division's review and evaluation activities, actions taken thereon, and the results of such action; and (2) recommendations for maintaining and improving the quality of care provided in the division and the hospital.
- (h) Meeting at least quarterly for the purpose of considering patient care review findings and the results of the division's other review and evaluation activities, as well as reports on other division and staff functions.
- (i) Taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified.
- (j) Formulating recommendations for rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to the approval by the Professional Staff Executive Committee and the Professional Staff.

10.5 DIVISION CHIEFS

10.5-1 Qualifications

Each division shall have a chief who shall be a member of the Active Attending staff and shall be qualified by licensure, training, experience and demonstrated ability in at least one of the clinical areas covered by the division. Division Chiefs must be certified by an appropriate specialty board or must demonstrate comparable competence.

10.5-2 Appointment

The Chief of each Division shall be the Chair of the corresponding Department in the UCLA David Geffen School of Medicine, or designate.

Division Chiefs are appointed by the Governing Body, on recommendation of the Dean of the UCLA David Geffen School of Medicine. Whenever a vacancy occurs, a search is conducted under the direction of the Dean.

10.5-3 Term of Office

Each Division Chief shall serve until their successors are appointed, unless they shall sooner resign, be removed from office, or lose their Professional Staff membership or clinical privileges in that division.

10.5-4 Duties

Each chief shall have the following authority, duties and responsibilities:

- (a) act as presiding officer at division meetings;
- (b) report to the Professional Staff Executive Committee and to the Chief of Staff regarding all professional and administrative activities within the division;

- (c) generally and continuously monitor the quality of patient care and professional performance rendered by members with clinical privileges in the division through a planned and systematic process; oversee and maintain the effective conduct of the patient care, evaluation, and monitoring functions delegated to the division by the Professional Staff Executive Committee in coordination and integration with organization-wide quality assessment and improvement activities;
- (d) develop and implement division programs for retrospective patient care review, ongoing monitoring of practice, credentials review and privilege delineation, medical education, utilization review, and quality assessment and improvement and all other clinically related activities of the division;
- (e) be a member of the Professional Staff Executive Committee, and give guidance on the overall medical policies of the Professional Staff and hospital and make specific recommendations and suggestions regarding the division;
- (f) transmit to the Professional Staff Executive Committee the division's recommendations concerning practitioner membership and classification, renewal of membership, criteria for clinical privileges, monitoring of specified services, and corrective action with respect to persons with clinical privileges in the division;
- (g) endeavor to enforce the Professional Staff Bylaws, rules, policies and regulations within the division;
- (h) implement within the division appropriate actions taken by the Professional Staff Executive Committee;
- (i) participate in every phase of administration of the division, including recommending a sufficient number of qualified and competent persons to provide care, treatment, and services, and space and other resources needed by the division; cooperation with the nursing service and the hospital administration in matters such as personnel (including assisting in determining the qualifications and competence of service personnel who are not licensed independent practitioners and who provide patient care services), supplies, special regulations, standing orders and techniques;
- (j) assist in the preparation of such annual reports, including budgetary planning, pertaining to the division as may be required by the Professional Staff Executive Committee;
- (k) assess and recommend to the Governing Body off-site sources for needed patient care, treatment, and services not provided by the division or the hospital;
- (l) integrate the division into the primary functions of the hospital, and coordinate and integrate interdepartmental and intradepartmental services;
- (m) develop and implement policies and procedures that guide and support the provision of care, treatment, and services in the division;
- (n) provide orientation and continuing education of all persons in the division;

- (o) recommend delineated clinical privileges for each member of the division; and
- (p) perform such other duties commensurate with the office as may from time to time be reasonably requested by the Chief of Staff or the Professional Staff Executive Committee.

ARTICLE XI: COMMITTEES

11.1 DESIGNATION

Professional Staff committees shall include but not be limited to, meetings of divisions and disciplines, meetings of committees established under this Article, and meetings of special or ad hoc committees created by the Professional Staff Executive Committee or by divisions. The committees described in this Article shall be the standing committees of the Professional Staff. Special or ad hoc committees may be created by the Professional Staff Executive Committee to perform specified tasks. Unless otherwise specified, the chair and members of all committees shall be appointed by and may be removed by the Chief of Staff, subject to consultation with and approval by the Professional Staff Executive Committee. Professional Staff committees shall be responsible to the Professional Staff Executive Committee.

11.2 GENERAL PROVISIONS

11.2-1 Terms of Committee Members

Unless otherwise specified, committee members shall be appointed for a term of 24 months, and shall serve until the end of this period or until the member's successor is appointed, unless the member shall sooner resign or be removed from the committee.

11.2-2 Removal

If a member of a committee ceases to be a member in good standing of the Professional Staff, suffers a loss or significant limitation of practice privileges, or if any other good cause exists, that member may be removed by the Professional Staff Executive Committee.

11.2-3 Vacancies

Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made; provided however, that if an individual who obtains membership by virtue of these Bylaws is removed for cause, a successor may be selected by the Professional Staff Executive Committee.

11.2-4 Conflict of Interest

All committee members must disclose in writing to the Professional Staff any personal, professional, or financial affiliations or responsibilities that would, or could reasonably be believed to, present a conflict of interest between the member and the subject, services or products under consideration. Such situations must be disclosed on appointment and when an actual or potential situation arises.

11.3 PROFESSIONAL STAFF EXECUTIVE COMMITTEE

11.3-1 Delegation of Authority

By adopting these Bylaws, the Professional Staff has delegated to the Professional Staff Executive Committee the authority to perform on behalf of the Professional Staff all functions described in Sections 11.3-3 and Article XV.

11.3-2 Composition

The Professional Staff Executive Committee shall consist of the following persons:

- (a) the officers of the Professional Staff;
- (b) the Division Chiefs;
- (c) the Director of the Neuropsychiatric Institute;
- (d) the Chief of Medical Psychology- Neuropsychology; and
- (e) the Medical Director

A Professional Staff Executive Committee member can be removed from the committee only if the Professional Staff acts to remove that member from the position held as an officer, in the same manner as provided in Section 9.1-6 for the recall of officers, or, in the case of Division Chief, as provided in Section 10.5-2.

11.3-3 Duties

The duties of the Professional Staff Executive Committee, as delegated by the Professional Staff, are:

- (a) Initiating, approving, and recommending to the Governing Body Professional Staff Bylaws, Rules and Regulations, and Policies, and amendments and technical corrections thereto, in accordance with Article XV of these Bylaws.
- (b) representing and acting on behalf of the Professional Staff in the intervals between Professional Staff meetings within the scope of its responsibilities as defined by the Professional Staff and subject to such limitations as may be imposed by these Bylaws;
- (c) coordinating and implementing the professional and organizational activities and policies of the Professional Staff;
- (d) receiving and acting upon reports and recommendations from Professional Staff divisions, committees, and assigned activity groups;
- (e) recommending actions to the Governing Body on matters of a medical-administrative nature;
- (f) developing and adopting appropriate rules and regulations, policies and procedures that provide associated details to enable privileges holders to maintain the level of practice required under, and to more specifically implement, these Bylaws;

- (g) establishing appropriate criteria for cross-specialty privileges in accordance with Section 5.2-3;
- (h) making recommendations directly to the Governing Body based on Professional Staff organization concerns about the Professional Staff organization's structure, the process used to review credentials and delineate privileges and the delineation of privileges for each practitioner privileges through the Professional Staff process;
- (i) evaluating the medical care rendered to patients in the hospital;
- (j) participating in the development of all hospital policy, practice, and planning;
- (k) reviewing the qualifications, credentials, performance and professional competence, and character of applicants and staff members, and making recommendations to the Governing Body at least quarterly regarding staff membership and renewals of membership, assignments to departments, clinical privileges, and corrective action;
- (l) taking reasonable steps to promote ethical conduct and competent clinical performance on the part of all members including the initiation of and participation in Professional Staff corrective or review measures when warranted;
- (m) taking reasonable steps to develop continuing education activities and programs for the Professional Staff;
- (n) designating such committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Professional Staff and approving or rejecting appointments to those committees by the Chief of Staff;
- (o) reporting to the Professional Staff at each division meeting;
- (p) assisting in the obtaining and maintenance of accreditation;
- (q) developing and maintenance of methods for the protection and care of patients and others in the event of internal or external disaster;
- (r) appointing such special or ad hoc committees as may seem necessary or appropriate to assist the Professional Staff Executive Committee in carrying out its functions and those of the Professional Staff;
- (s) establishing a mechanism for dispute resolution between Professional Staff members involving the care of a patient;
- (t) initiating a conflict management process to address disagreements between members of the Professional Staff and the Professional Staff Executive Committee on issues including but not limited to proposals to remove some authority delegated to the Professional Staff Executive Committee by the Professional Staff under these Bylaws (by amending the Bylaws), or to adopt or revise Rules and Regulations, Policies and Procedures; and
- (u) fulfilling such other duties as the Professional Staff has delegated to the Professional Staff Executive Committee in these Bylaws.

11.3-4 Meetings

The Professional Staff Executive Committee shall meet as often as necessary, but at least ten times a year and shall maintain a record of its proceedings and actions. Hospital Administration shall be invited to attend all meetings in a non-voting capacity. The Directors of Nursing Services, Clinical Social Work, and Quality Management participate as an ex-officio without vote.

11.4 CREDENTIALS COMMITTEE

11.4-1 Composition

The Credentials Committee shall consist of not less than 5 members of the Active staff selected on a basis that will ensure, insofar as feasible, representation of major clinical specialties and each of the divisions.

11.4-2 Duties

The Credentials Committee shall:

- (a) review and evaluate the qualifications of each practitioner applying for initial membership, renewal of membership, or modification of clinical privileges, and, in connection therewith, obtain and consider the recommendations of the appropriate divisions;
- (b) submit required reports and information on the qualifications of each practitioner applying for membership or particular clinical privileges including recommendations with respect to membership, membership category, division affiliation, clinical privileges, and special conditions;
- (c) investigate, review and report on matters referred by the Chief of Staff or the Professional Staff Executive Committee regarding the qualifications, conduct, professional character or competence of any applicant or Professional Staff member; and
- (d) review and evaluate the qualifications of each Allied Health Professional applying to perform specified services, and in connection therewith to obtain and consider the recommendations of the appropriate Clinical Divisions.

11.4-3 Meetings

The Credentials Committee shall meet at least 10 times a year and as often as necessary at the call of its chair. The committee shall maintain a record of its proceedings and actions and shall report to the Professional Staff Executive Committee.

11.5 CLINICAL COORDINATING COMMITTEE

11.5-1 Composition

The Clinical Coordinating Committee shall consist of 3 members of the Professional Staff and such additional representatives from the Professional Staff, ancillary departments, nursing, and administration as may be appropriate.

11.5-2 Duties

The duties of the Clinical Coordinating Committee shall include:

- (a) reviewing the hospital's overall programs and overseeing both clinical and administrative functions;
- (b) maintaining knowledge and understanding of the standards set forth by licensing, accreditation, and other regulatory agencies;
- (c) keeping the Professional Staff informed of these requirements, measuring ongoing compliance with such standards and making appropriate recommendations concerning any deficiencies;
- (d) providing overall direction, regulation and coordination of utilization management operations within the Hospital to assure effective utilization of hospital clinical facilities;
- (e) maintaining a process that measures medical records documentation, ensuring completeness, and timely action as necessary to meet identified opportunities for improvement; and
- (f) providing overall direction, regulation and coordination of patient education efforts within the Hospital to assure effective communication and understanding.

11.5-3 Meetings

The Clinical Coordinating Committee shall meet as often as necessary at the call of its chair, but at least quarterly. It shall maintain a permanent record of its proceedings, and shall report its activities and recommendations to the Performance Improvement and Patient Safety Committee and to the Professional Staff Executive Committee.

11.6 PHARMACY AND THERAPEUTICS COMMITTEE

11.6-1 Composition

The Pharmacy and Therapeutics Committee shall consist of at least 3 members of the Professional Staff, a representative from the pharmaceutical service, and such additional representatives from the nursing service and administration as may be appropriate.

11.6-2 Duties

The duties of the Pharmacy and Therapeutics Committee shall include:

- (a) establishing a drug formulary and guidelines for the control and distribution of all medications, including investigational substances; and
- (b) considering general problems of pharmacological therapeutics throughout the hospital.

The Pharmacy and Therapeutics Committee is responsible for the review of the use of unusual or experimental drugs, and for the review of medication usage including review of medication records, adverse or untoward medication reactions, and medication errors. The Committee ensures a process for measurement of medication processes, including prescribing, preparing and dispensing, administering and monitoring effects. The Committee takes action when opportunities for improvement are identified.

11.6-3 Meetings

The Pharmacy and Therapeutics Committee shall meet as often as necessary at the call of its chair but at least quarterly. It shall maintain a record of its proceedings and shall report its activities and recommendations to the Performance Improvement and Patient Safety Committee and the Professional Staff Executive Committee.

11.7 INFECTION CONTROL COMMITTEE

11.7-1 Composition

The Infection Control Committee shall consist of 3 members of the Professional Staff and such additional representatives from ancillary services, the nursing service, administration, and an individual employed in a surveillance or epidemiological capacity.

11.7-2 Duties

The duties of the Infection Control Committee shall include:

- (a) developing a hospital-wide infection control program and maintaining surveillance over the program;
- (b) developing 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;
- (c) developing and implementing a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing and evaluating aseptic, isolation and sanitation techniques;
- (d) developing written policies defining special indications for isolation requirements;
- (e) coordinating action on findings from the Professional Staff's review of the clinical use of antibiotics;
- (f) acting upon recommendations related to infection control received from the Chief of Staff, the Professional Staff Executive Committee, divisions and other committees; and
- (g) reviewing sensitivities of organisms specific to the facility.

11.7-3 Meetings

The Infection Control Committee shall meet as often as necessary at the call of its chair but at least once every two months. It shall maintain a record of its proceedings and shall submit reports of its activities and recommendations to the Performance Improvement and Patient Safety Committee and Professional Staff Executive Committee.

11.8 PERFORMANCE IMPROVEMENT AND PATIENT SAFETY COMMITTEE

11.8-1 Composition

The Performance Improvement and Patient Safety Committee shall consist of at least 3 members of the Professional Staff, and insofar as possible, at least one representative from each division, from the nursing service and from administration.

11.8-2 Duties

The Performance Improvement and Patient Safety Committee shall have broad responsibilities to investigate, review and evaluate care provided to hospital patients and oversee the direction, regulation and coordination of all quality improvement activities within the Hospital. Quality problem areas shall be identified by committees and by other means as may be appropriate.

The Performance Improvement and Patient Safety Committee shall submit the Neuropsychiatric Hospital Quality and Performance Improvement Program Plan that is updated and approved annually to the Professional Staff Executive Committee.

11.8-3 Meetings

The Performance Improvement and Patient Safety Committee shall meet as often as necessary at the call of its chair, but at least quarterly. It shall maintain a record of its proceedings and report its activities and recommendations to the Professional Staff Executive Committee.

11.9 PROFESSIONAL STAFF HEALTH COMMITTEE

11.9-1 Composition

The Professional Staff Health Committee shall be comprised of Active members of the Professional Staff, a majority of which, including the chair, shall be physicians. Insofar as possible, members of this committee shall not serve as active participants on other peer review or quality assessment and improvement committees while serving on this committee.

11.9-2 Duties

The Professional Staff Health Committee may receive reports related to the health, well-being, or impairment of Professional Staff members and, as it deems appropriate, may investigate such reports. With respect to matters involving individual Professional Staff members, the committee may, on a voluntary basis, provide such advice, counseling, or referrals as may seem appropriate. Such activities shall be confidential; however, in the event information received by the committee clearly demonstrates that the health or known impairment of a Professional Staff member poses an unreasonable risk of harm to hospitalized patients, that information may be referred for corrective action. The committee shall also consider general matters related to the

health and well-being of the Professional Staff and, with the approval of the Professional Staff Executive Committee, develop educational programs or related activities.

11.9-3 Meetings

The Professional Staff Health Committee shall meet as often as necessary, but at least quarterly. It shall maintain only such record of its proceedings as it deems advisable, but shall report on its activities on a routine basis, but at least quarterly, to the Professional Staff Executive Committee.

11.10 ETHICS COMMITTEE

11.10-1 Composition

The Ethics Committee shall consist of at least three (3) members of the Professional Staff and one UCLA Health ethicist, as well as representation from a broad cross-sampling of other NPH disciplines (such as nurses, social workers, etc.), community representatives, and/or hospital administrators.

11.10-2 Duties

The role of the Ethics Committee is to promote ethical reflection and practice within NPH. This is achieved through policy and procedure development and review; staff education; and clinical consultation.

11.10-3 Meetings

The Ethics Committee shall meet as often as necessary at the call of its chair, but at least quarterly. It shall maintain a record of its activities and report to the Performance Improvement and Patient Safety Committee and Professional Staff Executive Committee.

11.11 ELECTROCONVULSIVE THERAPY REVIEW COMMITTEE

11.11-1 Composition

The Electroconvulsive Therapy Review Committee shall consist of at least three (3) psychiatrists and/or neurologists who are members of the Professional Staff and are knowledgeable about the treatment and its effect to verify the appropriateness and need for such treatment.

11.11-2 Duties

The Committee shall review the use of Electroconvulsive therapy involving patients at the Hospital, as required by state and county regulations.

11.11-3 Meetings

The Electroconvulsive Therapy Review Committee shall meet at the call of the chair, but at least quarterly. It shall maintain a record of its activities and report to the Performance Improvement and Patient Safety Committee and Professional Staff Executive Committee.

11.12 PEER REVIEW COMMITTEE

11.12-1 Composition

The Peer Review Committee is multidisciplinary, and is composed of at least three members of the Active Professional Staff as well as representatives from Nursing, Social Work, Allied Health Professionals, Medical Records and Quality Management.

11.12-2 Duties

The Peer Review Committee shall be responsible for measuring and evaluating on an ongoing basis, the quality and appropriateness of patient services and the clinical performance of each clinically privileged individual assigned to a division. Subcommittees of the Peer Review Committee include:

Special Incident Review Subcommittee:

This committee shall investigate sentinel events and other special incidents occurring within the Hospital. The Committee interviews involved parties, investigates and recommends the course of action. The Committee may formulate policy proposal changes for future prevention of similar incidents. The Committee meets on an ad hoc basis at the behest of the Medical Director and/or of the Peer Review Committee. Copies of its minutes with conclusions and recommendations are sent to the Performance Improvement and Patient Safety Committee and the Professional Staff Executive Committee and shall be maintained as confidential.

Psychology Peer Review Subcommittee:

This committee is a joint committee of the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA and the Ronald Reagan UCLA Medical Center. It is composed of at least three psychologists privileged as Allied Health Professionals at the UCLA Medical Center, at least one of whom is also a member of the Professional Staff. The Committee evaluates the quality of services provided to patients by psychologists at the Hospital and the Medical Center in a variety of settings. It meets at least quarterly and its proceedings are recorded. Minutes of the Subcommittee are forwarded to the Peer Review Committee, the Professional Staff Executive Committee and the UCLA Medical Center Allied Health Committee.

Allied Health Peer Review Subcommittee:

This committee is chaired by a privileged physician member of the Neuropsychiatric Behavioral Health Service (NPBHS) and its membership is composed of at least three Allied Health Professionals privileged in the NPBHS. This committee reviews the practice of Allied Health Professionals, with the exception of psychologists, who are privileged in the outpatient setting. It functions to complete proctoring and routine quality reviews. The Committee meets at least four times per year, and its minutes are forwarded to the Peer Review Committee and Professional Staff Executive Committee.

Evaluations made by the Peer Review Committee and its Subcommittees shall be used by the Division Chiefs as part of the ongoing performance evaluation of its members as well as for determining the reappointments of staff members, or the renewal or revision of individual clinical privileges. In addition, each division shall use appropriate mechanisms to evaluate the competence of non-clinically privileged practitioners and/or trainees who are assigned to its

division. The Peer Review Committee shall receive minutes from such subcommittees for review of the full range of clinical activities in that Division.

In addition, because of the interrelationship of the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA and the Ronald Reagan UCLA Medical Center, in their common governance, in the credentials verification process and in the shared location of the two facilities, consideration is given to the Peer Review of consultants providing specialty care within the R-NPH by the Medical Staff of the Ronald Reagan UCLA Medical Center. The Peer Review Committee may request that review of such specialty care be considered as external peer review, conducted by the medical staff of the Medical Center.

11.12-3 Meetings

The Peer Review Committee shall meet at least quarterly. Minutes of these meetings shall document individual and aggregate review of patient services and shall include (a) individual patient care monitoring and (b) other clinical care problems brought to the Committee's attention. Minutes of the proceedings of the Peer Review Committee and its subcommittees shall be maintained as confidential. The committee shall submit minutes of its meetings to the Professional Staff Executive Committee.

11.13 DELEGATED COMMITTEE FUNCTIONS

In recognition of the specialized nature of the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA and the common governance through the Chancellor with the UCLA Medical Center, certain committee functions shall be delegated to appropriate Standing or Special Committees of the Medical Staff of the Ronald Reagan UCLA Medical Center. Representatives shall be appointed to such committees by the Chief of Staff as may be necessary. The Chief of Staff shall secure or cause to be secured such minutes, reports, recommendations or directives from such committees as may be required for review by the Professional Staff Executive Committee in order to assure compliance by the hospital staff and current standards, policies and procedures relevant to the specific functions delegated. Such minutes shall be maintained as confidential. Delegated committee findings shall include, but not be limited to:

Human Subjects Protection Function: The human subject's protection function shall be delegated to the UCLA-CHS Human Subjects Committee.

Tissue Examination Function: The tissue examination function shall be delegated to the Ronald Reagan UCLA Medical Center Surgical and Other Procedures Committee.

Safety Function: The safety function shall be delegated to the Ronald Reagan UCLA Medical Center Environment of Care Committee. The minutes of this committee shall be submitted to the Performance Improvement and Patient Safety Council and the Professional Staff Executive Committee.

Interdisciplinary Practice Function: The interdisciplinary practice function shall be delegated to the Ronald Reagan UCLA Medical Center Allied Health Practitioners

Committee. The minutes of this committee shall be submitted to the Credentials Committee and the Professional Staff Executive Committee.

The delegation of selected committee functions shall not abrogate the ultimate authority and responsibility of the Chief of Staff for the performance of these functions nor shall such preclude the establishment of special committees to address matters within the purview of or related to such delegated functions.

ARTICLE XII: MEETINGS

12.1 MEETINGS

12.1-1 Regular Meetings

Regular meetings of the Professional Staff shall be held each quarter by each Clinical Division. At these meetings adequate evaluation of the clinical work done in the Hospital shall be made. Minutes shall be recorded to indicate those in attendance, and shall be kept in the office of the corresponding Division Chief. Divisions may delegate this function to appropriate subcommittees. These Divisional functions constitute Quality Improvement functions and as such are confidential and considered protected under California Evidence Code Section 1157.

12.1-2 Special Meetings

Special meetings of the Professional Staff may be called at any time by the Chief of Staff, the Governing Body, or the Professional Staff Executive Committee, or shall be called upon the written request of 25% of the voting members of the Active Attending Professional Staff. The person calling or requesting the special meeting shall state the purpose of such meeting in writing. The meeting shall be scheduled by the Professional Staff Executive Committee within 48 hours after receipt of such request. No later than 10 days prior to the meeting, notice shall be delivered to the members of the staff via electronic mail which includes the stated purpose of the meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

12.2 QUORUM

12.2-1 Staff Meetings

The presence of 25% of the total voting members of the Active Attending Professional Staff at any regular or special meeting shall constitute a quorum for the purpose of amending these Bylaws or the rules and regulations of the Professional Staff or for the election or removal of Professional Staff officers. The presence of 25% of such voting members shall constitute a quorum for all other actions.

12.2-2 Division and Committee Meetings

Twenty five percent (25%) of the voting members will constitute a quorum.

12.3 VOTING AND MANNER OF ACTION

12.3-1 Voting

Unless otherwise specified in these Bylaws, only members of the Professional Staff may vote in Professional Staff elections, and at regular and special Professional Staff meetings. All duly appointed members of Professional Staff committees are entitled to vote on committee matters, except as may otherwise be specified in these Bylaws. With the exception for matters voted upon by the Professional Staff Executive Committee, voting may be accomplished by electronic mail so long as adequate precautions are in place to ensure authentication and security.

12.3-2 Manner of Action

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. A member may be present at a meeting by electronic or telephonic means where permitted by the chair of the meeting on either an individual or group basis. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these Bylaws. Committee action may be conducted by telephone conference or other electronic communication which shall be deemed to constitute a meeting for the matters discussed in that telephone or virtual conference. Valid action may be taken without a meeting by a committee if it is acknowledged by a writing setting forth the action so taken which is signed by at least two-thirds of the members entitled to vote.

12.4 MINUTES

Except as otherwise specified herein, minutes of meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of members and the vote taken on significant matters. Minutes of all Professional Staff meetings (except the minutes relating to peer review and matters discussed in executive session), shall be available to any staff member upon request. A copy of the minutes shall be signed by the presiding officer of the meeting and forwarded to the Professional Staff Executive Committee.

12.5 ATTENDANCE REQUIREMENTS

12.5-1 Regular attendance

- (a) Each voting member of the Professional Staff shall attend at least one-half of the Regular Meetings of the Clinical Division to which he is assigned, unless specifically excused by the Chief of Staff or the corresponding Division Chief.
- (b) Members of the Professional Staff who are not voting members shall not be required to attend meetings but shall be invited and encouraged to attend and participate.

12.5-2 Special Attendance

At the discretion of the chair or presiding officer, when a member's practice or conduct is scheduled for discussion at a regular division, or committee meeting, the member may be requested to attend. If a suspected deviation from standard clinical practice is involved, the notice shall be given at least 7 days prior to the meeting and shall include the time and place of the meeting and a general indication of the issue involved. Failure of a member to appear at any meeting to which notice was given, unless excused by the Professional Staff Executive Committee upon a showing of good cause, shall be a basis for corrective action.

12.6 CONDUCT OF MEETINGS

Unless otherwise specified, meetings shall be conducted according to Robert's Rules of Order however; technical or non-substantive departures from such rules shall not invalidate action taken at such a meeting.

12.7 EXECUTIVE SESSION

Executive session is a meeting which only Professional Staff members may attend, unless others are expressly requested by the member presiding at the meeting to attend. Executive session may be called to discuss peer review issues, or any other sensitive issues requiring confidentiality.

ARTICLE XIII: CONFIDENTIALITY, IMMUNITY AND RELEASES

13.1 AUTHORIZATION AND CONDITIONS

By applying for or exercising clinical privileges within this hospital, an applicant:

- (a) authorizes representatives of the hospital and the Professional Staff to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the applicant's professional ability and qualifications;
- (b) authorizes persons and organizations to provide information concerning such practitioner to the Professional Staff;
- © agrees to be bound by the provisions of this Article and to waive all legal claims against any representative of the Professional Staff or the hospital who would be immune from liability under Section 13.3; and
- (d) acknowledges that the provisions of this Article are express conditions to an application for Professional Staff membership, the continuation of such membership, and to the exercise of clinical privileges at this hospital.

13.2 CONFIDENTIALITY OF INFORMATION

The discussions, deliberations, records, and other information of the Professional Staff, divisions, and their committees, shall be confidential to the fullest extent permitted by law. Dissemination of such information and records shall only be made where expressly required by law, pursuant to officially adopted policies of the Professional Staff, or where no officially adopted policy exists, only with the express approval of the Professional Staff Executive Committee or its designee.

- (a) The records of the Professional Staff and its committees and divisions responsible for the evaluation and improvement of the quality of patient care rendered in the Hospital shall be maintained as confidential.
- (b) Access to such records shall be limited to duly appointed officers and committees of the Professional Staff for the sole purpose of discharging Professional Staff responsibilities and subject to the requirement that confidentiality be maintained.
- (c) Information, which is disclosed to the Governing Body or its appointed representatives in order that the Governing Body may discharge its lawful obligations and responsibilities, shall be maintained by that body as confidential.

Inasmuch as effective quality improvement activities, peer review, and consideration of the qualifications of Professional Staff members and applicants to perform specific procedures must be based on free and candid discussions, all such discussions and deliberations shall be confidential and restricted. Any breach of confidentiality of the discussions or deliberations of Professional Staff Divisions, or Committees is outside appropriate standards of conduct for Professional Staff members and will be deemed disruptive to the operations of the Hospital. If

it is determined that such a breach has occurred, the Professional Staff Executive Committee may undertake such corrective action as it deems appropriate.

The protection of health and other confidential information is a right protected by law and enforced by fines, criminal penalties as well as hospital policy. Safeguarding confidential information is a fundamental obligation for all professional and allied health staff members. Protected health information includes but is not limited to any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. Any breach of confidentiality is outside appropriate standards of conduct for Professional and Allied Health Staff members and will be deemed disruptive to the operations of the Hospital. If it is determined that such a breach has occurred, the Professional Staff Executive Committee may undertake such corrective action as it deems appropriate.

13.3 IMMUNITY FROM LIABILITY

Any act, communication, report recommendation, or disclosure, with respect to any such practitioner, performed or made in good faith and without malice and at the request of an authorized representative of this or any other health care facility, shall be privileged to the fullest extent permitted by law.

Such privileges shall extend to members of the Professional Staff and of its Governing Body, its other practitioners, its CEO and his representatives, and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Article, the term "third parties" means both individuals and organizations from which information has been requested by an authorized representative of the Governing Body or of the Professional Staff.

To the fullest extent permitted by law, there shall be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

Such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities related, but not limited to:

- (a) Application for membership, renewal of membership, or clinical privileges
- (b) Periodic reappraisals for reappointment or clinical privileges
- (c) Corrective action, including summary suspension
- (d) Hearings and appellate reviews
- (e) Medical care evaluations
- (f) Utilization reviews
- (g) Other Hospital, division or committee activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and
- (h) queries and reports concerning the National Practitioner Data Bank, peer review organization, the Medical Board of California, and similar queries and reports.

The acts, communications, reports, recommendations, and disclosures referred to in this Article, may relate to a practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly have an effect on patient care.

The consents, authorizations, releases, rights, privileges, and immunities provided for the protection of the Hospital's practitioners, other appropriate officials and personnel and third parties, in connection with applications for initial appointment, shall also be fully applicable to the activities and procedure covered by this Article.

13.4 RELEASES

Each applicant or member shall, upon request of the Professional Staff or hospital, execute general and specific releases in accordance with the express provisions and general intent of this Article in favor of the individuals and organizations specified above, subject to such requirements, including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this State. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XIV: GENERAL PROVISIONS

14.1 ASSESSMENTS

The Professional Staff Executive Committee shall have the power to levy and to recommend the amount of assessments, if any.

14.2 AUTHORITY TO ACT

Any member or members who act in the name of this Professional Staff without proper authority shall be subject to such disciplinary action as the Professional Staff Executive Committee may deem appropriate.

14.3 DIVISION OF FEES

Any division of fees by members of the Professional Staff is forbidden and any such division of fees shall be cause for exclusion or expulsion from the Professional Staff.

14.4 NOTICES

Specific notices, demands, or requests required to be mailed shall be in writing, properly sealed, and shall be sent through United States Postal Service, first-class postage certified. An alternative delivery mechanism may be used if it is reliable, as expeditious, and if evidence of its use is obtained. Mailed notices to a member, applicant or other party, shall be to the addressee at the address as it last appears in the official records of the Professional Staff.

Except where specific notice provisions are otherwise provided in these Bylaws, any and all general communications and notices, ie. proposals for adoption or amend of rules and regulations, are submitted via electronic mail to the Professional Staff.

ARTICLE XV: ADOPTION AND AMENDMENT OF BYLAWS, RULES AND REGULATIONS, POLICIES AND PROCEDURES

The Professional Staff shall have the responsibility to formulate, review, and recommend to the Governing Body professional staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Such rules and regulations, policies and procedures, shall be limited to procedural details and processes implementing these bylaws. The Professional Staff exercises this responsibility through its elected and appointed leaders or through direct vote of its voting membership. Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner.

15.1 Bylaws

Amendments to these bylaws may be originated by the Professional Staff Executive Committee or by a petition signed by twenty-five percent (25%) of the voting members of the Professional Staff.

- (a) When proposed by the Professional Staff Executive Committee, there will be communication of the amendment to the Professional Staff at least 30 days before a vote is taken by the Professional Staff. The notice shall include the exact wording of the existing bylaw language, if any, and the proposed change(s).
- (b) When proposed by the Professional Staff, there will be communication of the amendment to the Professional Staff Executive Committee at least 30 days before a vote is taken by the Professional Staff. The notice shall include the exact wording of the existing bylaw language, if any, and the proposed change(s).

If the Professional Staff vote to recommend directly to the Governing Body an amendment to the bylaws that is different from what has been recommended by the Professional Staff Executive Committee, the Conflict Resolution process in Section 15.7 shall be followed within 30 days of the vote.

15.2 Technical Corrections

The Professional Staff Executive Committee shall have authority to adopt non-substantive changes to the Bylaws, Rules and Regulations, and Policies such as reorganization or renumbering, and technical corrections needed due to errors in punctuation, spelling, grammar or syntax, and/or inaccurate or missing cross-references. Such changes shall not affect the intent of the sections being changed. After approval by the Professional Staff Executive Committee, such technical corrections shall be communicated promptly in writing to the Governing Body. Such corrections are subject to approval by the Governing Body, which approval shall not be withheld unreasonably. Following approval by the Governing Body, technical corrections will be communicated to the Professional Staff within a time that is reasonable under the circumstances (which may be when the Professional Staff is notified of the next substantive change to the Bylaws, Rules and Regulations, or Policies affected).

15.3 Action on Bylaw Amendment

A Bylaws amendment shall require an affirmative vote of the majority of the voting Professional Staff present at a Special Meeting or an affirmative vote of the majority of the voting members by electronic ballot.

15.4 Approval

Bylaw amendments adopted by the Professional Staff shall become effective following approval by the Governing Body acting on behalf of The Regents, which approval shall not be withheld unreasonably. If approval is withheld, the reasons for doing so shall be specified by the Governing Body in writing, and shall be forwarded to the Chief of Staff. The matter may be referred to the conflict management process set forth in Hospital Policy HS 0343 for management of conflicts between the Governing Body and the Professional Staff.

15.5 Effect of the Bylaws

These Bylaws may not be unilaterally amended or repealed by the Professional Staff or Governing Body.

If there is conflict between the Professional Staff Bylaws, Rules and Regulations, Policies and Procedures, the Bylaws shall prevail.

15.6 Rules and Regulations, Policies and Procedures

15.6-1 Provisional Revisions

The Professional Staff Executive Committee may adopt such provisional revisions to Rules and Regulations, Policies and Procedures, that are in the Professional Staff Executive Committee's judgment necessary for legal or regulatory compliance. After adoption, these provisional revisions will be communicated to the Professional Staff for its review and opportunity for comments within 7 days of the date of the notice. The revisions will become final at the end of the comment period unless at least 25% of voting members express opposition to the revisions in writing.

- (a) If the Professional Staff approves of the provisional revisions, the revisions will stand.
- (b) If the Professional Staff does not approve of the provisional revisions, it will be resolved using the Conflict Resolution process noted in Section 15.7.

15.6-2 Revisions Originating from the Medical Staff

Revisions to the Rules and Regulations, Policies and Procedures, may be originated by a petition signed by twenty-five percent (25%) of the voting Professional Staff.

- (a) There will be communication of the revisions to the Professional Staff Executive Committee at least 30 days prior to its next scheduled meeting. The submission shall include the exact wording of the existing language, if any, and the proposed change(s).

- (b) If the Professional Staff Executive Committee approves of the revisions, the Professional Staff Executive Committee will forward them to the Governing Body.
- (c) If the Professional Staff Executive Committee does not approve of the revisions, the Professional Staff Executive Committee will implement the Conflict Resolution process in Section 15.7

15.6-3 New Policies and Procedures Originating from the Professional Staff Executive Committee

When the Professional Staff Executive Committee proposes a new policy, there will be communication to the Professional Staff for its review and opportunity for comment within 7 days of the date of the notice. The policy will become final at the end of the comment period unless at least 25% of voting members express opposition to the policy in writing.

If the Professional Staff disagrees with a policy proposed by the Professional Staff Executive Committee, it can utilize the Conflict Resolution process noted in Section 15.7

15.6-4 New Policies and Procedures Originating from the Professional Staff

Professional Staff Policies and Procedures may be originated by a petition signed by twenty-five percent (25%) of the voting Professional Staff.

- (a) There will be communication of the policy to the Professional Staff Executive Committee at least 7 days prior to its next scheduled meeting.
- (b) If the Professional Staff Executive Committee approves of the policy, the Professional Staff Executive Committee will forward it to the Governing Body.
- (c) If the Professional Staff Executive Committee does not approve of the policy, the Professional Staff Executive Committee will implement the Conflict Resolution process in Section 15.7.

15.7 Conflict Resolution

The Professional Staff Executive Committee shall review the differing recommendations and recommend language to the Bylaws, Rules and Regulations, or Policy that is agreeable to both the Professional Staff and the Professional Staff Executive Committee.

The Professional Staff shall still have the opportunity to recommend directly to the Governing Body alternative language. If the Governing Body receives differing recommendations from the Professional Staff Executive Committee and the Professional Staff, the Governing Body shall study the basis of the differing recommendations and take action.

The Governing Body shall have the final authority to resolve the differences between the Professional Staff and the Professional Staff Executive Committee.

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| Professional Staff Executive Committee Approval: | July 25, 2017 |
| Professional Staff Approval: | July 27, 2017 |
| Governing Body Approval: | July 31, 2017 |