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BOARD OF SUPERVISORS

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April 18, 2002

Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**AMENDMENT OF THE BYLAWS OF THE ATTENDING STAFF ASSOCIATION OF  
LOS ANGELES COUNTY + UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL  
CENTER**

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Chairman to sign the attached Bylaws of the Attending Staff Association of Los Angeles County + University of Southern California (LAC+USC) Medical Center as amended, substantially similar to Exhibit I, effective upon Board approval and continuing for an indefinite period of time, with no fiscal impact.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:**

In approving this action, the Board is authorizing revisions to the Bylaws of the Attending Staff Association of Los Angeles County + USC Medical Center. These revisions are recommended at this time to reflect changes in procedures, responsibilities, relationships, current requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and organization and/or administrative changes of the Department of Health Services and the Attending Staff Association that have occurred since the last Bylaws amendments made in 1995.

Section 2.76.540 of the Los Angeles County Code provides for the establishment of professional staff organizations and privileges for professional staff in County hospitals. This code section requires that such organizations shall function in accordance with Bylaws which have been approved by the Board of Supervisors.

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The Bylaws of the Attending Staff Association of the Los Angeles County + USC Medical Center were last approved by the Board of Supervisors on September 19, 1995.

The attached Bylaws amendments were approved by the membership of the Attending Staff Association of Los Angeles County + USC Medical Center on February 19, 2002 and April 15, 2002, and have been approved by the Department of Health Services.

**FISCAL IMPACT/FINANCING:**

None. There are no monetary payments associated with these Bylaws.

**FACTS AND PROVISIONAL/LEGAL REQUIREMENTS:**

The major areas in the existing Bylaws where changes are requested are as follows:

1. Revision of the definition of the Assistant Director, Personal Health Services, to the Chief Medical Officer of Health Services.
2. Addition of a provision to allow the Executive Committee to determine whether to limit or restrict the clinical privileges of any practitioner who provides health services at LAC+USC Medical Center under the contract of a non-County entity in the event that the practitioner has his or her clinical privileges limited or restricted by such non-County entity
3. Addition of a provision to allow the Executive Committee to determine if the Association membership and clinical privileges of any practitioner who is a County Civil Service employee, whether classified or unclassified, shall automatically terminate upon termination of County employment or transfer or assignment to another County facility.
4. Addition of clinical psychologists as being eligible to apply for membership in the Association.
5. Additional basic responsibilities of Association membership. For example, these include a requirement that a practitioner must notify the Medical Director of LAC+USC Medical Center, in writing, if the practitioner's membership or clinical privileges at any hospital are voluntarily or involuntarily revoked, suspended, reduced, not renewed or relinquished; if any professional liability litigation involving the practitioner has been to final judgment, is settled, or is in progress; or if the practitioner is notified by the Medical Board of California or other appropriate State licensing authority that an investigation regarding the practitioner is being conducted. These also include a requirement that members must actively supervise resident physicians and dentists in the course of their responsibilities to ensure that the

health services provided by residents are safe, effective, compassionate, and within the scope of the knowledge and documented competence of residents as required by Department of Health Services and Medical Center policies.

6. Addition of an Honorary Staff category and a Fellow Staff category to the categories of Association membership.
7. Clarification of eligibility for the categories of Association membership.
8. Change membership application review and recommendations from the departmental credentials committees, if any, to the Association's Credentials and Privileges Advisory Committee.
9. Clarification of the requirements of eligibility for, and the granting of, temporary clinical privileges.
10. Addition of Cardiothoracic Surgery as a clinical department in the organization of the Association.
11. Addition of a provision to allow the Executive Committee to make changes to the clinical departments of the Attending Staff Association, subject to the approval of the Director of Health Services, without the necessity of a Bylaws amendment, and to require that the clinical departments shall reflect the scope of services provided within the Medical Center and the LAC+USC Healthcare Network. Addition of a provision that it shall be exclusively within the control and discretion of the Director of Health Services and the Board of Supervisors to establish the scope and venue of services provided within the Medical Center and the Network, including, but not limited to, the creation, elimination, consolidation or modification of specific departments of the Medical Center and the Network. Deletion of the provision that allows the Director of Health Services to make changes to the clinical departments, without the necessity of a Bylaws amendment.
12. Addition of a provision that the Executive Committee must concur in the appointment of department chairs, division chiefs and section heads and that the Executive Committee is required to recommend appropriate action for their failure to satisfactorily perform their duties.
13. Changes in various provisions relating to Association committees, including the following:
  - Executive Committee - Changed the composition of the committee and added the ASA Review Subcommittee as a subcommittee.

- Quality Assurance and Value Improvement Committee- Changed the name to Network Quality of Care Review Committee and changed the duties to reflect the current practice.
  - Addition of the following committees: Graduate Medical Education, Health Record, Joint Conference, Operating Room, Surgical Case and Invasive Procedure Review, Trauma, and Utilization Review.
  - Elimination of Home Care Advisory Committee.
14. Revision of indemnification and insurance requirements, as approved by Chief Administrative Office Risk Management, which are applicable to any practitioner who provides health services to patients at LAC+USC Medical Center and who bills patients for these health services.
  15. Revisions to provide clarification and implement requirements that the Director of Health Services must consider the recommendations, if any, of the Executive Committee when granting, modifying, suspending or terminating Attending Staff Association membership and/or clinical privileges and when taking action to accommodate and carry out orders of the Civil Service Commission or other Civil Service requirements.
  16. Clarification that the Board of Supervisors' approval of Bylaws amendments shall not be withheld unreasonably and that neither the Attending Staff Association nor the Board of Supervisors may unilaterally amend the Bylaws.

County Counsel has approved these Bylaws amendments (Exhibit I) as to form.

The Chief Administrative Office Risk Management has approved the indemnification and insurance provisions of the Bylaws.

**CONTRACTING PROCESS:**

Not applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS):**

None.

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**CONCLUSION:**

The Department of Health Services is recommending that the Board approve the Bylaws of the Attending Staff Association of Los Angeles County + USC Medical Center as amended.

When approved, this Department requires four signed copies of the Bylaws.

Respectfully submitted,

Thomas L. Garthwaite, M.D.  
Director and Chief Medical Officer

TLG:ks

Attachment (1)

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors

**BYLAWS OF THE ATTENDING STAFF ASSOCIATION**

**of the**

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

**DRAFT (1/15/2002)**

**DRAFT #2 - 1/28/02 (104635)**

**DRAFT #3 - 1/28/02 (104775)**

**DRAFT #4 - 1/31/02 (105535)**

**DRAFT #5 - 2/8/02 (105974)**

**DRAFT #6 - 4/11/02 (117460)**

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1 **PREAMBLE**

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

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

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

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**DEFINITIONS**

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1. HOSPITAL or MEDICAL CENTER means the Los Angeles County+University of Southern California Medical Center (LAC+USC Medical Center), which is one of health facilities in Los Angeles County's LAC+USC Healthcare Network.

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2. GOVERNING BODY means the Board of Supervisors of Los Angeles County.

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

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4. CHIEF MEDICAL OFFICER ~~ASSISTANT DIRECTOR~~ means the administrator, whose title is ~~Assistant Director, Personal~~ Chief Medical Officer of Health Services, appointed by the Director to act on behalf of the Director in the overall management of the Department of Health Services' hospitals and clinics, one of which is the Medical Center.

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5. CHIEF EXECUTIVE OFFICER or CEO means the administrator appointed by the ~~Assistant~~ Director to be responsible for the overall management of the Medical Center.

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6. ~~CHIEF OF STAFF~~ MEDICAL DIRECTOR means the physician whose title is ~~Chief of Staff~~ Medical Director, appointed by the Director with concurrence of the Dean of the University of Southern California Keck School of Medicine ~~with concurrence of the CEO~~, to act in the supervision, management and staff coordination of both University of Southern California and County of Los Angeles employees involved in patient care at the Medical Center.

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

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

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

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10. ATTENDING STAFF means all physicians, dentists, ~~and podiatrists~~ and clinical psychologists who, pursuant to these bylaws, attend or consult regarding patients at the Medical Center and/or supervise physicians, dentists or podiatrists in training, regardless of whether such persons are County Civil Service classified or unclassified employees, Association members, or holders of temporary or emergency privileges.

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

- 64 12. DIVISION means a subunit of a department designated under these bylaws which may or may  
65 not be recognized as a specialty by the American Board of Medical Specialties.
- 66 13. SECTION means a unit administratively assigned to a department or division designated  
67 under these bylaws which may or may not be recognized as a specialty by the American  
68 Board of Medical Specialties. A section may be a Medical Center clinical service that does  
69 not have a corresponding administrative unit in the University of Southern California Keck  
70 School of Medicine.
- 71 14. ASSOCIATION means the formal organization of licensed physicians, dentists, and podiatrists  
72 and clinical psychologists at the Medical Center, which is formally known as the Attending  
73 Staff Association of the Los Angeles County+University of Southern California Medical Center.
- 74 15. EXECUTIVE COMMITTEE means the Executive Committee of the Association.
- 75 16. PRACTITIONER means, unless otherwise expressly limited, any physician, dentist, or  
76 podiatrist or clinical psychologist applying for or exercising clinical privileges in the Medical  
77 Center.
- 78 17. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a practitioner to  
79 render specific diagnostic, therapeutic, medical, surgical, dental, or podiatric or clinical  
80 psychological services in the Medical Center.
- 81 ~~18. PROVISIONAL CLINICAL PRIVILEGES means the permission granted to a practitioner~~  
82 ~~applying for permanent membership in the Association to render specific diagnostic,~~  
83 ~~therapeutic, medical, surgical, dental, or podiatric services in the Medical Center.~~
- 84 ~~19. TEMPORARY CLINICAL PRIVILEGES means the permission granted to a practitioner who~~  
85 ~~is applying for temporary membership for a period not to exceed ninety days to render specific~~  
86 ~~diagnostic, therapeutic, medical, surgical, dental, or podiatric services in the Medical Center.~~
- 87 ~~20. MEDICO-ADMINISTRATIVE OFFICER means a practitioner, employed by the County of Los~~  
88 ~~Angeles or the University of Southern California or otherwise serving the Medical Center on~~  
89 ~~a full or part-time basis, whose duties include responsibilities, which may be both~~  
90 ~~administrative and clinical in nature. Clinical responsibilities are defined as those involving~~  
91 ~~professional capability as a practitioner such as to require the exercise of clinical judgment~~  
92 ~~with respect to patient care and includes the supervision of professional activities of~~  
93 ~~practitioners under his direction and may include teaching and supervision of care rendered~~  
94 ~~by others. A medico-administrative officer who renders patient care shall be a member of the~~  
95 ~~Association and shall render care by virtue of such membership.~~
- 96 2118. ASSOCIATION YEAR means the period from the first day of July to the last day of June,  
97 inclusive.
- 98 2219. PRESIDENT means the President of the Association.
- 99 2320. PROFESSIONAL SCHOOL (S) means the Keck Schools of Medicine, the School of Dentistry  
100 and/or the School of Pharmacy of the University of Southern California (USC).

101 ~~24~~21. ALLIED HEALTH PROFESSIONAL means an individual, other than a physician, podiatrist,  
102 dentist, or clinical psychologist, who exercises independent judgment within the areas of his  
103 or her professional competence and the limits established by the department, Association,  
104 and applicable law, who is qualified to render direct or indirect patient care under the  
105 supervision of an Association member, and who is licensed and has been accorded privileges,  
106 to provide such care in the Medical Center. ~~means an individual who exercises independent~~  
107 ~~judgment within the areas of his professional competence and who is qualified to render direct~~  
108 ~~or indirect patient care under the supervision of a practitioner who is licensed to perform such~~  
109 ~~care and who has been accorded privileges to provide such care in the Medical Center.~~

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

113 23. NETWORK means Los Angeles County's LAC+ USC Healthcare Network which consists of  
114 the Medical Center and certain of Los Angeles County Department of Health Services'  
115 comprehensive health centers and health centers.



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**ARTICLE I**

**NAME**

The name of this organization shall be the Attending Staff Association of the Los Angeles County+University of Southern California Medical Center.

**ARTICLE II**

**MEMBERSHIP**

**SECTION 1 Nature of Membership**

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

In accordance with these bylaws, a post-graduate physician trainee (resident, fellow), who is employed at the Medical Center as a County Civil Service employee, whether classified or unclassified, to provide health services as a licensed independent practitioner outside of his or her training program, may apply for Association membership in the Active Staff, provided that the Association membership and clinical privileges of such person shall automatically terminate on the date of termination of his or her training program and such person shall not be entitled to a hearing and appellate review under Article VII.

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

154 automatically terminate on the date of termination of his or her training program and such  
155 person shall not be entitled to a hearing and appellate review under Article VII.

156 E. **Membership and Privileges:** Membership in the Association is separate and distinct from  
157 any individually granted clinical privileges, and Association membership shall not automatically  
158 confer any clinical privileges. Appointment to Association membership shall confer only those  
159 clinical privileges which have been granted in accordance with these bylaws.

160 F. **Exclusivity:** ~~Except where not required by applicable law, no~~ No physician, dentist, or  
161 podiatrist, or clinical psychologist including those in a medico-administrative position, shall  
162 admit or provide any health services to any patient in the Medical Center unless and until he  
163 or she is a member of the Association or has been granted temporary clinical privileges in  
164 accordance with these bylaws.

165 G. **Contract with the County or Non-County Entity:** Notwithstanding any other provision of  
166 these bylaws, the Association membership and clinical privileges of any practitioner, who has  
167 any contract with the County to provide health services at the Medical Center, or who provides  
168 health services at the Medical Center under the contract of a non-County entity, shall  
169 automatically terminate on the date of expiration or termination of such contract, and the  
170 practitioner shall not be entitled to a hearing and appellate review under Article VII, provided  
171 that the practitioner shall retain his or her Association membership and clinical privileges to  
172 the extent necessary for any employment at the Medical Center as a County Civil Service  
173 classified employee.

174 H. **Contract with Non-County Entity:** Notwithstanding any other provision of these bylaws, if  
175 a practitioner, who provides health services at the Medical Center under the contract of a  
176 non-County entity, has his or her authority to provide such health services limited or restricted  
177 by such non-County entity, then those clinical privileges which he or she has been granted that  
178 are within the scope of such limitation or restriction, as determined by the Executive  
179 Committee, shall be immediately and automatically terminated on the date, if any, that the  
180 Executive Committee, in its sole discretion, approves in writing such termination, and the  
181 practitioner shall not be entitled to a hearing and appellate review under Article VII, provided  
182 that the practitioner shall retain his or her clinical privileges to the extent necessary for any  
183 employment at the Medical Center as a County Civil Service classified employee.

184 I. **County Civil Service Employees:** Notwithstanding any other provision of these bylaws, the  
185 Association membership and clinical privileges of any practitioner who is a County Civil  
186 Service employee, whether classified or unclassified, shall automatically terminate on the date  
187 of termination of County employment or on the date that the practitioner transfers or is  
188 assigned to another County facility, unless prior to such applicable date, the Executive  
189 Committee, in its sole discretion, does not approve in writing such termination, and the  
190 practitioner shall not be entitled to a hearing and appellate review under Article VII.

## 191 SECTION 2 Qualifications for Membership

192 A. **Qualifications:** Only physicians, dentists, and podiatrists and clinical psychologists, currently  
193 licensed to practice in the State of California who can document the following:

194 1. their background,

- 195           2.     their current California licensure,
- 196           3.     their experience, education and training,
- 197           4.     their current competence and judgment,
- 198           5.     their adherence to the ethics of their profession,
- 199           6.     their good reputation, and
- 200           7.     their willingness to keep confidential as required by law and these bylaws all
- 201           information or records received in the physician-patient relationship,
- 202           8.     their current adequate physical and mental health status, and
- 203           9.     their ability to work with others,

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

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

216           C.     **Faculty Appointments:** To the extent permitted by applicable law, University of Southern  
 217           California policy, and any County contracts, all members of the Association shall hold faculty  
 218           appointments at the appropriate Professional Schools.

219           D.     **Conditions of Licensure:**

220           1.     **Physicians:** A physician applicant for membership in the Association, except for  
 221           Emeritus Staff or Honorary Staff categories, must hold a ~~current~~ M.D. or D.O. degree  
 222           or equivalent degree issued by a medical or osteopathic school approved at the time  
 223           of the issuance of such degree by the Medical Board of California or the Board of  
 224           Osteopathic Examiners of the State of California and must also hold a valid and  
 225           unsuspended license to practice medicine issued by the Medical Board of California  
 226           or the Board of Osteopathic Examiners of the State of California.

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

- 231 to practice dentistry issued by the Board of Dental Examiners of California.
- 232 3. **Podiatrists:** A podiatrist applicant for membership in the Association, except for  
 233 Emeritus Staff or Honorary Staff categories, must hold a D.P.M. degree conferred by  
 234 a school approved at the time of issuance of such degree by the Medical Board of  
 235 California and must hold a valid and unsuspended license to practice podiatry issued  
 236 by the Medical Board of California.
- 237 4. **Clinical Psychologists:** A clinical psychologist applicant for membership in the  
 238 Association, except for Emeritus Staff or Honorary Staff categories, must hold a clinical  
 239 psychologist degree conferred by a school approved at the time of issuance of such  
 240 degree by the California Board of Psychology and hold a valid unsuspended license  
 241 to practice clinical psychology issued by the California Board of Psychology.
- 242 E. **Basic Responsibilities of Association Membership:** Except for members in the Emeritus  
 243 Staff, Honorary Staff and Affiliate Staff, the ongoing responsibilities of each member of the  
 244 Association shall include, but are not limited to:
- 245 1. Providing patients with continuing care and quality of care meeting the professional  
 246 standards of the attending staff of the Medical Center;
- 247 2. Abiding by the Association bylaws, rules, and regulations and departmental rules and  
 248 regulations;
- 249 3. Discharging in a responsible and cooperative manner such reasonable responsibilities  
 250 and assignments imposed upon the member by virtue of Association membership,  
 251 including, but not limited to, committee assignments and quality ~~assurance~~  
 252 improvement, and risk management activity;
- 253 4. Preparing and completing in a timely fashion medical records for all the patients to  
 254 whom the member provides care in the Medical Center;
- 255 5. Abiding by the lawful ethical principles of the California Medical Association or and/or  
 256 the member's professional association;
- 257 6. ~~Aiding~~ Participating in any ~~medical staff~~ Association approved educational programs  
 258 for medical students, resident physicians, resident dentists, staff physicians and  
 259 dentists, nurses, pharmacists and other personnel, and actively supervising (including,  
 260 without limitation, providing direct supervision) resident physicians or dentists in the  
 261 course of his or her responsibilities and assignments as a member of the Association  
 262 to ensure that the health services provided by residents are safe, effective,  
 263 compassionate, and within the scope of the knowledge and documented competence  
 264 of residents as required by Department of Health Services and Medical Center  
 265 policies;
- 266 7. Working cooperatively with members, nurses, pharmacists, Medical Center  
 267 Administration, and others so as not to adversely affect patient care;
- 268 8. Making appropriate arrangements for coverage for his or her patients as determined

- 269 by the Association;
- 270 9. Refusing to engage in improper inducements for patient referral and adhering to  
271 County policy regarding "running and capping";
- 272 10. Participating in continuing education programs as determined by the Association;
- 273 11. Participating in such emergency service coverage or consultation panels as may be  
274 determined by the Association;
- 275 12. Discharging such other attending staff obligations as may be lawfully established from  
276 time to time by the Association; ~~and~~
- 277 13. Providing information to and/or testifying on behalf of the Association, the County, or  
278 any practitioner under review, regarding any matter under review pursuant to Articles  
279 VI or VII;
- 280 14. Notifying, in writing, his or her department chair and the Medical Director immediately  
281 after, but in no event later than ten days after, the occurrence of any of the following:
- 282 a. the practitioner is notified in writing by the Medical Board of California or other  
283 appropriate State licensing agency that an investigation regarding the  
284 practitioner is being conducted,
- 285 b. the practitioner is served with an accusation by the Medical Board of California  
286 or other appropriate State licensing agency,
- 287 c. the practitioner is served with a statement of issues by the Medical Board of  
288 California or other appropriate State licensing agency,
- 289 d. the practitioner's membership and/or clinical privileges are voluntarily or  
290 involuntarily revoked, suspended, reduced, not renewed, or relinquished at any  
291 hospital or health care facility,
- 292 e. the practitioner's Drug Enforcement Administration certificate, or his or her  
293 license to practice any profession in any jurisdiction, are voluntarily or  
294 involuntarily revoked, suspended, reduced, not renewed, or relinquished,  
295 and/or
- 296 f. any professional liability litigation involving the practitioner proceeds to final  
297 judgment, is settled, or is in progress.

298 **SECTION 3 Conditions and Duration of Appointment**

299 ~~— A. Initial appointments and reappointments to the Association shall be made by the~~  
300 ~~Director. The Director shall act on appointments, reappointments, or suspension or revocation~~  
301 ~~of appointments only after there has been a recommendation from the Executive Committee~~  
302 ~~as described in these bylaws, provided that in the event of unwarranted delay on the part of~~

303 the Executive Committee, the Director may act without such recommendation on the basis of  
304 documented evidence of the applicant's or Association member's professional and ethical  
305 qualifications obtained from reliable sources other than the Executive Committee.

306 ~~———— B. ——— Except as otherwise provided in Section 5 of Article III, initial appointments shall be~~  
307 ~~provisional for a period of not less than twelve months. At the conclusion of the provisional~~  
308 ~~period, the appropriate departmental Credentials Committee shall recommend to the Director~~  
309 ~~through the Executive Committee, the removal of the provisional status and appointment to~~  
310 ~~the Active Staff or Affiliate Staff or the termination of the appointment. The initial appointment~~  
311 ~~and any reappointment shall each be for a period of not more than twenty-four months.~~

312 ~~———— C. ——— Appointment to the Association shall confer on the appointee only those clinical~~  
313 ~~privileges as have been granted by the Director in accordance with these bylaws.~~

314 ~~———— D. ——— Every application for membership shall be signed by the applicant and shall contain~~  
315 ~~the applicant's specific acknowledgment of every member's obligation to adhere to the basic~~  
316 ~~responsibilities of Association membership described in Article II, Section 2(E), to read and~~  
317 ~~abide by the Association bylaws, rules and regulations, applicable Governing Body policies;~~  
318 ~~and to acknowledge that all patients hospitalized at the Medical Center should be part of the~~  
319 ~~established educational program.~~

## 320 ARTICLE III

### 321 CATEGORIES OF ASSOCIATION MEMBERSHIP

#### 322 SECTION 1 Membership Categories

323 The Association membership shall be divided into:

- 324 A. Active Staff
- 325 B. Affiliate Staff
- 326 C. Emeritus Staff
- 327 D. Honorary Staff ~~Provisional Staff~~
- 328 E. Provisional Staff
- 329 F. Fellow Staff

#### 330 SECTION 2 Active Staff

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

- 333 1. Possess and document the qualifications for Association membership as specified in  
334 Section 2 of Article II; and regularly are authorized to admit and attend patients in the  
335 Medical Center and

336 2. who ~~Are willing to~~ assume all the functions and responsibilities of membership in the  
337 ~~Association, including, where appropriate, teaching and consultation assignments.~~  
338 ~~Members of the Active Staff shall be appointed to a specific department, and shall be~~  
339 ~~eligible to vote, to hold office, and to serve on Association committees.~~

340 At the time of initial appointment, physicians and specialty dentist members of the Active Staff  
341 shall have graduated from a residency training program accredited by the Accreditation  
342 Council on Graduate Medical Education or the Commission on Dental Accreditation and be  
343 certified by a specialty board that is under the purview of the American Board of Medical  
344 Specialties Accreditation Council on Graduate Medical Education or the Commission on  
345 Dental Accreditation or be determined to possess the equivalent qualifications from another  
346 country or be an active specialty board candidate and have the recommendation of their  
347 department chairman for such status, provided that this requirement will not be applied to  
348 persons employed by the County as Civil Service employees on an hourly basis. Persons not  
349 fulfilling this requirement, including, without limitation, board certification, may apply for special  
350 consideration and must demonstrate that their education, training, experience, demonstrated  
351 ability, judgement and medical skills are equivalent to or greater than the level of proficiency  
352 evidenced by this requirement. ~~Members of the Active Staff shall possess and document the~~  
353 ~~qualifications for membership specified in Article 2, Section 2.~~

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

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

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

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

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

372 **SECTION 3 Affiliate Staff**

373 **A. Qualifications:**

374 Those members of the Active Staff who no longer admit or attend patients or supervise  
375 residents in patient care providing health services at the Medical Center may, on

376 recommendation of their department chairman, apply for the Affiliate Staff.

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

385 **B. Prerogatives:**

386 1. Members of the Affiliate Staff are encouraged to participate in the educational activities  
387 of their department.

388 2. Members of the Affiliate Staff shall not be eligible to admit or attend patients, to serve  
389 as a consultant, to vote, to hold office, or to serve on Association committees and shall  
390 not be required to attend departmental meetings.

391 3. Members of the Affiliate Staff shall not be required on reappointment to document the  
392 qualifications noted in Article II, Section 2, but ~~will~~ shall be required to document  
393 current California licensure) and ~~identify~~ verify membership on the active staff of a  
394 hospital approved by the Joint Commission on Accreditation of Healthcare  
395 Organizations or the active staff of the County's Roybal, El Monte, or H. Claude  
396 Hudson Comprehensive Health Center or the County's Health Centers associated with  
397 such Comprehensive Health Centers.

398 **SECTION 4 Emeritus Staff**

399 **A. Qualifications:** Physicians, dentists, and podiatrists and clinical psychologists who have been  
400 members of the Active Staff and/or Affiliate Staff for twenty years may apply for membership  
401 on in the Emeritus Staff if, at the time of their retirement from the Active Staff or Affiliate Staff,  
402 they are members in good standing of the Association and otherwise continue to exemplify  
403 high standards of professional and ethical conduct. The Executive Committee may waive the  
404 requirement for twenty continuous years membership in the Active Staff or Affiliate Staff upon  
405 written request from the appropriate department chair with adequate justification.

406 **B. Prerogatives:** Emeritus Staff members shall be eligible to vote at Association meetings and  
407 to serve on Association committees. Emeritus Staff members shall not be eligible to apply for  
408 clinical privileges, to admit or attend patients, ~~shall not be eligible~~ or to hold office, and shall  
409 not be required to attend departmental meetings.

410 **SECTION 5 Honorary Staff**

411 **A. Qualifications:** Physicians, dentists, podiatrists, and clinical psychologists who do not  
412 actively admit or attend patients in the Medical Center but are considered deserving of  
413 Association membership by virtue of their outstanding reputation, noteworthy contributions to  
414 the health and medical sciences, or previous long-standing service to the Medical Center, who



415 continue to exemplify high standards of professional and ethical conduct and who are  
416 recommended for membership by the Executive Committee.

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

421 **SECTION 65 Provisional Staff**

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

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

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

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

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

434 **C.** Observation and Proctoring: Provisional Staff members shall undergo a period of  
435 observation and (sometimes referred to as proctoring) by designated Association members.  
436 The purpose of observation and proctoring shall be to evaluate the member's: (1) proficiency  
437 in the exercise of clinical privileges provisionally granted and (2) overall eligibility for continued  
438 Association membership and advancement within Association membership categories. ~~The~~  
439 ~~department chairman may waive this requirement for recent graduates of the program based~~  
440 ~~at the Medical Center.~~

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

448 **E.** Evaluation: The results of the observation and proctoring shall be communicated by the  
449 department chairman to the ~~departmental~~ Credentials and Privileges Advisory Committee.  
450 In making its recommendation, the department chair and the departmental Credentials  
451 Committee, if any, may also consider the privileges exercised by the Provisional Staff member  
452 in other hospitals to include the Norris Cancer Hospital, USC University Hospital, the Doheny  
453 Eye Hospital, Children's Hospital of Los Angeles, and the hospital that is the Provisional Staff

454 member's principal hospital for practice, if the latter is not one of the above. Evidence of  
455 observation and proctoring from other hospitals may not exceed fifty percent of the number  
456 of observed and proctored cases required per department. The failure to obtain approval  
457 under observation and proctoring for any requested clinical privilege shall not, by itself,  
458 preclude advancement in Association membership category. If such advancement is granted  
459 absent such approval, continued observation and proctoring on the unapproved clinical  
460 privilege shall continue for the time period specified by the Director, upon recommendation of  
461 the department chair, the Credentials and Privileges Advisory Committee and the Executive  
462 Committee.

463 **F. Term:** A member shall remain on the Provisional Staff for a period of not less than twelve nor  
464 more than twenty-four months, unless the Director, upon recommendation of the Executive  
465 Committee based upon the report of the departmental Credentials Committee, determines to  
466 extend such status by for an additional period not to exceed a total of twenty-four twelve  
467 months upon a finding of good cause, which determination shall not be subject to a hearing  
468 and appellate review pursuant to Article VII.

469 **G. Action at Conclusion:** If the Provisional Staff member has satisfactorily demonstrated his  
470 or her ability to exercise the clinical privileges provisionally granted and otherwise appears  
471 qualified for continued Association membership, the member shall, upon recommendation of  
472 the Executive Committee based upon the report of the department chairman and the  
473 departmental Credentials and Privileges Advisory Committee, be eligible for appointment by  
474 the Director to the Active Staff. In all other cases, the appropriate department chairman shall  
475 advise the departmental Credentials and Privileges Advisory Committee, which shall make its  
476 report to the Executive Committee, which, in turn, shall make its recommendation to the  
477 Director, for a determination regarding any modification or termination of clinical privileges and  
478 Association membership.

479 **H. Department Leaders:** All requirements of Provisional Staff membership, except those related  
480 to observation and proctoring, shall be waived for persons appointed as chairman of a  
481 department or division chief or head chief of a section who are eligible for direct appointment  
482 to the Active Staff.

## 483 **SECTION 7 Fellow Staff**

484 **A. Qualifications:** The Fellow Staff shall consist of physicians who:

485 1. are post-doctoral trainees (fellows) in a training program that is not accredited by the  
486 Accreditation Council on Graduate Medical Education or that does not qualify the  
487 applicant for an American Board of Medical Specialties sub-specialty certificate or  
488 certificate of added qualification;

489 2. are licensed to practice medicine in the State of California; and

490 3. hold a faculty appointment at the University of Southern California Keck School of  
491 Medicine.

492 **B. Prerogatives:** Fellow Staff members shall be entitled:

- 493 1. to admit and attend patients and to exercise those clinical privileges as are granted in  
494 accordance pursuant Article V, except that no clinical privileges shall be granted to a  
495 Fellow Staff members within the scope of his or her training program;
- 496 2. to serve on Association committees and to attend meetings of the Association and the  
497 department of which he or she is a member; and
- 498 3. to vote at Association meetings and at committee and department meetings of which  
499 he or she is a member.

500 Fellow Staff members shall not be eligible to hold office.

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

504 **C. Term:**

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

509 **ARTICLE IV**

510 **PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**

511 **SECTION 1 Conditions and Duration of Appointment**

512 **A. Authority of the Director:** Initial appointments and reappointments to the Association  
513 shall be made by the Director. The Director shall act on appointments, reappointments, or  
514 suspension or revocation of appointments only after there has been a recommendation  
515 from the Executive Committee as described in these bylaws, provided that in the event of  
516 unwarranted delay on the part of the Executive Committee, the Director may act without  
517 such recommendation on the basis of documented evidence of the applicant's or  
518 Association member's professional and ethical qualifications obtained from reliable sources  
519 other than the Executive Committee.

520 **B. Duration:** Initial appointments shall be provisional for a period of not less than twelve nor  
521 more than twenty-four months . At the conclusion of the provisional period, the appropriate  
522 department chair and the Credentials and Privileges Advisory Committee shall recommend  
523 to the Director through the Executive Committee, the removal of the Provisional Staff  
524 status and appointment to the Active Staff or any other appropriate membership category  
525 or the termination of the appointment. The initial appointment and any reappointment shall  
526 each be for a period of not more than twenty-four months.

527 **C. Privileges:** Appointment to the Association shall confer on the appointee only those  
528 clinical privileges as have been granted by the Director in accordance with these bylaws.

529 D. **Telemedicine:** Any person who desires to diagnose or treat patients via telemedicine link  
530 (e.g., telephone, email etc.) must apply for and be granted specific clinical privileges which  
531 allow for exercise by telemedicine link in accordance with these bylaws. Each department  
532 shall determine which clinical privileges, if any, of the department may be performed via  
533 telemedicine link.

534 E. **Responsibilities:** Every application for membership shall be signed by the applicant and  
535 shall contain the applicant's specific acknowledgment of every member's obligation to  
536 adhere to the basic responsibilities of Association membership described in Article II,  
537 Section 2(E), to read and abide by the Association bylaws, rules and regulations, and  
538 applicable Governing Body policies; and to acknowledge that all patients hospitalized at  
539 the Medical Center should be part of the established educational program.

540 **SECTION 24 Application for Appointment**

541 A. **Application Form:** All applications for appointment to membership in the Association shall  
542 be, in writing, shall be **complete and** signed by the applicant, and shall be submitted to the  
543 Director only after review by and with a recommendation from the appropriate departmental  
544 **chair; departmental** Credentials Committee, **if any, the Credentials and Privileges Advisory**  
545 **Committee,** and the Executive Committee. The application form shall be approved by the  
546 Executive Committee and shall require detailed information **which shall include, but not be**  
547 **limited to, the following:** concerning

548 1. the applicant's **qualifications, current California licensure, current Drug Enforcement**  
549 **Administration certification (for physicians, dentists and podiatrists, in order to qualify**  
550 **for certain privileges to prescribe restricted medications), experience and, if applicable,**  
551 **current insurance coverage as indicated in Article XVII, and other professional**  
552 qualifications, including, but not necessarily limited to, privileges requested, continuing  
553 education, ~~present status of licensure, certification, Drug Enforcement Administration~~  
554 ~~registration,~~ and evidence of cardiopulmonary resuscitation training **as may be**  
555 **required by each department;** and

556 2. ~~shall include~~ the names of at least three persons who have had extensive experience  
557 in observing and working with the applicant and who can provide adequate **peer**  
558 references pertaining to the applicant's current professional competence, ethical  
559 character, and physical and mental health status;

560 3. In addition, the application shall include information as to: (1) whether the applicant's  
561 membership status and/or clinical privileges have ever been **voluntarily or involuntarily**  
562 revoked, suspended, reduced, not renewed, or ~~voluntarily or involuntarily~~ relinquished  
563 at any hospital or health care facility; ~~;~~ (2)

564 4. whether the applicant's ~~membership in local, state, or national medical societies~~ **Drug**  
565 **Enforcement Administration certificate,** or his **or her** license to practice any profession  
566 in any jurisdiction, has ever been **voluntarily or involuntarily** revoked, suspended,  
567 reduced, not renewed, or ~~voluntarily or involuntarily~~ relinquished; and (3)

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

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

572 7. whether there is any past, pending or current exclusion of the applicant from any  
573 federal health services program;

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

575 9. a statement that the applicant has received and read the bylaws of the Association and  
576 any rules and regulations applicable thereto, as they may be amended from time to  
577 time, and that he or she agrees to be bound by the terms thereof without regard to  
578 whether or not he or she is granted membership and/or clinical privileges in all matters  
579 relating to consideration of his or her application.

580 B. **Burden of Producing Information:** In connection with all applications for appointment or  
581 reappointment, the applicant shall ~~be required to produce~~ have the burden of producing  
582 adequate information for a proper evaluation of his or her competence, character, physical and  
583 mental health status, ethics, current California licensure, current Drug Enforcement  
584 Administration certification (for physicians, dentists and podiatrists, in order to qualify for  
585 certain privileges to prescribe restricted medications), experience, and other qualifications for  
586 the membership category and clinical privileges requested, and, if applicable, the current  
587 insurance coverage as indicated in Article XVII, and for resolving any doubts about these  
588 matters and for satisfying all requests for information. ~~the applicant's qualifications and~~  
589 ~~suitability for the clinical privileges and membership category requested, for resolving any~~  
590 ~~reasonable doubts about these matters, and for satisfying all requests for information.~~ The  
591 applicant's failure to fulfill this requirement, the applicant's withholding of any relevant  
592 information, or the applicant's submission of any inaccurate information, shall be grounds for  
593 denial of the application. In addition, the ~~The~~ applicant may be required to submit to a  
594 medical or psychological examination, at the applicant's expense, if deemed appropriate by  
595 the Executive Committee, which may select the examining physician. ~~The applicant shall have~~  
596 ~~the burden of producing adequate information for a proper evaluation of his application,~~  
597 ~~including, but not limited to, his competence, character, physical and mental health status,~~  
598 ~~ethics, and other qualifications and, if required, the current liability insurance coverage as~~  
599 ~~indicated in Article XVII, and for resolving any doubts about such qualifications.~~ The Medical  
600 Director shall promptly notify the applicant of any problems in obtaining any information or if  
601 any information obtained from primary sources varies from that provided by the applicant.

602 C. **Effect of the Application:** By applying for appointment to membership in the Association,  
603 each applicant thereby:

604 1. signifies his or her willingness to appear for interviews in regard to his or her  
605 application, ~~and~~

606 2. authorizes representatives of the County of Los Angeles, the Association, and/or the  
607 Professional Schools to consult with members of attending or medical staffs of other  
608 hospitals or health facilities with which the applicant has been associated and with  
609 others who may have information bearing on his or her competence, character,  
610 physical and mental health status, ethics, current California licensure, current Drug  
611 Enforcement Administration certification (for physicians, dentists and podiatrists, in

612 order to qualify for certain privileges to prescribe restricted medications), experience,  
613 and other qualifications and, if required applicable, the current liability insurance  
614 coverage as indicated in Article XVII, and to an inspection and copying by the above  
615 of all records and documents that may be material to an evaluation of his or her  
616 professional qualifications and competence to carry out the clinical privileges he or she  
617 requests, as well as of his or her moral and ethical qualifications for membership and  
618 further authorizes all persons and organizations in custody of such records and  
619 documents to permit such inspection and copying.-

620 3. ~~In addition, the applicant, by applying for appointment, releases from any liability the~~  
621 ~~County of Los Angeles, the Association, the Professional Schools and their respective~~  
622 ~~officers, employees or agents, for any of their acts performed in good faith and without~~  
623 ~~malice in connection with evaluating the applicant and his or her credentials and other~~  
624 ~~qualifications, and~~

625 4. ~~and also releases from any liability all persons and organizations that provide~~  
626 ~~information to the above in good faith and without malice concerning the applicant's~~  
627 ~~competence, ethics, character, physical and mental health status, current California~~  
628 ~~licensure, current Drug Enforcement Administration certification (for physicians,~~  
629 ~~dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted~~  
630 ~~medications), and other qualifications and, if required applicable, the current liability~~  
631 ~~insurance coverage as indicated in Article XVII, for Association membership and~~  
632 ~~clinical privileges, including otherwise privileged or confidential information.~~

633 D.

634 The application form shall include a statement that the applicant has received and read the  
635 bylaws of the Association and any rules and regulations applicable thereto, as they may be  
636 amended from time to time, and that he or she agrees to be bound by the terms thereof  
637 without regard to whether or not he or she is granted membership and/or clinical privileges in  
638 all matters relating to consideration of his application.

639 E.

640 Acceptance of membership in the Association shall constitute the member's agreement that  
641 he or she will strictly abide by the Guiding Principles For Physicians-Hospital Relationships  
642 of the California Medical Association as well as the ~~Principles Code~~ Of Medical Ethics of the  
643 American Medical Association, the ~~Code Principles~~ of Ethics and Code of Professional  
644 Conduct of the American Dental Association, ~~or~~ the Code of Ethics of the American Podiatry  
645 Association, whichever is applicable, or the Ethical Principles of Psychotherapists and Code  
646 of Conduct of the American Psychological Association . Acceptance of membership in the  
647 Association shall also constitute the member's agreement the he or she will maintain an  
648 ethical practice, including, without limitation, refraining from illegal inducements for patient  
649 referral, providing for the continuous care of the applicant's patients, seeking consultation  
650 whenever necessary, refraining from failing to disclose to patients when another surgeon will  
651 be performing the surgery, and refraining from delegating health services responsibility to non-  
652 qualified or inadequately supervised practitioners or residents.

653 D.F. Dual Appointments: An application for membership shall not be accepted for a primary

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

659 **SECTION 32 Appointment Process**

660 A. **Verification of Information:** The applicant shall submit a completed application, including  
661 desired membership category and a specific list of desired clinical privileges, to the Medical  
662 Director Chief of Staff, who shall direct the Medical Center's Attending Staff Office to verify,  
663 with primary sources whenever possible, the references, education, training, current California  
664 licensure, current Drug Enforcement Administration certification (for physicians, dentists and  
665 podiatrists, in order to qualify for certain privileges to prescribe restricted medications), report  
666 of the National Practitioner Data Bank, experience, and other qualifying ~~type~~ evidence  
667 information submitted. The Medical Director Chief of Staff shall promptly notify the applicant  
668 of any problems in obtaining any information required or if any of the information obtained from  
669 primary sources varies from that provided by the applicant. It shall be the applicant's  
670 responsibility to obtain all required information. When collection and verification of all  
671 information, including, without limitation, the report of the National Practitioner Data Bank, is  
672 accomplished, the application shall be considered complete and the Medical Director Chief  
673 ~~of staff~~ shall transmit the application and all supporting materials to the ~~department~~ chairman  
674 of the department where the applicant would be assigned.

675 B. **Department Action:** The department chair who shall consult with the appropriate department  
676 chairman of the appropriate Professional School if that person is not the department chairman  
677 at the Medical Center, and the appropriate Dean of the Professional School concerning the  
678 application, and shall provide ~~obtain from the department chairman~~ a signed statement  
679 recommending approval or disapproval. This statement shall be transmitted with the  
680 application to the departmental Credentials Committee, if any, of the department where the  
681 applicant would be assigned and shall be used in all further proceedings. The departmental  
682 Credentials Committee, if any, shall transmit its recommendation on the applicant to the  
683 department chairman. If either such statement or recommendation is adverse to the applicant,  
684 the statement or recommendation shall state the reason reasons. B-At timely intervals, not  
685 to exceed ninety days after receipt of the completed application for membership, the  
686 departmental chair Credentials Committee shall review the information submitted to the  
687 Medical Director Chief of Staff and shall submit its his or her recommendations to the  
688 Credentials and Privileges Advisory Committee departmental monthly meeting for review.  
689 Prior to making any its recommendations ~~to the departmental monthly meeting~~, the  
690 departmental chair and departmental Credentials Committee, if any, shall examine and  
691 investigate the evidence of the character, professional competence, physical and mental  
692 health status, ethical standing, current California licensure, current Drug Enforcement  
693 Administration certification (for physicians, dentists and podiatrists, in order to qualify for  
694 certain privileges to prescribe restricted medications), report of the National Practitioner Data  
695 Bank, experience, and other information qualifications, and, if required applicable, the current  
696 ~~liability~~ insurance coverage as indicated in Article XVII, of the applicant and shall make its their  
697 determination through information contained in references given by the applicant and from  
698 other sources available, ~~to the departmental Credentials Committee~~ as to whether the  
699 applicant has established and meets all of the necessary qualifications for the category of

700 Association membership and the clinical privileges requested.

701 C. **Credentials and Privileges Advisory Committee Action:** ~~The departmental~~ Credentials  
702 and Privileges Advisory Committee shall receive the departmental recommendations and shall  
703 make specific, written recommendations for delineating the applicant's clinical privileges in the  
704 department, and these recommendations shall be made a part of the Committee's report to  
705 the Executive Committee. Every other department in which the applicant seeks clinical  
706 privileges shall provide the ~~departmental~~ Credentials and Privileges Advisory Committee with  
707 specific, written recommendations for delineating the applicant's clinical privileges in the  
708 particular department, and these recommendations shall be made a part of the ~~departmental~~  
709 Credentials and Privileges Advisory Committee's report to the Executive Committee. A written  
710 record of the department's review shall be maintained by the Medical Center's Attending Staff  
711 Office each department in which the applicant seeks clinical privileges. Based on the above  
712 deliberations, the Credentials and Privileges Advisory Committee department chairman shall  
713 transmit to the Executive Committee, ~~through the Chief of Staff~~, the completed application  
714 together with supporting documents and the report and recommendations of the Credentials  
715 and Privileges Advisory Committee ~~departmental Credentials~~ Committee and a written  
716 recommendation of the department chairman that the applicant be appointed to the  
717 Association with the privileges requested, that there be adverse action on the application in  
718 the form of rejection of the application or limitation of the privileges requested, or that the  
719 application be deferred for further consideration. Where adverse action in the form of rejection  
720 of the application or limitation of the privileges requested or deferment is recommended, the  
721 reasons for such recommendation shall be stated along with ~~the~~ recommendation.

722 D. **Executive Committee Action:** At its first regular meeting following receipt of the application  
723 and the report and recommendations of the department(s) and Credentials and Privileges  
724 Advisory Committee, the Executive Committee shall determine whether to recommend to the  
725 Director, through the Medical Director ~~Chief of Staff~~, that the applicant be provisionally  
726 appointed to the Association, with the clinical privileges requested and any special conditions  
727 to be attached, that adverse action be taken on the application in the form of rejection of the  
728 application or limitation of the privileges requested, or that the application be deferred for  
729 further consideration. The Executive Committee may, in its discretion, refer the application  
730 and all supporting and relevant documents back to the Credentials and Privileges Advisory  
731 Committee for a recommendation, which shall be provided to the Executive Committee within  
732 sixty days.

733 E. **Effect of Executive Committee Action:**

734 1. When the recommendation of the Executive Committee is to defer the application for  
735 further consideration, it the reasons for deferment should be stated, and the  
736 recommendation must be followed up within sixty days with a subsequent  
737 recommendation for ~~provisional~~ appointment with specified clinical privileges or for  
738 rejection of Association membership.

739 2.E. When the recommendation of the Executive Committee is favorable to the applicant,  
740 this recommendation shall promptly be forwarded to the Director.

741 3.F. When the recommendation of the Executive Committee is adverse to the applicant  
742 either in respect to appointment or clinical privileges, the President shall promptly so



743 notify the applicant by certified or registered mail, return receipt requested. No such  
744 adverse recommendation shall be forwarded to the Director until after the applicant  
745 has exercised, or has been deemed to have waived, his or her right to a hearing as  
746 provided in Article VII. ~~6.~~ If the aggrieved applicant has requested a hearing as  
747 provided in Article VII and if the hearing has resulted in a decision, either at the  
748 hearing or appellate level, which is favorable to the applicant, the applicant's  
749 application shall thereafter be processed in accordance with Subsection "E(2)" of this  
750 Section 32.

751 **FH. Director's Action on the Application:**

752 **1. Director's Decision:** Within fifteen days after the receipt of a favorable  
753 recommendation by the Executive Committee, the Director shall act on the matter. If  
754 the Director concurs with the recommendation of the Executive Committee, the  
755 Director's decision shall be final. If the Director's decision is adverse to the applicant  
756 in respect to either appointment or clinical privileges, the Director shall promptly notify  
757 him or her of such adverse decision by certified or registered mail, return receipt  
758 requested, and such adverse decision shall be held in abeyance until the applicant has  
759 exercised or has been deemed to have waived his or her rights under Article VII and  
760 until there has been compliance with Subsection "FJ(3)" of this Section 32. The fact  
761 that the adverse decision is held in abeyance shall not be deemed to confer  
762 membership or privileges where none existed before.

763 **2. Exercise of Applicant's Rights:** In the event the applicant waives or fails to exercise  
764 his or her rights under Article VII, the Director's decision shall be considered final,  
765 except that the Director may defer final determination by referring the matter to the  
766 Executive Committee for ~~further~~ reconsideration. Any such referral back shall state  
767 the reasons therefor and shall set a time limit not to exceed sixty days within which a  
768 subsequent recommendation to the Director shall be made. After receipt of such  
769 subsequent recommendation and new evidence in the matter, if any, the Director shall  
770 make a decision either to appoint the applicant to Association membership or to reject  
771 him or her for membership. All decisions to appoint shall include a delineation of the  
772 clinical privileges which the appointee may exercise.

773 **3. Decision Contrary to Executive Committee Recommendation:** Whenever the  
774 Director's decision will be contrary to the recommendation of the Executive Committee,  
775 the Director shall submit the matter to a committee comprised of the Medical Director  
776 ~~Chief of Staff~~, the CEO, the President, and the department chair ~~(s)men~~ involved for  
777 review and recommendation and shall consider such recommendation before making  
778 his or her decision final. Such committee shall report back to the Director within fifteen  
779 days with its recommendation, and the Director shall render a decision within fifteen  
780 days after his or her receipt of such recommendation.

781 **GK. Notice of Final Decision:** When the Director's decision is final, he or she shall send notice  
782 of such decision to the President of the Association, to the chairman of the department(s)  
783 concerned, and to the applicant, which notice shall be sent to the applicant by certified or  
784 registered mail, return receipt requested, ~~to the applicant~~ if there is an adverse decision.

785 **HL. Reapplication After Adverse Decision:** Any applicant whose application receives a final

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

### 793 SECTION 43 Reappointment Process

794 A. **Application Submission:** At least one hundred fifty days prior to the end of each Association  
795 member's period of appointment, a reappointment application form and a clinical privileges  
796 form shall be mailed or delivered to the member. Within thirty days after receipt, and in no  
797 event later than ninety days prior to the end of the member's current period of appointment,  
798 the member shall complete such forms and submit same to the Medical Director Chief of Staff  
799 for transmission to the appropriate department chairman ~~for submission to~~ and the  
800 departmental Credentials Committee, if any, and the Credentials and Privileges Advisory  
801 Committee.

802 B. **Application Information:** Such forms shall require information concerning changes in  
803 physical and mental health status and other qualifications of the member since the previous  
804 review of the member's qualifications, including, but not necessarily limited to, privileges  
805 requested; evidence for change of privileges; continuing education; experience; present status  
806 of California licensure ~~present status of certification and recertification;~~ evidence of  
807 Cardiopulmonary Resuscitation Training cardiopulmonary resuscitation training as required  
808 by each department; whether the applicant's membership status and/or clinical privileges have  
809 been voluntarily or involuntarily revoked, suspended, reduced, not renewed, or ~~voluntarily or~~  
810 ~~involuntarily~~ relinquished at any hospital or health care facility; whether the applicant's  
811 membership in any local, state, or national medical societies, Drug Enforcement  
812 Administration certificate, or his or her license to practice any profession in any jurisdiction has  
813 ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced, or ~~voluntarily~~  
814 ~~or involuntarily~~ relinquished; whether the applicant's membership in any local, state, or  
815 national medical societies has ever been voluntarily or involuntarily revoked, suspended,  
816 reduced, or relinquished; the applicant's current liability insurance coverage, if ~~required~~  
817 applicable, as indicated in Article XVII; and whether any professional liability litigation involving  
818 the applicant has been to final judgment, has been settled, or is in progress. ~~On the~~  
819 reappointment application form, each Association member shall provide a list of the member's  
820 current privileges at the member's principal hospital for practice, if other than the Medical  
821 Center, and shall indicate any limitation or denial of privileges at any another hospital. This  
822 information will be considered in making recommendations for reappointment. This  
823 information is requested, because the Medical Center may not be the principal practice  
824 hospital for many Active Staff and other members.

825 C. **Burden of Producing Information:** In connection with all applications for reappointment, the  
826 applicant shall have the burden of producing adequate information for a proper evaluation of  
827 his or her competence, character, physical and mental health status, ethics, current California  
828 licensure, current Drug Enforcement Administration certification (for physicians, dentists and  
829 podiatrists, in order to qualify for certain privileges to prescribe restricted medications),  
830 experience, and other qualifications for the membership category and clinical privileges

831 requested, and, if applicable, the current insurance coverage as indicated in Article XVII, and  
832 for resolving any doubts about these matters and for satisfying all requests for information.  
833 The applicant's failure to fulfill this requirement, the applicant's withholding of any relevant  
834 information, or the applicant's submission of any inaccurate information, shall be grounds for  
835 denial of the application. In addition, the applicant may be required to submit to a medical or  
836 psychological examination, at the applicant's expense, if deemed appropriate by the Executive  
837 Committee, which may select the examining physician. The Medical Director shall promptly  
838 notify the applicant of any problems in obtaining any information or if any information obtained  
839 from primary sources varies from that provided by the applicant.

840 **DB.** **Department and Committee Action:** Within forty-five days after receipt of such forms from  
841 the Association member, the department chair and departmental Credentials Committee, if  
842 any, shall review the information submitted in such forms and other pertinent information  
843 available on such member and shall submit its recommendation, regarding reappointment to  
844 the Association and the granting of clinical privileges for the ensuing two-year period, to the  
845 Credentials and Privileges Advisory Committee departmental monthly meeting for review.  
846 After such departmental review, the Credentials and Privileges Advisory Committee  
847 department chairman shall thereafter transmit its the departmental Credentials Committee's  
848 final written recommendation to the Executive Committee. Prior to making its  
849 recommendation to the departmental monthly meeting, the departmental Credentials  
850 Committee shall This review shall also include an assessment of the member's professional  
851 performance, competence, and clinical and/or technical skills, and judgment in the treatment  
852 of patients, including, but not limited to, evidence of his or her physical and mental health  
853 status; his or her ethics and conduct; his or her maintenance of timely, accurate and complete  
854 medical records; his or her attendance at required department and Association meetings and  
855 participation in Association affairs; his or her compliance with the Association bylaws, rules  
856 and regulations; his or her current liability insurance coverage, if required applicable; as  
857 indicated in Article XVII; his or her cooperation with Medical Center personnel; his or her  
858 relations with other Association members; his or her use of the Medical Center's facilities; his  
859 or her professional practice outside the Medical Center; present status of his or her California  
860 licensure and Drug Enforcement Administration certification (for physicians, dentists and  
861 podiatrists, in order to qualify for certain privileges to prescribe restricted medications); and  
862 his or her general attitude towards patients, the Medical Center, and the public. The review  
863 by the department chair and the departmental Credentials Committee's, if any, review shall  
864 also include an assessment of the information collected in the course of the Medical Center's  
865 Quality Assessment and Value Improvement Program relevant to the member's performance,  
866 as well as practitioner-specific information regarding professional performance. Each  
867 department shall develop and monitor the practitioner-specific information and compare this  
868 data to relevant benchmarks.

869 **EG.** **Executive Committee Action:** At its first regular meeting following receipt of the  
870 recommendation of the departmental Credentials and Privileges Advisory Committee, the  
871 Executive Committee shall submit its written recommendations to the Director, through the  
872 Medical Director Chief of Staff, concerning the reappointment, non-reappointment, and/or  
873 clinical privileges of each member then scheduled for periodic appraisal. Where non-  
874 reappointment or a change in clinical privileges is recommended, the reasons for such  
875 recommendations shall be stated and documented. Thereafter, the procedures provided in  
876 Subsections "ED" through "HK" of Section 2 3 of this Article IV relating to recommendations  
877 on applications for initial appointment shall be followed.

878 **FD. Failure to File Reappointment Application:** If a member fails to submit an application for  
879 reappointment, completed in accordance with the procedures described in Subsection A of  
880 this Section ~~3~~4, within thirty days prior to the expiration of and his or her period of  
881 appointment ~~subsequently expires~~, he or she shall be deemed to have voluntarily resigned his  
882 or her Association membership and all clinical privileges upon the expiration of his or her  
883 current period of appointment. If the member submits an application for reappointment,  
884 completed in accordance with this Section 4, within ninety days after his or her most current  
885 period of appointment has expired, then his or her application for membership shall be  
886 processed in the manner specified in this Section 3. If the member does not submit an  
887 application for reappointment, completed in accordance with this Section 4, within such ninety  
888 day period, then he or she shall be required to submit an application for initial appointment in  
889 accordance with the ~~procedures described in Sections~~ 2 and 3 of this Article IV.

890 **SECTION 45 Change in Membership Category or Clinical Privileges**

891 Any Association member who, prior to his or her application for reappointment, requests a change  
892 in his or her membership category or clinical privileges shall submit an application in writing on the  
893 prescribed form at any time, except that no such application shall be submitted within twelve months  
894 of the date a similar request was denied. Such applications shall be processed in the same manner  
895 as applications for initial appointment in accordance with Section 2 of this Article IV.

896 **ARTICLE V**

897 **CLINICAL PRIVILEGES**

898 **SECTION 1 Delineation of Clinical Privileges**

899 A. **Exercise of Privileges:** Every practitioner who practices at the Medical Center by virtue of  
900 Association membership or otherwise, shall be entitled to exercise only those clinical privileges  
901 specifically granted to him or her by the Director, except as provided in Section ~~3~~4 of this  
902 Article V. All clinical privileges shall apply only to the Medical Center, shall be hospital and site  
903 specific, shall be within the scope of the license, ~~certificate or other legal credential authorizing~~  
904 to practice in the State of California and consistent with any restrictions thereon, and shall be  
905 subject to the rules and regulations of the department and the authority of the department  
906 chairman and the Association.

907 B. **Evaluation of Requested Privileges:** Every initial application for appointment and every  
908 application for reappointment to Association membership must contain a request for specific  
909 clinical privileges desired by the applicant. The evaluation of such requests shall be based  
910 upon documentation and verification of, with primary sources whenever possible, the  
911 applicant's current California license, current Drug Enforcement Administration certification (for  
912 physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe  
913 restricted medications), education, training, experience, demonstrated current competence,  
914 and judgment, clinical performance at the Medical Center, the documented results of patient  
915 care and other quality review and monitoring which the Association deems appropriate, and  
916 other relevant information, including, but not limited to, pertinent information concerning clinical  
917 performance obtained from other hospitals and health care settings where the applicant  
918 exercises clinical privileges, and references. It shall be the applicant's responsibility to obtain  
919 all required information. The applicant shall have the burden of establishing his or her

920 qualifications and competency in the requested clinical privileges. In the application, each  
921 applicant for clinical privileges shall agree that he or she shall provide for the continuous care  
922 of his or her patients. The departmental chair and departmental Credentials Committee, if  
923 any, shall review the information submitted and shall make its their recommendation regarding  
924 the requested clinical privileges through the Credentials and Privileges Advisory Committee,  
925 department chairman who which shall review such recommendation and shall transmit the its  
926 written recommendation to the Executive Committee, ~~through the Chief of Staff.~~ Thereafter,  
927 the procedure to be followed shall be as provided in Subsections ~~E~~ D through ~~K~~ H of Section  
928 32 of Article IV.

929 C. **Modification of Privileges:** Applications for additional clinical privileges shall be in writing  
930 on the prescribed form. Such applications shall be processed in the same manner as  
931 applications for initial appointment in accordance with Sections 2 and 3 of Article IV.

932 D. **Reevaluation of Privileges:** Periodic reevaluation ~~redetermination~~ of clinical privileges and  
933 the increase or curtailment of same shall be based, in part, upon the observation of health  
934 services provided, review of the records of patients treated in the Medical Center and other  
935 hospitals, and review of the records of the Association which document the evaluation of the  
936 member's participation in health services delivery and shall be carried out as part of the  
937 regular reappointment process.

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

951 F. **Podiatrists:** Privileges granted to duly licensed podiatrists shall be based on their training,  
952 experience, and demonstrated competence and judgment. The scope and extent of surgical  
953 procedures that each podiatrist may perform shall be specifically delineated and granted in  
954 the same manner as other surgical privileges. Surgical procedures performed by podiatrists  
955 shall be under the overall supervision of the ~~chairman~~ of the Department of Orthopedics. All  
956 podiatry patients shall receive the same medical appraisals by a physician as patients  
957 admitted to other surgical services. A physician member of the Association shall be  
958 responsible for the care of any medical problem that may be present at the time of admission  
959 or that may arise during hospitalization or any other time at the Medical Center, and such  
960 physician member's judgment in this regard shall take precedent over the judgment of the  
961 podiatrist member.

962 G. **Clinical Psychologists:** Privileges granted to duly licensed clinical psychologists shall be  
963 based on their training, experience, and demonstrated competency and judgment. In making

964 its recommendation, the Executive Committee may consider the need for clinical psychological  
965 services which are either not presently being provided by other members of the attending staff  
966 or which may be provided in the Medical Center without disruption of existing services. The  
967 scope and extent of services that each clinical psychologist may perform shall be specifically  
968 delineated and granted within any guidelines set forth by the Executive Committee. A  
969 physician member of the Association shall be responsible for the care of any medical problem  
970 that may be present at the time of admission, during hospitalization, or at any other time at the  
971 Medical Center.

## 972 SECTION 2 Temporary Provisional Clinical Privileges

### 973 A. Pending Application for Association Membership:

974 1. **Application Process:** Upon receipt of an completed application for Association  
975 membership, including, without limitation, desired membership category and a specific  
976 list of desired clinical privileges, from a practitioner appropriately licensed in California  
977 and verification of his or her references, education, training, current California  
978 licensure, current Drug Enforcement Administration certificate (for physicians, dentists  
979 and podiatrists, in order to qualify for certain privileges to prescribe restricted  
980 medications), National Practitioner Data Bank report, experience, and other qualifying  
981 information submitted by primary sources, whenever possible, the Director may, upon  
982 the basis of information then available which may reasonably be relied upon as to the  
983 competence and ethical standing of the applicant and with the written concurrence of  
984 the chairman of the concerned department and the President or the Medical Director  
985 Chief of Staff, grant temporary provisional clinical privileges to the applicant. Prior to  
986 such written concurrence by The Chief of Staff the President or Medical Director, the  
987 President or Medical Director, as applicable, must be provided a copy of the  
988 applicant's current California license, a curriculum vitae for the applicant written  
989 recommendation from the concerned department chairman of the Association and  
990 from the chairman of the appropriate department of the appropriate Professional  
991 School if that person is different from the chairman of the department of the  
992 Association

993 2. **Supervision of Department Chair:** In exercising such temporary clinical privileges,  
994 the applicant shall act under the supervision of the chairman of the department to  
995 which he or she is assigned. The practitioner must sign an acknowledgment of having  
996 received and read the Association's current bylaws, rules, regulations, and applicable  
997 policies and the applicant's agreement to be bound by their terms.

998 B-3. **Duration:** Such temporary Provisional clinical privileges should not exceed a period  
999 of ninety days, but may be extended by the Director not to exceed a total period of six  
1000 months one hundred and twenty days in duration twelve months.

1001 C. The Director may at any time, upon the recommendation of either the President of the  
1002 Association or the chairman of the concerned department, terminate a practitioner's  
1003 provisional clinical privileges effective as of the discharge from the Medical Center of  
1004 the practitioner's patient(s) then under his care in the Medical Center. However, where  
1005 it is determined that the life or health of such patient(s) would be endangered by  
1006 continued treatment by the practitioner, the termination may be imposed by the

1007 Director immediately. The chairman of the appropriate department, or in his absence  
1008 the Chief of Staff, shall assign a member of the Association to assume responsibility  
1009 for the care of such terminated practitioner's patient(s), until they are discharged from  
1010 the Medical Center. The wishes of the patient(s) shall be considered where feasible  
1011 in selection of such substitute practitioner.

1012 **SECTION 3 Temporary Clinical Privileges**

1013 **BA.** **Patient Care Need by Non-Applicant for Association Membership:** Upon receipt of a  
1014 completed application for temporary clinical privileges, including, without limitation, a specific  
1015 list of desired clinical privileges, the Director may, with the written concurrence of the chair of  
1016 the concerned department and the President or the Medical Director, grant temporary clinical  
1017 privileges. Temporary clinical privileges may be granted by the Director— for the care of a  
1018 specific patient to the a practitioner who is not an applicant for Association membership, after  
1019 verification of his or her current California licensure, current Drug Enforcement Administration  
1020 certificate (for physicians, dentists and podiatrists, in order to qualify for certain privileges to  
1021 prescribe restricted medications), National Practitioner Data Bank report, and demonstrated  
1022 current competency in the same manner and upon the same conditions as set forth in Section  
1023 2 of this Article V. Such temporary privileges should not exceed a period of ninety days in  
1024 duration.

1025 **CB.** **Locum Tenens:** Upon receipt of a completed application for temporary clinical privileges,  
1026 including, without limitation, a specific list of desired clinical privileges, and collection and  
1027 verification of his or her references, education, training, current California licensure, current  
1028 Drug Enforcement Administration certificate (for physicians, dentists and podiatrists, in order  
1029 to qualify for certain privileges to prescribe restricted medications), National Practitioner Data  
1030 Bank report, experience, and other qualifying information submitted by primary sources,  
1031 whenever possible, ~~The Director may, with the written concurrence of the chair of the~~  
1032 concerned department and the President or the Medical Director, grant temporary clinical  
1033 privileges to a duly licensed physician serving the practitioner to serve as a *locum tenens* for  
1034 a member of the Association for a period not to exceed ninety days in duration, provided that  
1035 all of his credentials and qualifications have first been approved by the chairman of the  
1036 concerned department and the President of the Association.

1037 **DC.** **Visiting Professors:** Temporary clinical privileges may be granted by the Director to a  
1038 visiting faculty member who is not an applicant for Association membership. Upon receipt of  
1039 a completed application for temporary clinical privileges, including, without limitation, a specific  
1040 list of desired clinical privileges, the Director may, with the written concurrence of the chair of  
1041 the concerned department and the President or the Medical Director, grant temporary  
1042 privileges, for the sole purpose of engaging in consultations or in professional education  
1043 lectures, clinics or demonstrations, to a visiting faculty member who is a physician and who  
1044 is not an applicant for Association membership. Visiting faculty shall consist of faculty  
1045 members of other universities who are visiting the Professional Schools. Visiting faculty  
1046 requesting such temporary clinical privileges shall submit to the Medical Director ~~Chief of Staff~~  
1047 a copy of the applicant's appropriate current license to practice and current Drug Enforcement  
1048 Administration certificate (for physicians, in order to qualify for certain privileges to prescribe  
1049 restricted medications) and a written recommendation from the chairman of the appropriate  
1050 department stating the applicant's credentials and qualifications and the teaching purpose for  
1051 which such temporary clinical privileges are requested. The Director may, upon

1052 recommendation of the ~~President or Medical Director~~ Chief of Staff and the CEO, grant  
1053 temporary clinical privileges to a duly licensed visiting faculty member to the degree permitted  
1054 by his or her license for a period not to exceed thirty days in duration, provided that all of his  
1055 or her credentials and qualifications and the teaching purpose for which such temporary  
1056 clinical privileges are requested have first been approved in writing by the chairman of the  
1057 concerned department ~~and the President of the Association~~.

1058 **ED.** **Monitoring:** Special requirements of supervision, observation, and reporting may be imposed  
1059 by the chairman of the concerned department on any practitioner granted temporary clinical  
1060 privileges. Temporary clinical privileges shall be immediately terminated by the Director upon  
1061 notice of any failure by the practitioner to comply with any such special requirements.

1062 **FE.** **Termination:** The Director may at any time, upon the recommendation of either the President  
1063 of the Association or the chairman of the concerned department, terminate a practitioner's  
1064 temporary clinical privileges effective as of the discharge from the Medical Center of the  
1065 practitioner's patient(s) then under his or her care in the Medical Center. However, where it  
1066 is determined that the life or health of such patient(s) would be endangered by continued  
1067 treatment by the practitioner, the termination may be imposed by the Director immediately.  
1068 The chairman of the appropriate department, or in his absence the Medical Director ~~Chief of~~  
1069 ~~Staff~~ shall assign a member of the Association to assume responsibility for the care of such  
1070 terminated practitioner's patient(s), until they are discharged from the Medical Center. The  
1071 wishes of the patient(s) shall be considered where feasible in selection of such substitute  
1072 practitioner.

1073 **G.** **Applicant's Acknowledgment:** Each practitioner applying for temporary clinical privileges  
1074 must sign an acknowledgment of having received and read the Association's current bylaws,  
1075 rules, regulations, and applicable policies and the practitioner's agreement to be bound by  
1076 their terms.

## 1077 SECTION 34 Emergency Clinical Privileges

1078 In cases of emergency, any physician, podiatrist, ~~or dentist~~ or clinical psychologist who is a member  
1079 of the Association or who holds a County Civil Service classified position and to the degree permitted  
1080 by his or her license and regardless of service or Association status or lack of same, shall be  
1081 permitted and assisted to do everything possible to save the life of a patient or to save the patient  
1082 from serious harm, using every facility of the Medical Center necessary, including, but not limited to,  
1083 calling for any consultation necessary or desirable. When an emergency situation no longer exists,  
1084 such physician, podiatrist, ~~or dentist~~ or clinical psychologist must request the privileges necessary to  
1085 continue to treat the patient and shall defer to the appropriate department chair with respect to further  
1086 care of the patient. In the event such privileges are denied or he or she does not desire to request  
1087 privileges, the patient shall be assigned to an appropriate member of the Association. For the  
1088 purpose of this section, an "emergency" is defined as a condition in which a patient is in imminent  
1089 danger of serious or permanent harm or death and any delay in administering treatment would add  
1090 to that danger.

## 1091 ARTICLE VI

### 1092 CORRECTIVE ACTION



1093           **SECTION 1    Procedure Routine Corrective Action**

- 1094           A.     **Request:** Whenever a practitioner with clinical privileges engages in any act, statement,  
1095           demeanor, or professional conduct, either within or outside the Medical Center, which is or is  
1096           reasonably likely to be detrimental to patient safety or to the delivery of quality patient care,  
1097           or to be disruptive or deleterious to the operations of the Medical Center or improper use of  
1098           Medical Center resources, or below applicable professional standards, then corrective action  
1099           against such practitioner may be requested by any officer of the Association, by the chairman  
1100           of any department, by the chairman of any standing committee of the Association, by the  
1101           Medical Director Chief of Staff, by the CEO, by the Assistant Director Chief Medical Officer,  
1102           or by the Director, upon the complaint, request, or suggestion of any person. All requests for  
1103           corrective action shall be in writing, shall be made to the Executive Committee, and shall be  
1104           supported by reference to the specific activities or conduct which constitute the grounds for  
1105           the request.
- 1106           B.     **Initiation:** Whenever corrective action is requested, the Executive Committee shall forward  
1107           such request to the chairman of the department wherein the practitioner has such privileges.  
1108           Upon receipt of such request, the chairman of the department shall immediately appoint an  
1109           ad hoc committee to investigate the matter.
- 1110           C.     **Investigation:** Within thirty days after the department's receipt of the request for corrective  
1111           action, the department shall make a written report of its investigation to the Executive  
1112           Committee. Prior to the making of such report, the practitioner against whom corrective action  
1113           has been requested shall be offered an opportunity to appear for an interview at a reasonable  
1114           time with the departmental ad hoc investigating committee. At such interview, the practitioner  
1115           shall be informed of the general nature of the charges against him or her and shall be invited  
1116           to discuss, explain, or refute them. This interview shall not constitute a hearing, shall be  
1117           preliminary in nature, and none of the procedures provided in these bylaws with respect to  
1118           hearings shall apply thereto. A record of such interview shall be made by the department and  
1119           included with its report to the Executive Committee.
- 1120           D.     **Request Involving a Department Chair:** Whenever the request for corrective action is  
1121           directed against the chairman of a department, the Executive Committee shall appoint an ad  
1122           hoc investigating committee which shall perform all the functions of the departmental ad hoc  
1123           investigating committee as described in Subsections B and C of this Section 1.
- 1124           E.     **Executive Committee Action:** Within sixty days following the receipt of the departmental ad  
1125           hoc investigating committee's report, the Executive Committee shall take action upon the  
1126           request for corrective action. In all cases, the affected practitioner shall be permitted to make  
1127           an appearance at a reasonable time before the Executive Committee prior to its taking action  
1128           on such request. This appearance shall not constitute a hearing, shall be preliminary in nature,  
1129           and none of the procedures provided in these bylaws with respect to hearings shall apply  
1130           thereto. A record of such appearance shall be made by the Executive Committee and  
1131           included in its recommendation to the Director.
- 1132           F.     **Executive Committee Recommendation:** The action of the Executive Committee on a  
1133           request for corrective action shall be to make a recommendation to the Director. Such  
1134           recommendation shall include one or more of the following:

- 1135 1. Rejection of the request for corrective action.
- 1136 2. Issuance of a letter of admonition, censure, reprimand, or warning, although nothing  
1137 herein shall preclude a department chairman from issuing informal written or oral  
1138 warnings outside the corrective action process.
- 1139 3. Imposition of terms of probation or special limitations on continued Association  
1140 membership or exercise of clinical privileges, including, but not limited to, a  
1141 requirement for consultation or proctoring.
- 1142 4. Reduction or revocation of clinical privileges.
- 1143 5. Termination, modification, or ratification of an already imposed summary suspension  
1144 of clinical privileges.
- 1145 6. Suspension of clinical privileges until satisfactory completion of specific conditions or  
1146 requirements.
- 1147 7. Suspension of Association membership until satisfactory completion of specific  
1148 conditions or requirements.
- 1149 8. Revocation of Association membership.
- 1150 9. Other actions appropriate to the facts, including, but not limited to, required reports  
1151 to the Medical Board of California or other appropriate State licensing agency and/or  
1152 to the National Practitioner Data Bank.

1153 G. **Notification and Action by the Director:** The President of the Association shall promptly  
1154 notify in writing the **Medical Director** ~~Chief of Staff~~, the CEO, the ~~Assistant Director~~ **Chief**  
1155 **Medical Officer**, and the Director of all requests for corrective action received by the Executive  
1156 Committee and shall continue to keep the **Medical Director** ~~Chief of Staff~~, the CEO, the  
1157 ~~Assistant Director~~ **Chief Medical Officer**, and the Director fully informed of all actions taken in  
1158 connection therewith. After the Executive Committee has made its recommendation in the  
1159 matter to the Director, the Director shall render a decision within thirty days and shall notify  
1160 the practitioner in person or by registered or certified mail, return receipt requested.  
1161 Thereafter, the procedure to be followed shall be as provided in Article VII.

1162 H. **Initiation and Action by Governing Body:** If the Governing Body determines that the  
1163 Executive Committee has failed to initiate an investigation on a request for corrective action  
1164 or to recommend disciplinary action, and that such failure is contrary to the weight of evidence,  
1165 the Governing Body may direct the Executive Committee to initiate an investigation or  
1166 recommend disciplinary action, but only after consultation with the Executive Committee and  
1167 the Director. In the event the Executive Committee or the Director fails to take action in  
1168 response to a direction from the Governing Body, the Governing Body, after notifying the  
1169 Executive Committee and the Director in writing, shall have the authority to take action on its  
1170 own initiative against the practitioner and assume all of the rights and responsibilities of the  
1171 Executive Committee and the Director as provided in this Article VI.

1172 **SECTION 2 Summary Suspension**

- 1173 A. **Initiation:** The President of the Association, the chairman of any department, the Executive  
 1174 Committee, the **Medical Director** ~~Chief of Staff~~, the CEO, the ~~Assistant Director~~ **Chief Medical**  
 1175 **Officer**, or the Director shall have the authority, whenever immediate action must be taken to  
 1176 reduce a substantial likelihood of imminent impairment to the health or safety of any patient,  
 1177 any prospective patient, any employee, or any other person present in the Medical Center, to  
 1178 recommend to the Director that all or any portion of the clinical privileges of a practitioner be  
 1179 summarily suspended, and such summary suspension shall become effective immediately  
 1180 upon imposition by the Director; provided that in cases of emergency where there is a  
 1181 likelihood of direct and immediate danger to the health or safety of any person, the **Medical**  
 1182 **Director** ~~Chief of Staff~~, or his or her authorized representative in his or her absence, may  
 1183 temporarily suspend all or any portion of the clinical privileges of a practitioner for a period not  
 1184 to exceed three working days (excluding weekends and holidays) pending investigation and  
 1185 action by the Director.
- 1186 B. **Initiation and Action by Governing Body:** Notwithstanding any other provision of these  
 1187 bylaws, when no person or body authorized by these bylaws is available to summarily  
 1188 suspend clinical privileges, the Governing Body or its designee may temporarily suspend all  
 1189 or any portion of the clinical privileges of a practitioner where there is a substantial likelihood  
 1190 of imminent impairment to the health or safety of any person so long as the Governing Body  
 1191 has, before the suspension, made reasonable attempts to contact the Executive Committee  
 1192 and the Director. A summary suspension by the Governing Body which has not been ratified  
 1193 by the Executive Committee and the Director within two working days (excluding weekends  
 1194 and holidays) after the suspension, shall automatically terminate; provided that additional such  
 1195 summary suspensions may be imposed by the Governing Body, not to exceed a total of ten  
 1196 working days for the entire period of the summary suspension, if the Executive Committee is  
 1197 unable to meet to ratify the summary suspension.
- 1198 CB. **Effective Date:** A summary suspension shall become effective immediately upon imposition,  
 1199 and the person or body responsible therefor shall promptly, within one working day, give oral  
 1200 or written notice of the summary suspension to the practitioner, the Executive Committee, the  
 1201 **Medical Director**, the CEO, the ~~Assistant Director~~ **Chief Medical Officer**, and the Director. The  
 1202 notice of suspension given to the Executive Committee shall constitute a request for corrective  
 1203 action, and the corrective action process set forth in Section 1 of this Article VI shall be  
 1204 followed. The summary suspension shall continue in effect during the pendency of the  
 1205 corrective action process and of the hearing and appellate review process under Article VII  
 1206 unless the summary suspension is previously terminated as provided in these bylaws.
- 1207 CD. **Corrective Action Process:** A practitioner whose clinical privileges have been summarily  
 1208 suspended shall not be entitled to request a hearing on the matter under Article VII until after  
 1209 the corrective action process set forth in Section 1 of this Article VI has been complied with  
 1210 and the Director has taken action under the corrective action process pursuant to Section 1(G)  
 1211 of this Article VI and then only if the action taken constitutes grounds for a hearing under  
 1212 Article VII.
- 1213 DE. **Transfer of Patient Care:** Unless otherwise indicated by the terms of the summary  
 1214 suspension, the patients of the practitioner whose privileges have been summarily suspended  
 1215 shall be assigned to another Association member by the department chairman or by the  
 1216 **Medical Director** ~~Chief of Staff~~, considering, where feasible, the wishes of each patient in the  
 1217 selection of such substitute practitioner.

1218 **SECTION 3 Automatic Suspension**

1219 A. **General:** In the circumstances described in Sections 3(B), 3(C) and 3(D), a practitioner's  
1220 Association membership and/or clinical privileges shall be terminated, suspended, or limited  
1221 as described, which action shall be final and shall not be subject to a hearing or appellate  
1222 review under Article VII, except where a bona fide dispute exists as to whether the  
1223 circumstances have occurred.

1224 B. **License:**

1225 1. **Revocation or Expiration:** Whenever a practitioner's license authorizing him or her  
1226 to practice in California is revoked or has expired, his or her Association membership  
1227 and clinical privileges shall be immediately and automatically terminated.

1228 2. **Restriction:** Whenever a practitioner's license authorizing him or her to practice in  
1229 California is limited or restricted by the applicable licensing authority, those clinical  
1230 privileges which he or she has been granted that are within the scope of such limitation  
1231 or restriction, as determined by the Executive Committee, shall be immediately and  
1232 automatically terminated.

1233 3. **Suspension:** Whenever a practitioner's license authorizing him or her to practice in  
1234 California is suspended by the applicable licensing authority, his or her Association  
1235 membership and clinical privileges shall be automatically suspended effective upon  
1236 and for at least the term of the suspension.

1237 4. **Probation:** Whenever a practitioner is placed on probation by the applicable licensing  
1238 authority, his or her applicable Association membership status and clinical privileges  
1239 shall automatically become subject to the terms of the probation effective upon and for  
1240 at least the term of the probation.

1241 C. **Drug Enforcement Administration Certificate:**

1242 1. **Revocation or Expiration:** Whenever a practitioner's Drug Enforcement  
1243 Administration (DEA) certificate is revoked or has expired, he or she shall immediately  
1244 and automatically be divested of his or her right to prescribe medications covered by  
1245 the certificate, as of the date such action becomes effective and throughout its term.

1246 2. **Restriction:** Whenever a practitioner's DEA certificate is limited or restricted, his or  
1247 her right to prescribe medications within the scope of such limitation or restriction, as  
1248 determined by the Executive Committee, shall be immediately and automatically  
1249 terminated.

1250 ~~2~~ 3. **Suspension:** Whenever a practitioner's DEA certificate is suspended, he or she shall  
1251 automatically be divested, at a minimum, of his or her right to prescribe medications  
1252 covered by the certificate effective upon and for at least the term of the suspension.

1253 ~~3~~ 4. **Probation:** Whenever a practitioner's DEA certificate is subject to probation, his or her  
1254 right to prescribe medications covered by the certificate shall automatically become  
1255 subject to the terms of the probation, effective upon and for at least the term of the

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probation.

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D. **Liability Insurance:** For any failure to maintain the programs of insurance as described in Article XVII, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the Medical Director ~~County Risk Manager~~ that he or she has secured such programs of insurance in the amounts required. Any failure to provide such evidence within three ~~(3)~~ months after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Association membership.

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E. **Executive Committee Action:** As soon as practicable after action is taken as described in ~~Section 3(B), Subsections 2, 3, or 4, or in Section 3(C)~~ of this Article VI, the Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Executive Committee, or any other person or body authorized by these bylaws to request corrective action, may request additional corrective action based upon information disclosed or otherwise made available, and in such event, the corrective action process set forth in Section 1 of this Article VI shall be followed as to such additional corrective action. Except as to any such additional corrective action, the affected practitioner shall not be entitled to a hearing and appellate review under Article VII.

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

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**SECTION 4 Exhaustion of Remedies**

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

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**SECTION 5 Applicability**

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

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**ARTICLE VII**

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## HEARING AND APPELLATE REVIEW PROCEDURE

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### SECTION 1 Definitions

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

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B. "Notice" means a written communication sent by certified or registered mail, return receipt requested.

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C. "Person who requested the hearing" means the applicant or Association member, as the case may be, who has requested a hearing pursuant to Section 2 of this Article VII.

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### SECTION 2 Request for Hearing

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A. **Notice of Action and Request for Hearing:** In all cases in which the person or body which under these bylaws has the authority to take, and pursuant to this authority has taken, any of the actions constituting grounds for hearing as set forth in Subsection "B" of this Section 2, the applicant or Association member, as the case may be, shall promptly be given notice. Such applicant or member shall have fifteen days following the date of the receipt of such notice within which to request a hearing by the Judicial Review Committee hereinafter referred to. Such request shall be by notice to the **President** ~~Chief of Staff~~. In the event the applicant or member does not request a hearing within the time and in the manner hereinabove set forth, he or she shall be deemed to have accepted the action involved and it shall thereupon become final and effective immediately, subject to Article XVIII.

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B. **Grounds for Hearing:** Except as otherwise provided in these bylaws, any one or more of the following actions shall constitute grounds for a hearing:

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1. Denial of Association membership;

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2. Denial of requested advancement in Association membership category;

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3. Denial of Association reappointment;

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4. Demotion to lower Association membership category;

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5. Suspension of Association membership;

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6. Revocation of Association membership;

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7. Denial of requested privileges;

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8. Involuntary reduction of privileges;

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9. Suspension of privileges;

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10. Termination of privileges;

- 1324 11. Requirement of consultation;
- 1325 12. Any other action which requires a report to be made to the Medical Board of California
- 1326 or other appropriate State licensing agency pursuant to California Business and
- 1327 Professions Code Section 805.
- 1328 C. **Action on Request for Hearing:** Upon receipt of a request for hearing, the President or the
- 1329 Medical Director ~~Chief of Staff~~ shall deliver such request to the Executive Committee at its
- 1330 next regular or special meeting, if such is deemed necessary by the President of the
- 1331 Association. The Executive Committee shall, within fifteen days after receipt of such request,
- 1332 schedule and arrange for a hearing. The date of the commencement of the hearing shall not
- 1333 be less than thirty days nor more than sixty days from the date of receipt of the request by the
- 1334 President ~~Chief of Staff~~ for a hearing; provided that when the request is received from a
- 1335 member who is under suspension which is then in effect, the hearing shall be held as soon
- 1336 as the arrangements may reasonably be made, but not to exceed fifteen days from the date
- 1337 of receipt of the request for hearing by the President ~~Chief of Staff~~.
- 1338 D. **Notice of Hearing:** As a part of, or together with, the notice of hearing, the Executive
- 1339 Committee shall state in writing, in concise language, the acts or omissions with which the
- 1340 applicant or Association member is charged, a list of charges by chart number under question,
- 1341 or the reasons for the denial of the application or request of the applicant or Association
- 1342 member. If either party, by notice, requests a list of witnesses, then each party within fifteen
- 1343 days of such request shall furnish to the other a list, in writing, of the names and addresses
- 1344 of the individuals, so far as is then reasonably known, who will give testimony or evidence in
- 1345 support of that party at the hearing.
- 1346 E. **Judicial Review Committee:** When a hearing is requested, the Executive Committee shall
- 1347 appoint a Judicial Review Committee which shall be composed of not less than five members
- 1348 of the Active Staff who shall not have actively participated in the consideration of the matter
- 1349 involved at any previous level. Such appointment shall include designation of the chairman.
- 1350 Knowledge of the particular matter on appeal shall not preclude a member from serving as a
- 1351 member of the Judicial Review Committee.
- 1352 F. **Failure to Appear:** Failure, without a showing of good cause by the person requesting the
- 1353 hearing, to appear and proceed at such a hearing shall be deemed to constitute voluntary
- 1354 acceptance of the recommendations or actions involved which shall become final and effective
- 1355 immediately, subject to Article XVIII.
- 1356 G. **Postponements:** Postponements and extensions of time beyond the time expressly permitted
- 1357 in these bylaws may be requested by anyone, but shall be permitted by the Judicial Review
- 1358 Committee or its chairman acting upon its behalf only on a showing of good cause.
- 1359 H. **Decision of Judicial Review Committee:** Within fifteen days after final adjournment of the
- 1360 hearing (provided that in the event the member is currently under suspension, this time shall
- 1361 be ten days), the Judicial Review Committee shall render a decision which shall be
- 1362 accompanied by a report, in writing, to the body whose decision prompted the hearing, to the
- 1363 Executive Committee, and to the chairman of the involved department. The decision of the
- 1364 Judicial Review Committee shall be to affirm, modify or reverse the decision of the body
- 1365 whose decision prompted the hearing. In all cases, a copy of such decision and report shall

1366 be forwarded to the Director. The report shall contain a concise statement of the reasons  
1367 justifying the decision made. At the same time, a copy of the decision and report shall be  
1368 delivered to the person who requested the hearing by registered or certified mail, return  
1369 receipt requested.

1370 I. **Final Decision:** The decision of the Judicial Review Committee shall be considered final,  
1371 subject only to the right of appeal as provided in Section 4 of this Article VII.

1372 J. **Right to Hearing:** No person who requested the hearing shall be entitled to more than one  
1373 hearing on any single matter which may be the subject of a hearing.

1374 **SECTION 3 Hearing Procedure**

1375 A. **Appearance at Hearing:** Under no circumstances shall the hearing be conducted without the  
1376 personal presence of the person requesting the hearing unless he or she has waived such  
1377 appearance, in writing, or has failed without good cause to appear after appropriate notice.

1378 B. **Representation:** The hearings provided for in these bylaws are for the purpose of  
1379 intraprofessional ~~interprofessional~~ resolution of matters bearing on conduct or professional  
1380 competency. Accordingly, neither the person requesting the hearing, the Executive  
1381 Committee, nor the Director shall be represented in any phase of the hearing or appeals  
1382 procedure by an attorney at law unless the Judicial Review Committee, in its sole discretion,  
1383 permits both sides to be represented by legal counsel. The person requesting the hearing  
1384 shall be entitled to be accompanied by and represented at the hearing only by a physician,  
1385 dentist or podiatrist who is licensed to practice in the State of California, who is not an attorney  
1386 at law and who, preferably, is a member in good standing of the Association. The body whose  
1387 decision prompted the hearing may appoint a representative from the attending staff who shall  
1388 present its decision and the materials in support thereof and examine witnesses.

1389 C. **Presiding Officer:** The presiding officer at the hearing shall be the hearing officer or, if none  
1390 has been appointed in accordance with Subsection "D" of this Section 3, the chairman of the  
1391 Judicial Review Committee. The presiding officer shall act to ensure that all participants in the  
1392 hearing have a reasonable opportunity to be heard, to present all oral and documentary  
1393 evidence, and that decorum is maintained. He or she shall be entitled to determine the order  
1394 of procedure during the hearing. He or she shall have the authority and discretion, in  
1395 accordance with these bylaws, to make all rulings on questions which pertain to matters of law  
1396 and to the admissibility of evidence.

1397 D. **Hearing Officer:** At the request of the person who requested the hearing, the Executive  
1398 Committee, the Judicial Review Committee, or the Director, on his or her own request, the  
1399 Director may appoint a hearing officer, who may be an attorney at law, qualified to preside  
1400 at the hearing. Such hearing officer may be legal counsel to Los Angeles County, provided  
1401 that he acts during the hearing in accordance with this Article VII. He must not act as a  
1402 prosecuting officer or as an advocate for the Medical Center, the Director, Executive  
1403 Committee or the body whose decision prompted the hearing. If requested by the Judicial  
1404 Review Committee, he or she may participate in the deliberations of such body and be a legal  
1405 advisor to it, but he or she shall not be entitled to vote.

1406 E. **Hearing Record:** The Judicial Review Committee shall maintain a record of the hearing by



1407 one of the following methods: by a certified shorthand or stenographic reporter present to  
1408 make a record of the hearing or by a recording of the proceedings. The cost of any certified  
1409 shorthand or stenographic reporter and any transcript shall be borne by the party requesting  
1410 same. The Judicial Review Committee may, but shall not be required to, order that oral  
1411 evidence be taken only on oath or affirmation administered by any person designated by such  
1412 body and entitled to notarize documents in the State of California.

1413 F. **Hearing Rights:** At the hearing, both sides shall have the following rights: to ask Judicial  
1414 Review Committee members questions which are directly related to determining whether they  
1415 are impermissibly biased and to challenge such members, to call and examine witnesses, to  
1416 introduce exhibits or other documents, to cross-examine any witness on any matter relevant  
1417 to the issues, to impeach any witness, and to rebut any evidence. If the applicant or  
1418 Association member does not testify in his or her own behalf, he or she may be called and  
1419 examined as if under cross-examination. Any challenge to one or more members of the  
1420 Judicial Review Committee shall be resolved by the Judicial Review Committee prior to  
1421 continuation of the hearing.

1422 G. **Hearing Rules:** The hearing shall not be conducted according to the rules of law relating to  
1423 the examination of witnesses or presentation of evidence. Any relevant evidence shall be  
1424 admitted by the presiding officer if it is the sort of evidence upon which responsible persons  
1425 are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such  
1426 evidence in a court of law. Each party shall have the right to submit a memorandum of points  
1427 and authorities, and the Judicial Review Committee may request such a memorandum to be  
1428 filed following the close of the hearing. The Judicial Review Committee may interrogate the  
1429 witnesses or call additional witnesses if it deems it appropriate.

1430 H. **Official Notice of Matters:** The presiding officer shall have the discretion to take official  
1431 notice of any matters, whether technical or scientific, relating to the issues under consideration  
1432 which could have been judicially noticed by the courts of this State. Participants in the hearing  
1433 shall be informed of the matters to be officially noticed, and they shall be noted in the record  
1434 of the hearing. The person requesting the hearing shall have the opportunity to request that  
1435 a matter be officially noticed or to refute the noticed matters by evidence or by written or oral  
1436 presentation of authority. Reasonable additional time, not to exceed thirty days, shall be  
1437 granted, if requested, to present written rebuttal of any evidence submitted on official notice.

1438 I. **Evidence:** The decision of the Judicial Review Committee shall be based on the evidence  
1439 produced at the hearing. This evidence may consist of the following:

- 1440 1. Oral testimony of witnesses;
- 1441 2. Briefs or memoranda of points and authorities presented in connection with the  
1442 hearing;
- 1443 3. Any materials contained in the Medical Center or Association personnel files regarding  
1444 the person who requested the hearing which have been made a part of the hearing  
1445 record;
- 1446 4. Any and all applications, references, medical records, and other documents which  
1447 have been made a part of the hearing record;

1448 5. All officially noticed matters; and

1449 6. Any other admissible evidence.

1450 J. **Burden of Proof:** Except as otherwise required by law, at any hearing involving any of the  
1451 grounds for hearing specified in Section 2, Subsection "B", points 1,2,3, or 7 of this Article VII,  
1452 it shall be incumbent on the person who requested the hearing to initially come forward with  
1453 evidence in support of his or her position. In all other cases specified in Section 2, Subsection  
1454 "B" of this Article VII, it shall be incumbent on the body whose decision prompted the hearing  
1455 to initially come forward with evidence to support its decision. Thereafter, the burden shall  
1456 shift to the person who requested the hearing to come forward with evidence in his support.  
1457 In all cases in which a hearing is conducted under this Article VII, after all the evidence has  
1458 been submitted by both sides, the Judicial Review Committee shall rule against the person  
1459 who requested the hearing unless it finds that such person has proven, by a preponderance  
1460 of evidence, that the action of the body whose decision prompted the hearing was arbitrary,  
1461 unreasonable, not supported by the evidence, or otherwise unfounded.

1462 K. **Adjournment and Decision:** The presiding officer may adjourn the hearing and reconvene  
1463 the same at the convenience of the participants without special notice. Upon conclusion of  
1464 the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review  
1465 Committee shall thereupon, outside the presence of any other person, conduct its  
1466 deliberations and render a decision and accompanying report, in the manner and within the  
1467 time as provided in Section 2, Subsection "H" of this Article VII.

1468 **SECTION 4 Appeal to Director**

1469 A. **Request for Appeal:** Within fifteen days after receipt of the decision of the Judicial Review  
1470 Committee, either the person who requested the hearing or the body whose decision  
1471 prompted the hearing may request an appellate review by the Director. Such request shall  
1472 be in writing to the Director and shall be delivered either in person or by certified or registered  
1473 mail, return receipt requested. If such appellate review is not requested within such period,  
1474 both sides shall be deemed to have accepted the action involved, and it shall thereupon  
1475 become final and shall be effective immediately subject to Article XVIII. The written request  
1476 of appeal shall also include a brief statement of the reasons for appeal.

1477 B. **Grounds for Appeal:** The grounds for appeal from the hearing shall be:

1478 1. Substantial failure of any person or body to comply with the procedures required by  
1479 these bylaws for the conduct of hearings and decisions upon hearings so as to deny  
1480 due process and a fair hearing; or

1481 2. The action taken by the Judicial Review Committee was arbitrary, capricious, with  
1482 prejudice, or not supported by substantial evidence.

1483 C. **Notice of Appeal:** In the event of any appeal to the Director, as set forth in the preceding  
1484 Subsection "B", the Director shall within fifteen days after receipt of such notice of appeal,  
1485 schedule and arrange for an appellate review. The Director shall cause the applicant or  
1486 member to be given notice of the time, place, and date of the appellate review. The date of  
1487 the appellate review shall not be less than thirty days, nor more than sixty days, from the date

1488 of receipt of the request for appellate review, provided that when a request for appellate  
1489 review is from a member who is under suspension which is then in effect, the appellate review  
1490 shall be held as soon as arrangements may reasonably be made and not to exceed thirty days  
1491 from the date of receipt of the request for appellate review. The time for appellate review may  
1492 be extended by the Director upon a showing of good cause.

1493 D. **Appeal Board:** When an appellate review is requested, the Director shall appoint an Appeal  
1494 Board which shall be composed of an odd number of not less than five **Appeal Board**  
1495 members, one of whom shall be designated by the Director as Chairman. The **Medical**  
1496 **Director** ~~Chief of Staff~~ and the Dean of the Professional School concerned, if any, shall be  
1497 Appeal Board members. The remaining members shall be taken from the administrative  
1498 and/or attending staffs of the Medical Center or otherwise at the discretion of the Director.  
1499 Knowledge of the particular matter on appeal shall not preclude anyone from serving as a  
1500 member of the Appeal Board.

1501 E. **Appeal Procedure:** The proceedings of the Appeal Board shall be in the nature of an  
1502 appellate hearing based upon the record of the hearing before the Judicial Review Committee;  
1503 provided that the Appeal Board may, in its sole discretion, accept additional oral or written  
1504 evidence subject to the same rights of cross-examination or confrontation provided at the  
1505 Judicial Review Committee hearing. Each party shall have the right to present a written  
1506 statement in support of his **or her** position on appeal, and in its sole discretion, the Appeal  
1507 Board may allow each party or representative to personally appear and make oral argument.  
1508 At the conclusion of oral argument, if allowed, the Appeal Board may thereupon at a time  
1509 convenient to itself conduct deliberations outside the presence of the appellant and the  
1510 respondent and their representatives. The Appeal Board, after its deliberations, shall  
1511 recommend, in writing, that the Director affirm, modify, or reverse the decision of the Judicial  
1512 Review Committee, or refer the matter back to the Judicial Review Committee for further  
1513 review and recommendation.

1514 F. **Director's Decision:** Within fifteen days after receipt of the recommendations of the Appeal  
1515 Board, the Director shall render a final decision in writing and shall deliver copies thereof to  
1516 the applicant or Association member and to the Executive Committee in person or by certified  
1517 or registered mail, return receipt requested. The Director may affirm, modify, or reverse the  
1518 decision of the Judicial Review Committee or, in his **or her** sole discretion, refer the matter  
1519 back to the Judicial Review Committee for further review and recommendations.

1520 G. **Effective Date of Decision:** Except where the matter is referred back to the Judicial Review  
1521 Committee for further review and recommendation in accordance with Subsection "F" of this  
1522 Section 4, the final decision of the Director, following the appeal procedures set forth in this  
1523 Section 4, shall be effective immediately and shall not be subject to further review. If the  
1524 matter is referred back to the Judicial Review Committee for further review and  
1525 recommendation, such Committee shall promptly conduct its review and report back to the  
1526 Director within thirty days except as the parties may otherwise stipulate, in writing, to extend  
1527 such period. Within fifteen days after receipt of the Judicial Review Committee's  
1528 recommendations, the Director shall render a decision in writing and shall deliver copies  
1529 thereof to the applicant or Association member and to the Executive Committee in person or  
1530 by certified or registered mail, return receipt requested. The Director may affirm, modify, or  
1531 reverse the decision of the Judicial Review Committee, and such decision shall be final and  
1532 effective immediately and shall not be subject to further review.

1533 H. **Right to Hearing:** Except as otherwise provided in these bylaws, no applicant or Association  
1534 member shall be entitled as a matter of right to more than one appeal to the Director on any  
1535 single matter which may be the subject of an appeal.

1536 **SECTION 5 Exhaustion of Remedies**

1537 If any action described in Subsection B of Section 2 of this Article VII, is taken or recommended, the  
1538 practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal  
1539 action.

1540 **ARTICLE VIII**

1541 **OFFICERS**

1542 **SECTION 1 Officers of the Association**

1543 A. The elected officers of the Association shall be:

- 1544 1. President
- 1545 2. President-Elect
- 1546 3. Immediate Past-President
- 1547 4. **Secretary**/Treasurer

1548 ~~B. The Chief of Staff shall be an ex-officio officer of the Association and shall serve as its~~  
1549 ~~Executive Secretary.~~

1550 **SECTION 2 Qualifications**

1551 Elected officers must be members of the Active Staff at the time of nomination and election and must  
1552 remain Active Staff members in good standing during their term of office. Failure to maintain such  
1553 status shall immediately create a vacancy in the office involved.

1554 **SECTION 3 Election of Officers and Representatives At Large**

1555 A. **The nominating committee** shall consist of at least three members of the Active Staff  
1556 appointed by the President of the Association at least two months prior to the date of the  
1557 annual Association meeting at which the election according to this Section 3 will take place.

1558 **B. This committee shall offer one or more nominees for each of the following positions:**

- 1559 ~~1. office of President-Elect, and~~
- 1560 ~~2. **Secretary**/Treasurer; ,~~
- 1561 ~~3. **Ten Representatives At Large:**~~

- 1562 a. six Association Members At Large,
- 1563 b. Representative from the Association of Physicians of Los Angeles County  
1564 Hospital (APLACH),
- 1565 c. Representative from the Medical Faculty Assembly (MFA) of the University of  
1566 Southern California Keck School of Medicine, and
- 1567 d. Representative and Alternate Representative to Organized Medical Staff  
1568 Section (OMSS) of the California Medical Association/American Medical  
1569 Association.

1570 Two months prior to the annual Association meeting at which these elections shall take place,  
1571 each department listed in Article IX, Section 1(A) shall submit to the Secretary/Treasurer two  
1572 nominees, who are Active Staff members and County Civil Service unclassified employees,  
1573 for each of the six Association Members At Large positions and for the OMSS Representative  
1574 and OMSS Alternate Representative positions. Also, APLACH and MFA shall each also  
1575 submit to the Secretary/Treasurer two nominees who are Active Staff members for each of  
1576 the APLACH and MFA representative positions. The Secretary/Treasurer will transmit the list  
1577 of the nominees to the nominating committee. From this list, the nominating committee will  
1578 recommend six Active Staff members for the six Association Members At Large positions and  
1579 one Active Staff member each for the OMSS Representative and OMSS Alternate  
1580 Representative positions, having considered appropriate representation of various clinical  
1581 disciplines and constituencies. Also, at least one nominee of APLACH and at least one  
1582 nominee of MFA will be recommended by the nominating committee.

1583 ~~The report of this committee shall be appended to the announcement calling for the annual~~  
1584 ~~Association meeting.~~

1585 **BC.** **Nominations** may also be made by petition signed by at least five percent of the members  
1586 of the Association eligible to vote and be accompanied by written consent of the nominee(s)  
1587 and filed with the ~~Executive~~ **Secretary/Treasurer** at least fifteen days prior to the annual  
1588 Association meeting. In this event, the ~~Executive~~ **Secretary/Treasurer** shall promptly advise  
1589 the membership of the additional nomination(s) by mail.

1590 **CD.** **The President-Elect, and the Secretary/Treasurer, and the ten Representatives At Large**  
1591 shall be elected in even numbered years for a two-year term at the annual Association  
1592 meeting. Only members of the ~~of the~~ **accorded the right to vote as described in Article III** ~~Active Staff~~  
1593 ~~and Emeritus Staff~~ shall be eligible to vote.

1594 **DE.** **Voting** shall be by written ballot. Election ~~of President-Elect and Secretary/Treasurer~~ shall  
1595 be by simple majority of the votes cast at the annual Association meeting. In the event that  
1596 there are three or more candidates for office and no candidate receives a majority, there shall  
1597 be successive balloting such that the name of the candidate receiving fewest votes is omitted  
1598 from each successive slate until a simple majority vote is obtained by one candidate. If two  
1599 candidates have the same number of least votes, both shall be omitted from the successive  
1600 slate. **Election to the ten Representatives At Large positions shall be by plurality of the votes**  
1601 **cast for each position with the candidate receiving the most votes being elected.**

1602 **SECTION 4 Term of Office**

1603 Each elected officer and Representative At Large shall serve a two-year term or until a successor is  
1604 elected. The President-Elect shall serve a two-year term, at the conclusion of which he or she shall  
1605 become President. The office of Immediate Past-President shall be assumed by the outgoing  
1606 President for a two year term. Officers and Representative At Large shall take office on the first day  
1607 of the Association Year following their election.

1608 **SECTION 5 Vacancies in Office**

1609 Vacancies in office during the term of office, except for the President, and vacancies in the positions  
1610 of Representatives At Large shall be filled by the Executive Committee. If there is a vacancy in the  
1611 office of the President, the President-Elect shall serve out the remaining term of the President and  
1612 shall continue for the term for which he or she was elected. In such event, the office of President-  
1613 Elect shall remain vacant during the remainder of the term for which he or she was elected.

1614 **SECTION 6 Removal of Elected Officers and Representatives At Large**

1615 Except as otherwise provided, removal of an elected officer or Representative At Large may be  
1616 effected by a two-thirds vote of the Executive Committee acting upon its own initiative or by a two-  
1617 thirds vote of the members eligible to vote for officers. Removal may be based only upon failure to  
1618 perform the duties of the elected office or, for Representatives At Large, the position held, as  
1619 described in these bylaws.

1620 **SECTION 7 Duties of Officers**

1621 A. **President:** The President shall:

- 1622 1. Be the chief officer of the Association;
- 1623 2. Act in coordination and cooperation with the Director, the ~~Assistant Director~~ Chief  
1624 Medical Officer, the CEO, the Medical Director ~~Chief of Staff~~, and the Deans of the  
1625 Professional Schools or their duly authorized designees in all matters of mutual  
1626 concern within the Medical Center;
- 1627 3. ~~Call, p~~Preside at and be responsible for the agenda of all meetings of the Association;
- 1628 4. Serve as chairman of the Executive Committee;
- 1629 5. Serve as an ex-officio member of all other Association committees without vote unless  
1630 otherwise provided in these bylaws;
- 1631 6. Be responsible, in conjunction with the Medical Director ~~Chief of Staff~~, for enforcement  
1632 of the Association bylaws, rules and regulations, and for the Association's compliance  
1633 with procedural safeguards in all instances where corrective action has been  
1634 requested against a practitioner;
- 1635 7. Appoint, in consultation with the Executive Committee ~~Chief of Staff~~ and, when  
1636 necessary, the Medical Director, CEO and the Dean of the appropriate Professional

- 1637 School, committee members and the officers thereof to all standing Association  
1638 committees as listed in Article X, except as otherwise provided in Article X;
- 1639 8. Represent the views, policies, needs, and grievances of the Association to the CEO,  
1640 the Medical Director Chief of Staff, the Assistant Director Chief Medical Officer, and  
1641 the Director; and the Governing Body or their duly authorized designees;
- 1642 9. Be spokesman person for the Association; ~~and~~
- 1643 10. Perform ~~such~~ other functions as may be assigned to him or her by these bylaws, by  
1644 the membership, by the Executive Committee, and by the Director; ;
- 1645 11. Refer appropriate items to the committees of the Association for recommendations;
- 1646 12. Receive and interpret the policies of the Governing Body and the Director and report  
1647 to the Governing Body and the Director, through the Chief Medical Officer, on the  
1648 performance and maintenance of quality with respect to the health care provided in the  
1649 Medical Center; and
- 1650 13. Serve on any liaison committees with the Governing Body and Medical Center  
1651 administration, as well as with outside licensing or accreditation organizations.
- 1652 B. **President-Elect:** In the absence of the President, he or she shall assume all the duties and  
1653 have the authority of the President. He or she shall be the vice-chairman of the Executive  
1654 Committee and shall perform such other functions as may be assigned to him or her by these  
1655 bylaws, by the membership, by the Executive Committee, and by the Director.
- 1656 C. **Immediate Past-President:** His or her duties shall be to advise the President in all matters  
1657 concerning the Association. He or she shall be a member of the Executive Committee and  
1658 shall perform such other functions as may be assigned to him or her by these bylaws, by the  
1659 membership, by the Executive Committee, and by the Director.
- 1660 D. **Executive Secretary/Treasurer:** The Executive Secretary/Treasurer shall:
- 1661 1. Maintain accurate and complete minutes of all Association meetings and carry out  
1662 other secretarial functions, including, but not limited to, an accurate roster of members;
- 1663 2. Attend to all procedures regarding applications for membership in the Association as  
1664 described in these bylaws;
- 1665 ~~3. Receive and interpret the policies of the Governing Body and the Director for the~~  
1666 ~~Association and report to the Governing Body and the Director, through the Assistant~~  
1667 ~~Director, on the performance and maintenance of quality with respect to the health~~  
1668 ~~care provided in the Medical Center;~~
- 1669 ~~4. Serve as liaison with outside credentialing agencies and assure compliance with~~  
1670 ~~credentialing procedures as detailed in these bylaws;~~
- 1671 35. Serve as Executive Secretary of the Executive Committee;

- 1672 6. ~~Refer appropriate items to the committees of the Association for action;~~
- 1673 7. ~~With the concurrence of the President, call and be responsible for the agenda of all~~  
 1674 ~~meetings of the Association;~~
- 1675 8. ~~Serve as an ex-officio member of all committees of the Association without vote unless~~  
 1676 ~~otherwise provided in these bylaws;~~
- 1677 9. ~~Coordinate the educational activities of the Association with the Professional Schools~~  
 1678 ~~and coordinate the cooperative efforts of the President, the CEO, and the Deans of the~~  
 1679 ~~Professional Schools in all matters of mutual concern within the Medical Center; and~~
- 1680 410. Perform such other functions as may be assigned to him or her by these bylaws, by  
 1681 the membership, by the Executive Committee, and by the Director: .

1682 E. ~~Treasurer: The Treasurer shall:~~

- 1683 51. Keep accurate and complete financial records of all Association activities;
- 1684 62. Provide regular reports to the Association concerning the financial status of the  
 1685 Association; and
- 1686 73. Safeguard all funds and assets of the Association; .
- 1687 4. ~~Perform such other functions as may be assigned to him by these bylaws, by the~~  
 1688 ~~membership, by the Executive Committee, and by the Director.~~

## ARTICLE IX

### DEPARTMENTS, DIVISIONS, AND SECTIONS

#### SECTION 1 Organization of the Association

- 1692 A. The Association shall be organized into departments which are reflective of the scope of  
 1693 services provided within the Hospital and the Network. Each department shall have a  
 1694 chairman. Departments may be organized into one or more divisions or sections which shall  
 1695 have a chief chairman (division) or head chief (section). The divisions and sections are  
 1696 specified in the Association's rules and regulations. The departments are:
- 1697 1. Anesthesiology
- 1698 2. Cardiothoracic Surgery
- 1699 3. 2. Dentistry
- 1700 4. 3. Emergency Medicine
- 1701 5. 4. Family Medicine



- 1702 ~~6.~~ 5. Medicine
- 1703 ~~7.~~ 6. Neurology
- 1704 ~~8.~~ 7. Neurosurgery
- 1705 ~~9.~~ 8. Obstetrics and Gynecology
- 1706 ~~10.~~ 9. Ophthalmology
- 1707 ~~11.~~ 10. Orthopedics
- 1708 ~~12.~~ 11. Otolaryngology, ~~(Head and Neck Surgery)~~
- 1709 ~~13.~~ 12. Pathology
- 1710 ~~14.~~ 13. Pediatrics
- 1711 ~~15.~~ 14. Psychiatry
- 1712 ~~16.~~ 15. Radiology
- 1713 ~~17.~~ 16. Radiation Oncology
- 1714 ~~18.~~ 17. Surgery
- 1715 ~~19.~~ 18. Urology

1716 B. The specified divisions and sections of a department will be recommended to the Rules and  
 1717 Bylaws Committee by the chairman of the department. The recommendations of the Rules  
 1718 and Bylaws Committee shall be forwarded to the Executive Committee for action.

1719 C. ~~The organization of the Association, as set forth in this Section 1, may be changed from time~~  
 1720 ~~to time by the Director without the necessity of an amendment to these bylaws. Subject to the~~  
 1721 ~~approval of the Director, the organization of the Association, as set forth in this Section 1, may~~  
 1722 ~~be changed from time to time by the Executive Committee with the advice of Medical Center~~  
 1723 ~~Administration without the necessity of an amendment to these bylaws. Prior to taking action~~  
 1724 ~~regarding any proposed change, the Executive Committee, in its sole discretion, may request~~  
 1725 ~~approval of the change at any annual or special Association meeting by the members present~~  
 1726 ~~and eligible to vote, provided that a quorum exists. Following Executive Committee action,~~  
 1727 ~~such change shall be effective only upon approval by the Director, which approval shall not~~  
 1728 ~~be withheld unreasonably. The President shall notify all the members of the Association of any~~  
 1729 ~~approved change. Notwithstanding the above, it shall be exclusively within the control and~~  
 1730 ~~discretion of the Director and the Governing Body to establish the scope and venue of~~  
 1731 ~~services provided within the Hospital and the Network, including, but not limited to, the~~  
 1732 ~~creation, elimination, consolidation or modification of specific departments of the Hospital and~~  
 1733 ~~the Network. Any such change shall be made by written notice to the President, who shall so~~  
 1734 ~~notify all the members of the Association.~~

1735 **SECTION 2 Department Assignment**

1736 Each practitioner shall have a primary assignment in one department as limited by Article IV, Section  
1737 ~~4~~2, Subsection F ~~D~~, and, as appropriate, to a division or section within such department, but may also  
1738 be granted a joint appointment and clinical privileges in another department if recommended by the  
1739 department ~~chairman~~ of the primary department and the other involved department and the  
1740 appropriate departmental Credentials Committees. The exercise of privileges within each department  
1741 shall be subject to the departmental rules and regulations and to the authority of the department chair  
1742 and division chief chairmen and section head chiefs.

1743 **SECTION 3 Appointment of Department Chairs, and Division Chiefs Chairmen and Section**  
1744 **Heads Chiefs**

1745 A. The department chairs, and division chiefs chairmen and section heads chiefs shall be  
1746 members of the Association well qualified by training, experience, and demonstrated ability  
1747 for these positions.

1748 B. **Department Chair:** Each department ~~chairman~~ shall be:

- 1749 (~~1~~)1. an Active Staff member,  
1750 (~~2~~)2. qualified by training, experience, interest and demonstrated current ability in at least  
1751 one of the clinical areas covered by the particular department,  
1752 (~~3~~)3. board certified in a specialty or subspecialty of the particular department or be able to  
1753 establish, through the privilege delineation process, that he or she possesses  
1754 comparable competence, and  
1755 (~~4~~)4. willing and able to faithfully discharge the functions of ~~chairman~~ of the particular  
1756 department.

1757 C. **Division Chief:** Each division chief ~~chairman~~ shall be:

- 1758 (~~1~~)1. an Active Staff member and a member of the division which he or she is to head,  
1759 (~~2~~)2. qualified by training, experience, interest and demonstrated current ability in the clinical  
1760 area covered by the particular division,  
1761 (~~3~~)3. board certified in a specialty or subspecialty of the particular division or able to  
1762 establish, through the privilege delineation process, that he or she possesses  
1763 comparable competence, and  
1764 (~~4~~)4. willing and able to faithfully discharge the functions of chief ~~chairman~~ of the particular  
1765 division.

1766 D. **Section Head:** Each section head ~~chief~~ shall be:

- 1767 (~~1~~)1. an Active Staff member and a member of the section which he or she is to head,

- 1768 (2)2. qualified by training, experience, interest and demonstrated current ability in the clinical  
1769 area covered by the particular section,
- 1770 (3)3. board certified in a specialty or subspecialty of the particular section or able to  
1771 establish, through the privilege delineation process, that he or she possesses  
1772 comparable competence, and
- 1773 (4)4. willing and able to faithfully discharge the functions of chief of the particular section.

1774 **E. Appointments:** Department ~~chairmen~~ chairs shall be appointed by the Dean of the USC  
1775 University of Southern California Keck School of Medicine or School of Dentistry, whichever  
1776 is applicable, with concurrence of the Medical Director, Chief of Staff and the CEO and the  
1777 Executive Committee. Division ~~chiefs~~ chairmen and section ~~heads~~ chiefs shall be appointed  
1778 by the appropriate department chairman with concurrence of the Medical Director Chief of  
1779 Staff and the Executive Committee. In the event that the Executive Committee does not  
1780 approve the appointment of a department chair, division chief or section head, then a clinical  
1781 chief, approved by the Executive Committee, shall serve as such department chair, division  
1782 chief or section head for Association purposes as set forth in these bylaws. Each department  
1783 chairman, division chief ~~chairman~~ and section head ~~chief~~ shall serve from his or her  
1784 appointment until his or her successor is chosen appointed, unless he or she shall sooner  
1785 resign or be removed. Removal of a department chairman, division chief ~~chairman~~ or section  
1786 head ~~chief~~ shall be effected by the written approval of such action by those authorized to make  
1787 and concur in the initial appointment. It shall be the obligation of the President and the  
1788 Executive Committee, following at least a two-thirds vote of the Executive Committee, to  
1789 recommend such action as is considered appropriate for any failure of a department chair,  
1790 division chief or section head to satisfactorily perform his or her functions or for other reasons,  
1791 to those authorized to make and concur in the initial appointment.

1792 **SECTION 4 Functions of Department Chairs, and-Division Chiefs Chairmen and Section**  
1793 **Heads Chiefs**

- 1794 A. The department ~~chairmen~~ chairs shall report to the Executive Committee and the Medical  
1795 Director ~~Chief of Staff,~~ the division chiefs ~~chairmen~~ shall report to their department chairman  
1796 and the section heads ~~chiefs~~ shall report to their division chief ~~chairman~~, if such exists, or  
1797 otherwise to their department chairman. Both division chiefs ~~chairman~~ and section heads  
1798 ~~chiefs~~ shall report indirectly to the Executive Committee and the Medical Director; ~~Chief of~~  
1799 ~~Staff.~~
- 1800 B. The department chairs, and division chiefs ~~chairmen~~ and section heads ~~chiefs~~ shall:
- 1801 1. Be accountable for all professional and administrative activities within the their areas  
1802 of responsibility (i.e., department, division or section) to include patient care review  
1803 and overall supervision of the delivery of and review of the quality of the clinical work  
1804 within their areas of responsibility. This shall include timely completion of medical  
1805 records and documentation of pertinence and clinical appropriateness;
- 1806 2. Be accountable for the performance of tissue and surgical case and invasive  
1807 procedure review within their areas of responsibility to include, without limitation,  
1808 reviewing report(s) from surgical cases in which a specimen is removed as well as

- 1809 from those cases in which no specimen is removed. The review shall include, but is  
 1810 not necessarily limited to, the indications for surgery and all cases in which there is a  
 1811 major discrepancy between the pre-operative and post-operative (including, without  
 1812 limitation, pathologic) diagnosis;
- 1813 23. Make specific recommendations and suggestions to the Executive Committee and the  
 1814 Medical Director ~~Chief of Staff~~ regarding their areas of responsibility in order to  
 1815 enhance quality patient care;
- 1816 34. ~~Through the appropriate departmental Credentials Committee, M~~ maintain continuing  
 1817 review of the professional performance and current competency of all practitioners with  
 1818 clinical privileges in their areas of responsibility and transmit, through organizational  
 1819 channels to the Executive Committee, recommendations concerning the appointment  
 1820 to Association membership, the reappointment, ~~and the~~ criteria for and delineation of  
 1821 clinical privileges, and the monitoring of any corrective action with respect to the  
 1822 performance, for all practitioners in their areas of responsibility;
- 1823 45. Make specific recommendations to the Rules and Bylaws Committee and the  
 1824 Executive Committee regarding departmental rules and regulations;
- 1825 56. Be responsible for enforcement of Medical Center policies and the Association bylaws,  
 1826 rules, and regulations within their areas of responsibility, including, without limitation,  
 1827 the orientation of all practitioners the department to same;
- 1828 67. Be responsible for implementation within their areas of responsibility of actions taken  
 1829 by the Executive Committee, and department chairs shall be members of the  
 1830 Executive Committee;
- 1831 78. Be responsible for the patient care teaching, education, and research programs within  
 1832 their areas of responsibility and where residents and/or fellows participate in patient  
 1833 care, develop and implement policies and procedures for supervision of residents  
 1834 and/or fellows to ensure that:
- 1835 a. patients receive safe, effective and compassionate quality care,
- 1836 b. residents and/or fellows are permitted levels of responsibility that are  
 1837 commensurate with their documented progress in attaining the knowledge and  
 1838 competence necessary to practice the specialty independently upon  
 1839 completion of their residency training, and
- 1840 c. the determination that a resident and/or fellow is competent to perform a  
 1841 procedure or task without direct supervision by a member of the Association  
 1842 with clinical privileges is communicated to all relevant patient care venues;
- 1843 89. Directly or by a designee participate in every phase of administration through  
 1844 cooperation with the nursing service and the Medical Center administration in matters  
 1845 affecting quality and efficiency of patient care, including, but not limited to, determining  
 1846 the qualifications and competence of personnel who are not licensed independent  
 1847 practitioners, supplies, special regulations, space utilization, standing orders, and

- 1848 techniques;
- 1849 ~~9~~10. Assist in the preparation of such annual reports, including, but not limited to, budgetary  
 1850 planning as pertaining to their areas of responsibility, as may be required by the  
 1851 Executive Committee, the Medical Director ~~Chief of Staff~~, the CEO, the ~~Assistant~~  
 1852 ~~Director~~ Chief Medical Officer, or the Director;
- 1853 40 11. Appoint representatives from the department, division or section to attend the annual  
 1854 and any special meetings of the Association and provide for their reporting to their  
 1855 department, division or section after such meetings. The function of such  
 1856 representatives is set forth in Article XI, Section 9(A);
- 1857 44 12. In the temporary absence of a department chairman, the Dean of the ~~USC~~ University  
 1858 of Southern California Keck School of Medicine or, in his or her absence, the Medical  
 1859 Director ~~Chief of Staff~~ shall designate a person to assume all of the above  
 1860 responsibilities of the department chairman; and
- 1861 42 13. In the temporary absence of a division chief ~~chairman~~ or section head ~~chief~~, the  
 1862 department chairman or, in his or her absence, the Dean of the ~~USC~~ University of  
 1863 Southern California Keck School of Medicine or the Medical Director ~~Chief of Staff~~  
 1864 shall designate a person to assume all of the ~~above~~ responsibilities of the division chief  
 1865 ~~chairmen~~ or section head ~~chief~~;
- 1866 14. Recommend the selection of any needed outside sources for clinical services not  
 1867 provided by the department or the Medical Center; and
- 1868 15. Perform other duties as may from time to time be reasonably requested of him or her  
 1869 by the Executive Committee, the President, the Medical Director, the CEO, the Chief  
 1870 Medical Officer, or the Director, following appropriate consultation with the President  
 1871 and the Medical Director.

1872 **SECTION 5 Functions of Departments, Divisions and Sections**

- 1873 A. Each department shall establish its own criteria consistent with the policies of the Medical  
 1874 Center and the Association, for recommending to the Executive Committee criteria for the  
 1875 granting of clinical privileges and the performance of specified health services in the  
 1876 department, including any divisions and sections of the department.
- 1877 B. Each department may ~~shall~~ establish a departmental Credentials Committee, responsible to  
 1878 the department chair, to the Credentials and Privileges Advisory Committee and to the  
 1879 Executive Committee, to determine the department's recommendations concerning  
 1880 Association appointments, reappointments, and the delineation of clinical privileges.
- 1881 C. Each department shall conduct patient care and medical record reviews for the purpose of  
 1882 analyzing and evaluating the quality and appropriateness of care and treatment provided to  
 1883 patients within the department, including any divisions and sections of the department. The  
 1884 number of such reviews to be conducted during the year and the frequency of reports shall  
 1885 be as determined by the Executive Committee in consultation with other appropriate  
 1886 committees, including, but not limited to, the Network Quality of Care Review ~~Assessment~~ and

1887 Value Improvement Committee. Each department shall routinely collect information about  
1888 important aspects of patient care provided in the department, periodically assess this  
1889 information, and develop objective criteria for use in evaluating patient care. Patient care  
1890 reviews shall include all clinical work performed under the jurisdiction of the department and  
1891 specifically consider blood utilization and surgical tissue review. Adherence to Association  
1892 policies and procedures and to sound principles of clinical practice shall be reviewed.  
1893 Responsibility for review may be delegated to divisions or sections which shall report the  
1894 results to the department including, without limitation, a recommendation for appropriate action  
1895 when significant problems in patient care and clinical performance or opportunities to improve  
1896 care are identified.

1897 ~~Patient care review and quality assessment activities relating to podiatry shall be conducted~~  
1898 ~~through the quality assessment program of the Department of Orthopedics and those similar~~  
1899 ~~activities relating to dentistry through the quality assessment program of the Department of~~  
1900 ~~Dentistry. Additionally, quality assessment activities for surgical procedures (oral and~~  
1901 ~~maxillofacial surgery) performed by members of the Department of Dentistry shall be the~~  
1902 ~~responsibility of a joint committee of the Departments of Dentistry, Ophthalmology,~~  
1903 ~~Otolaryngology, and Surgery (Plastic and Reconstructive Surgery). The organization of this~~  
1904 ~~joint committee shall be described in the Association's rules and regulations.~~

1905 D. Each department shall coordinate the patient care provided by the department's members with  
1906 the nursing and ancillary patient care services.

1907 E. Each department shall meet monthly at least ten times per year ~~monthly~~ for the purpose of  
1908 considering patient care review and any reports or information on other department and  
1909 Association functions. A written record shall be maintained of these meetings.

1910 F. Each department shall submit written reports to the Executive Committee concerning the  
1911 department's review and evaluation activities, actions taken thereon, and the results of such  
1912 actions and of recommendations for maintaining and improving the quality of patient care  
1913 provided in the department.

1914 G. Department committees shall be appointed by the chairman and mechanisms shall be  
1915 established as may be necessary or appropriate to conduct department functions, including  
1916 proctoring requirements.

1917 H. Departmental rules and regulations reasonably necessary for the proper discharge of the  
1918 department's responsibilities shall be formulated and submitted to the Rules and Bylaws  
1919 Committee for review and recommendation to the Executive Committee ~~and the Director~~.  
1920 Changes in departmental rules and regulations that are approved by the Executive Committee  
1921 shall be recommended for approval to the Director and, if approved, shall be disseminated to  
1922 the members of the department.

1923 I. **Graduate Medical Education:** Each department shall conduct, participate in and make  
1924 recommendations regarding continuing education programs pertinent to departmental clinical  
1925 practice and graduate medical education and shall establish policies and procedures for  
1926 supervision of its residents and fellows that take into account the need for physicians in  
1927 training to participate in providing safe, effective and compassionate care for the patients  
1928 under supervision of members of the Association who have applied for and been granted

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clinical privileges. As they demonstrate progress in attaining the goals and objectives of the residency training program, residents and fellows will be granted increasing responsibility under lesser degrees of supervision by the attending staff that is consistent with the attained knowledge and documented competence of each resident or fellow. The department's policies and procedures for supervision of the residents and fellows, including, without limitation, granting residents and fellows graduated responsibility for the evaluation and management of patients, shall be submitted for review and approval by the Graduate Medical Education Committee and the Executive Committee and shall be distributed to all residents and fellows and members of the Association in the department. The policies and procedures for supervision of residents and fellows shall be reviewed and modified as necessary at the time that the department's faculty periodically assesses the educational effectiveness of the department's physician training programs at intervals established by the Accreditation Council for Graduate Medical Education or other applicable accrediting organization but in any event, no less than annually. Changes in the policies and procedures for supervision of residents and fellows that are approved by the Executive Committee shall be disseminated to the department's attending staff, residents and fellows.

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**ARTICLE X**  
**COMMITTEES**

1947

**SECTION 1 Designation and Organization General Provisions**

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

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**B. Members and Reporting:** The committees described in this Article X shall be the standing committees of this the Association. Unless otherwise specified, the members of such committees and the chairman, vice-chairman, and any other officers thereof shall be appointed by the President subject to the approval of the Executive Committee. Such committees shall be responsible to and report on a regular basis to the Executive Committee. All actions of the committees shall be subject to approval by the Executive Committee. The majority of the members of all committees shall be physician members of the Association, unless otherwise specifically provided in these bylaws. Resident staff shall be appointed to standing committees that are pertinent to their patient care duties and responsibilities. There shall be at least one resident member on the Executive Committee, Graduate Medical Education Committee, Pharmacy and Therapeutics Committee, Blood Transfusions and Utilization Committee and Infection Control Committee. ~~Sessions of the County-USC Joint Liaison and Working Committees, as described in the Professional Services Agreement between the County and USC, may be designated as special committees of the Association when considering quality assurance issues.~~

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**C. Purposes and Rules:** The purposes of the standing committees are stated in the bylaws. The rules and regulations of the committees shall be developed by the committees in cooperation with the Rules and Bylaws Committee and the Executive Committee and shall be approved by the ~~Rules and Bylaws~~ Executive Committee. These rules and regulations may be amended from time to time as approved by the ~~Rules and Bylaws~~ Executive Committee.

- 1972 **D. Terms of Committee Members:** Unless otherwise specified, each committee member shall be appointed for a term of one year and shall serve until the end of this period or until a successor is appointed, whichever occurs later, unless he or she sooner resigns or is removed.
- 1973
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- 1976 **E. Removal:** Any committee member, not including a committee member serving ex-officio, may be removed by a majority vote of the Executive Committee.
- 1977
- 1978 **F. Vacancies:** Unless otherwise specified, any vacancy on any committee shall be filled in the same manner in which an original appointment to such committee is made.
- 1979
- 1980 **G. Executive Committee:** Whenever these bylaws require that a function be performed by, or that a report or recommendation be submitted to a named committee but no such committee exists, the Executive Committee shall perform such function or receive such report or recommendation or shall assign the functions of such committee to a new or existing committee of the Association or the Association as a whole.
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- 1985 **H. Voting Privileges:** Only members of the Active Staff, Emeritus Staff, Honorary Staff and Fellow Staff shall be voting members of the committees unless otherwise specified in these bylaws. The CEO or his or her designee and the Dean of the USC University of Southern California Keck School of Medicine or his or her designee shall be ex-officio ~~voting~~ members of all Association committees, with voting privileges based on their membership in the above Association membership categories. All physician members of Association committees eligible to vote shall be members of the faculty of the USC University of Southern California Keck School of Medicine.
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1993 **SECTION 2 Executive Committee**

- 1994 **A. Composition:** The Executive Committee shall consist of the following elected officers and ex-officio and elected members:
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- 1996 **1. Elected officers of the Executive Committee are the President, President-Elect,**
- 1997 **Immediate Past-President, and Secretary/Treasurer.**
- 1998 **2. The Ex-officio members of the Executive Committee shall include are:**
- 1999 **a.** the CEO, the Medical Director ~~Chief of Staff,~~ the Director of Quality
- 2000 Management, the Director for Graduate Medical Education, the Director of
- 2001 Primary Care Services, the ~~Director of Chief Nursing Officer Services and~~
- 2002 Education, the Chief Pharmacist, and the administrators of the Network clinics;
- 2003 **b.** the Deans of the Professional Schools, ~~and~~
- 2004 **c.** the chairman of each department described in Article IX, Section 1(A), or
- 2005 clinical chief of the department, as designated by the department chair and
- 2006 approved by the Executive Committee,
- 2007 **d.** the chairs of the standing committees as described in Article X, and



2008 e. the President of the Joint Council of Interns and Residents/Committee of  
2009 Interns and Residents.

2010 2. ~~The elected officers of the Executive Committee are the President, President-Elect,~~  
2011 ~~Immediate Past-President, and Treasurer.~~

2012 3. **Representatives At Large:** Ten members of the Active Staff shall be elected by the  
2013 Association to serve as Representatives At Large on to the Executive Committee, as  
2014 follows:-

2015 a. Six ~~eight~~ of whom shall be members Association Members At Large who are  
2016 County Civil Service unclassified employees and are not paid employees of the  
2017 Medical Center or the Professional Schools-.

2018 b. One shall be a Representative from the Association of Physicians of Los  
2019 Angeles County Hospital (APLACH),

2020 c. One shall be a Representative from the Medical Faculty Assembly (MFA) of  
2021 the University of Southern California Keck School of Medicine, and

2022 d. One shall be the Organized Medical Staff Section (OMSS) Representative to  
2023 the California Medical Association/ American Medical Association and one shall  
2024 be the Alternate Representative.

2025 ~~Two months prior to the annual Association meeting at which these elections shall take place,~~  
2026 ~~each department listed in Article IX, Section 1(A) shall submit to the Chief of Staff two~~  
2027 ~~nominees for each such elected position. The Association of Physicians of Los Angeles~~  
2028 ~~County Hospital (APLACH) and the Medical Faculty Assembly of the USC School of Medicine~~  
2029 ~~(MFA) shall also each submit to the Chief of Staff two nominees for each such elected~~  
2030 ~~position. The Chief of Staff will transmit a list of the nominees to the nominating committee~~  
2031 ~~as described in Article VIII, Section 3(A). From this list, the nominating committee shall~~  
2032 ~~recommend Active Staff members for election to the Executive Committee at the annual~~  
2033 ~~Association meeting, having considered appropriate representation of various clinical~~  
2034 ~~disciplines and constituencies. One nominee of APLACH and one nominee of MFA will be~~  
2035 ~~recommended by the nominating committee. Members shall be elected for a two-year term~~  
2036 ~~and shall be eligible for reelection for a second term. One half of initial elected members shall~~  
2037 ~~be designated as not eligible for reelection. Election shall be by simple majority of those~~  
2038 ~~present at the annual Association meeting and eligible to vote. Nominations may also be~~  
2039 ~~made by petition according to the procedures described in Article VIII, Section 3(B).~~

2040 B. The President, President-Elect, and Secretary/Treasurer ~~Chief of Staff~~ shall serve as  
2041 ~~chairman, vice-chairman, and executive secretary/~~treasurer, respectively, of the Committee.

2042 C. **Duties:** The Executive Committee shall:

2043 1. Represent and act on behalf of the Association in the intervals between Association  
2044 meetings, subject to such limitations as may be imposed by these bylaws;

2045 2. Coordinate and implement the professional and organizational activities and general

- 2046 policies of the Association, including, without limitation, the various departments;
- 2047 3. Receive and act upon the reports and recommendations from Association committees,  
2048 departments, and special Association groups;
- 2049 4. Provide formal liaison between the Association, Medical Center Administration, the  
2050 Director and the Governing Body;
- 2051 5. Recommend action to the Medical Director Chief of Staff, the CEO, and the Assistant  
2052 Director and the Governing Body on matters of a medico-administrative and  
2053 management nature, including, but not limited to: the structure of the Association, the  
2054 process used to review credentials and delineate clinical privileges, the participation  
2055 of the Association in the organization of quality assessment and performance  
2056 improvement activities, the process by which Association membership may be  
2057 terminated, the hearing procedures, and other matters relevant to the operation of an  
2058 organized attending staff;
- 2059 6. Fulfill the Association's accountability to the Governing Body for the health care  
2060 rendered to patients in the Medical Center;
- 2061 7. Participate in activities relating to, and ensure that the Association is informed of the  
2062 status of, the Medical Center's accreditation and licensing, internal and external  
2063 disaster planning, and fire and safety standards;
- 2064 8. Recommend appropriate budgetary support to permit provision of quality patient care  
2065 to assure that the Governing Body provides sufficient funds for the attending staff to  
2066 render quality health care;
- 2067 9. Review the credentials, performance, professional competence, character, and other  
2068 qualifications, of all applicants and Association members and make recommendations  
2069 to the Director for Association membership appointments and reappointments,  
2070 assignments to departments, and delineation of clinical privileges, and corrective  
2071 action;
- 2072 10. Evaluate the medical care rendered to patients in the Medical Center, identify  
2073 opportunities to improve patient care and to participate in activities related to the  
2074 performance improvement program;
- 2075 11. Conduct a biennial review of the Association bylaws and revise as necessary the  
2076 bylaws, rules and regulations to reflect the Medical Center's current practices with  
2077 respect to the Association's organization and functions;
- 2078 40 12. Take all reasonable steps to ensure professionally ethical conduct and competent  
2079 clinical performance on the part of all members of the Association, including, without  
2080 limitation, the initiation of and/or participation in Association corrective or review  
2081 measures when warranted; and
- 2082 44.13. Report at each Association meeting;

- 2083 14. Act for the Association as a liaison in the development of all Medical Center policy;
- 2084 15. Take reasonable steps to develop continuing education activities and programs for the  
2085 attending staff;
- 2086 16. Designate such committees as may be appropriate or necessary to assist in carrying  
2087 out the duties and responsibilities of the Association and approve or reject  
2088 appointments to those committees which shall be made by the President;
- 2089 17. Appoint such special or ad hoc committees as necessary or appropriate to assist the  
2090 Executive Committee in carrying out its functions and those of the attending staff;
- 2091 18. Review the quality and appropriateness of services provided by contract practitioners;
- 2092 19. Review and approve the designation of the Medical Center's authorized representative  
2093 for National Practitioner Data Bank purposes; and
- 2094 20. Establish a process for resolution of any disputes between attending staff members  
2095 regarding the care of any patient.
- 2096 D. **Meetings:** The Executive Committee shall ~~meet~~ hold at least ten ~~times~~ monthly meetings  
2097 each year, ~~but at least quarterly~~, shall maintain a permanent record of its proceedings and  
2098 actions, and shall submit the general findings and recommendations of each meeting to the  
2099 Director through the ~~Assistant Director~~ Chief Medical Officer.
- 2100 E. Attending Staff Association (ASA) Review Subcommittee of the Executive Committee
- 2101 1. **Composition:** The ASA Review Subcommittee shall consist of the elected officers of  
2102 the Association and the Representatives At Large.
- 2103 2. **Duties:** The ASA Review Subcommittee shall:
- 2104 a. Review and evaluate findings and recommendations by the Association  
2105 committees and departments, and make recommendations to the Executive  
2106 Committee related to improving the delivery of patient care;
- 2107 b. Review, evaluate and make recommendations to the Executive Committee on  
2108 policies requiring Executive Committee approval and shall act for the  
2109 Association as a liaison in the development of all Medical Center policy;
- 2110 c. Identify issues requiring clinical operations improvement;
- 2111 d. Recommend operational improvement issues, with supporting documentation,  
2112 to the Executive Committee for review and referral to the Network Executive  
2113 Council;
- 2114 e. Recommend the appointment of ad hoc committees of the Subcommittee when  
2115 indicated; and

- 2116 f. Submit monthly reports to the Executive Committee of findings and  
2117 recommendations requiring any action by the Executive Committee.
- 2118 3. Meetings: The ASA Review Subcommittee shall hold at least ten monthly meetings  
2119 per year, shall maintain a permanent record of its proceedings and actions, and shall  
2120 submit a report of each meeting (meeting minutes will suffice for this purpose) to the  
2121 Executive Committee on its activities.

2122 **SECTION 3 Credentials and Privileges Advisory Committee**

- 2123 A. **Composition:** The Credentials and Privileges Advisory Committee shall consist of seven  
2124 members, one of whom shall be the President-Elect who shall be chairman of the Committee  
2125 and the administrative director of the Medical Center's Attending Staff Office. There shall be  
2126 no more than one member from any department.
- 2127 B. **Duties:** Articles IV and V generally describe the responsibilities of the departmental  
2128 Credentials Committees and the Credentials and Privileges Advisory Committee. Matters for  
2129 consideration of the Credentials and Privileges Advisory Committee may be directed to the  
2130 Committee by the Medical Director ~~Chief of Staff~~, the President, or the Executive Committee.

2131 The Credentials and Privileges Advisory Committee shall:

- 2132 1. Review the qualifications and credentials of all applicants for Association membership  
2133 and clinical privileges and make recommendations for membership appointment and  
2134 reappointment, assignment to departments, and delineation of clinical privileges in  
2135 accordance with these bylaws;
- 2136 2. Make a report to the Executive Committee on each applicant for Association  
2137 membership and clinical privileges, including specific consideration of the  
2138 recommendations from the department in which such applicant requests privileges;
- 2139 3. ~~The Credentials and Privileges Advisory Committee shall~~ Consider any matters of  
2140 controversy regarding Association membership appointments and reappointments,  
2141 granting of privileges, and conflicts between departmental Credentials Committees.;
- 2142 4. ~~The Committee shall~~ Review any records that may be referred by any committee of  
2143 the Association, the Medical Director or the Executive Committee and shall arrive at  
2144 decisions regarding the competence of Association applicants and members, and be  
2145 advisory to and make recommendations to the Executive Committee regarding such  
2146 matters.;
- 2147 5. Investigate any suspected breach of ethics that may be reported to the Committee;  
2148 and
- 2149 6. Review and evaluate the use of allied health professional personnel performing  
2150 specified health services, and in connection therewith, obtain and consider the  
2151 recommendations of the appropriate departments and the Interdisciplinary Practices  
2152 Committee.

2153 C. **Meetings:** The Credentials and Privileges Advisory Committee shall meet on an as-needed  
2154 basis, but at least quarterly, shall maintain a permanent record of its proceedings and actions,  
2155 and shall submit reports (meeting minutes will suffice for this purpose) to the Executive  
2156 Committee on its activities.

2157 **SECTION 4 Network Quality of Care Review ~~Quality Assessment and Value Improvement~~**  
2158 **Committee**

2159 A. **Composition:** The Network Quality of Care Review ~~Quality Assessment and Value~~  
2160 ~~Improvement~~ Committee shall consist of the Medical Director, President, Director of Quality  
2161 Management, chairs and/or clinical chiefs of departments insofar as possible, of at least one  
2162 representative from the Departments of Medicine, Surgery, Pediatrics, Obstetrics and  
2163 Gynecology and Psychiatry, and one each from the nursing service, pharmacy, health  
2164 information management, utilization review, risk management, safety, plant management, and  
2165 Medical Center administration.

2166 B. **Duties:**

2167 The Network Quality of Care Review ~~Quality Assessment and Value Improvement~~ Committee  
2168 shall :

2169 1. Have an ongoing responsibility for the ~~Network~~ Medical Center-wide monitoring of the  
2170 quality of the patient care provided in the Medical Center to assure that the Network's  
2171 and Medical Center's quality assessment is performed by the departmental, program  
2172 specific, or otherwise necessary, quality programs.

2173 All quality programs shall be are:

- 2174 a1. Described in writing;
- 2175 b2. Ongoing, integrated/coordinated;
- 2176 c3. Representative of all clinical disciplines and practitioners, where appropriate;
- 2177 d4. Criterion-based or goal-related with continuous improvement as one of its  
2178 goals;
- 2179 e5. Concerned primarily with the identification, prioritization and sustained  
2180 resolution of problems;
- 2181 f6. Implemented and have established mechanisms for reviewing and evaluating  
2182 patient care; and
- 2183 g7. Responsive to findings; ;

2184 2. Oversee, jointly with the Network's Executive Council, the Network's Quality of Care  
2185 Program and identify opportunities to improve patient care and Network and Medical  
2186 Center performance;

- 2187 3. Annually review, evaluate and recommend for approval of the Executive Committee  
 2188 the Network- wide Healthcare Quality Plan. This may include mechanisms to:
- 2189 a. Establish systems to identify potential problems in patient care;
- 2190 b. Set priorities for action on problem correction;
- 2191 c. Refer priority problems for assessment and corrective action to appropriate  
 2192 departments or committees;
- 2193 d. Review, evaluate and approve department and committee plans for monitoring,  
 2194 evaluating and improving patient care; and
- 2195 e. Coordinate and monitor results of healthcare quality assessment and  
 2196 improvement activities;
- 2197 4. Assist the Association, Medical Center and Network to meet applicable accreditation  
 2198 requirements relating th healthcare quality; and
- 2199 5. Review and evaluate data collected, reviewed and reported to the Association,  
 2200 Medical Center and Network committees, including, but not limited to: Clinical Councils  
 2201 (departmental quality improvement committees), Network Quality of Care Committee  
 2202 (including medico-legal matters and risk management), Safety Committee, Operating  
 2203 Room Committee, Organ and Tissue Oversight Committee, Infection Control  
 2204 Committee, Ethics Resource Committee and the Core Functional Teams,  
 2205 Cardiopulmonary Resuscitation Committee, Surgical Case Review Committee,  
 2206 Respiratory Care Committee and Trauma Committee.
- 2207 C. **Meetings:** The Network Quality of Care Review Assessment and Value Improvement  
 2208 Committee shall hold meet—at least ten monthly meetings per year, shall maintain a  
 2209 permanent record of its proceedings and actions, and shall submit a monthly report of each  
 2210 meeting and its activities (meeting minutes will suffice for this purpose) to the Executive  
 2211 Committee, on its activities to the Director, and to the Governing Body through the Director,  
 2212 except that routine reports to the Director and Governing Body shall not include peer  
 2213 evaluations related to individual members.

2214 **SECTION 5 Pharmacy and Therapeutics Committee**

- 2215 A. **Composition:** The Pharmacy and Therapeutics Committee shall consist of at least five  
 2216 Association members and one each from the Section of Clinical Pharmacology of the USC  
 2217 University of Southern California Keck School of Medicine, nursing service, USC University  
 2218 of Southern California School of Pharmacy, and Medical Center administration. The Chief  
 2219 Pharmacist shall be a member of and act as Secretary for the Committee.
- 2220 B. **Duties:** The Pharmacy and Therapeutics Committee shall be responsible for:
- 2221 1. The development and surveillance of all drug utilization policies and practices within  
 2222 the Medical Center in order to assure optimum clinical results and a minimum potential  
 2223 for hazard;

- 2224 2. The formulation of broad professional policies regarding the evaluation, appraisal,  
 2225 selection, procurement, storage, manufacturer, distribution, use, safety procedures,  
 2226 and all other matters relating to drugs in the Medical Center;
- 2227 3. The development, maintenance and periodical review of a drug formulary for use in  
 2228 the Medical Center in order to provide practitioners ~~physicians and dentists~~ with quality  
 2229 products and an adequate selection of drugs to enable prescribers to provide high  
 2230 quality drug therapy;
- 2231 4. The recommendations concerning drugs to be stocked on the nursing unit floors and  
 2232 by other services;
- 2233 5. The prevention of unnecessary duplication in stocking of drugs and drugs in  
 2234 combination having identical amounts of the same therapeutic ingredients;
- 2235 6. The utilization of the drug information resources of the Medical Center for educational  
 2236 purposes to improve the quality of drug therapy;
- 2237 7. The periodic review of high use and high cost drug items and making appropriate  
 2238 recommendations; ~~and~~
- 2239 8. The establishment of standards concerning the use and control of investigational drugs  
 2240 and of research in the use of recognized drugs: ;
- 2241 9. Drug error and adverse drug reaction review and evaluation and making specific  
 2242 recommendations with the goal of reducing drug errors and adverse drug reactions;
- 2243 10. Advising the attending staff and the pharmaceutical service on matters pertaining to  
 2244 the choice of available drugs; and
- 2245 11. Evaluating clinical data concerning new drugs or preparations requested for use in the  
 2246 hospital;
- 2247 C. **Meetings:** The Pharmacy and Therapeutics Committee shall meet at least quarterly, shall  
 2248 maintain a permanent record of its proceedings and actions, and shall submit at least a  
 2249 quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee on  
 2250 its activities.

2251 **SECTION 6 Infection Control Committees**

2252 A. **Composition:** There ~~is one~~ ~~are three~~ Infection Control Committees: ~~(1) in~~ General Hospital;  
 2253 ~~and one Infection Control Subcommittee in~~ (2) Women's and Children's Hospital; ~~and (3)~~  
 2254 ~~Pediatric Pavilion/Psychiatric Hospital.~~ The membership of each e Committee and  
 2255 Subcommittee shall be representative of the appropriate membership of the Association for  
 2256 the Medical Center area concerned and one representative each from ~~Quality Assessment~~  
 2257 ~~and Value Improvement,~~ Medical Center administration, nursing service, epidemiology, plant  
 2258 management, environmental services, and others as necessary.

2259 B. **Duties:**

- 2260            1.     The Infection Control Committees and Infection Control Subcommittee shall be  
 2261            responsible for the development of Medical Center-wide infection control program and  
 2262            the surveillance of the Medical Center for infection hazards, the review and analysis  
 2263            of actual infections, the promotion of a preventative and corrective program designed  
 2264            to minimize infection hazards, and the supervision of infection control in all phases of  
 2265            the Medical Center's activities.
- 2266            2.     The Committees and Subcommittee shall be responsible for the development of a  
 2267            system for reporting, identifying, and analyzing the incidence and cause of nosocomial  
 2268            infections, including assignment of responsibility for the ongoing collection and analytic  
 2269            review of such data, and follow-up activities, including, but not limited to:
- 2270            a1.    Developing written policies defining special indication for isolation  
 2271            requirements;
- 2272            b2.    Coordinating action on findings from the attending staff's review of the clinical  
 2273            use of antibiotics;
- 2274            c3.    Acting upon recommendations related to infection control received from the  
 2275            Medical Director ~~Chief of Staff~~, Executive Committee, departments, and other  
 2276            committees; and
- 2277            d4.    Reviewing sensitivities of organisms specific to the particular facility.
- 2278            C.     **Meetings:** Each The Infection Control Committee and the Infection Control Subcommittee  
 2279            shall each meet as often as necessary but at least every two months; and shall maintain a  
 2280            permanent record of its proceedings and actions; ~~and~~ The Infection Control Subcommittee shall  
 2281            report to the Infection Control Committee on its activities. The Infection Control Committee  
 2282            and shall submit a quarterly report (meeting minutes will suffice for this purpose) to the  
 2283            Executive Committee and the Network Quality of Care Review Assessment and Value  
 2284            Improvement Committee on the activities of the Committee and Subcommittee.

2285            **SECTION 7    Rules and Bylaws Committee**

- 2286            A.     **Composition:** The Rules and Bylaws Committee shall consist at least three Association  
 2287            members, including at least the President-Elect, the Medical Director ~~Chief of Staff~~, and the  
 2288            Immediate Past President ~~Associate Chief of Staff~~. The President-Elect shall act as chairman.
- 2289            B.     **Duties:** The Rules and Bylaws Committee shall:
- 2290            1.     Conduct an annual review of the Association bylaws as well as the rules, regulations  
 2291            and forms promulgated by the Association, departments, sections, divisions, and  
 2292            committees;
- 2293            2.     Submit recommendations to the Executive Committee for changes in such bylaws,  
 2294            rules, regulations, and forms as necessary to reflect current Association practices;
- 2295            3.     Receive and evaluate for recommendation to the Executive Committee suggestions  
 2296            for modification such bylaws, rules, regulations, and forms;



- 2297 4. Recommend to the Executive Committee rules and regulations for the entire  
2298 Association as well as for the departments, sections, divisions, and committees;
- 2299 5. Receive and review from the departments, sections, divisions, and committees their  
2300 recommended rules and regulations; and
- 2301 6. Review the Association bylaws annually and recommend revisions or amendments as  
2302 necessary.

2303 All actions of the Rules and Bylaws Committee shall be subject to approval by the Executive  
2304 Committee.

- 2305 C. Meetings: Rules and Bylaws Committee shall meet as often as necessary at the call of its  
2306 chairman but at least annually, shall maintain a permanent record of its proceedings and  
2307 actions, and shall submit reports to the Executive Committee on its activities.

2308 **SECTION 8 Cancer Committee**

2309 A. **Composition:** The Cancer Committee shall consist of at least five Association members with  
2310 representation from the departments of Pathology, Medicine (Division of Medical Oncology),  
2311 Surgery, Radiology (Division of Diagnostic Radiology) and Radiation Oncology, ~~Obstetrics and~~  
2312 ~~Gynecology, Psychiatry,~~ and one each from social services, Network Quality of Care Review  
2313 Committee, nursing service, ~~rehabilitation services,~~ Cancer Registry (CRT), Hospice,  
2314 Pharmacy, Pain Control, Dietary/Nutrition, Comprehensive Health Center physician  
2315 representative and Medical Center and Network administration. All Tumor Boards presenting  
2316 cancer patients cared for at the Medical Center or in the Network are considered  
2317 subcommittees of the Cancer Committee. Subcommittees may be appointed as necessary.

2318 B. **Duties:** The Cancer Committee shall cover the entire spectrum of care for all cancer patients  
2319 admitted to the Medical Center and cared for in the Network encompassing diagnosis,  
2320 treatment, rehabilitation, follow-up, quality assessment, and end-results-reporting. The  
2321 Committee shall be responsible for a functioning Cancer Registry and submission of periodic  
2322 reports to the Executive Committee and the Network Quality of Care Review Assessment and  
2323 Value Improvement Committee. The responsibilities of the Committee shall be consistent with  
2324 the Commission on Cancer and Cancer Program Standards for Networks and shall include,  
2325 but not be limited to:

- 2326 1. Insure that patients have access to consultative services in all disciplines;
- 2327 2. Develop and sponsor educational conferences related to cancer;
- 2328 3. Assure that the educational programs, conferences and other clinical activities cover  
2329 the entire spectrum of cancer care;
- 2330 4. Audit data provided to the Committee to evaluate the cancer program and trends in the  
2331 treatment of cancer patients at the Medical Center and in the Network;
- 2332 5. Supervise the activities of the Network's Tumor Registry, and evaluate the quality of  
2333 abstracting, staging and reporting;

2334 6. Receive and review, at least monthly, a report of all Tumor Board Conferences; and

2335 7. Conduct one or two patient care evaluation studies each year.

2336 C. **Meetings:** The Cancer Committee shall meet at least quarterly, shall maintain a permanent  
2337 record of its proceedings and actions, and shall submit at least a quarterly report (meeting  
2338 minutes will suffice for this purpose) to the Executive Committee on its activities.

2339 **SECTION 9 Blood Utilization Committee**

2340 A. **Composition:** The Blood Utilization Committee shall consist of the Director of the Blood  
2341 Bank, at least five Association members with two members from the Department of Surgery,  
2342 one each from the Departments of Anesthesiology, Medicine, Pediatrics, and Obstetrics  
2343 and Gynecology, nursing service, and such other members as from time to time may be  
2344 necessary. Subcommittees may be formed to review transfusion records.

2345 B. **Duties:** The Blood Utilization Committee shall be responsible for establishment of a periodic  
2346 review mechanism of the records of all transfusions of blood and blood components to include  
2347 an assessment of transfusion reaction, blood utilization, and making recommendations  
2348 regarding specific improvements in transfusion services and policies. The Committee shall  
2349 also:

2350 1. Review, revise and approve policies and procedures on ordering, distributing,  
2351 handling, dispensing, and administering blood and blood components;

2352 2. Evaluate periodically the appropriateness and usage of selected blood components;

2353 3. Review transfusion reactions; and

2354 4. Make appropriate recommendations for improvement.

2355 C. **Meetings:** The Blood Utilization Committee shall meet at least quarterly, shall maintain a  
2356 permanent record of its proceedings and actions, and shall submit at least a quarterly report  
2357 to the Executive Committee on its activities.

2358 ~~SECTION 10 Home Care Advisory Committee~~

2359 ~~A. Composition:~~

2360 ~~The Home Care Advisory Committee shall consist of at least three Association members with~~  
2361 ~~representation from, one each from Medical Center administration, and nursing service, medicine,~~  
2362 ~~and appropriate non-Medical Center representatives.~~

2363 ~~B. Duties:~~

2364 ~~The Home Care Advisory Committee shall review the procedures and activities of the Home Care~~  
2365 ~~Service.~~

2366 ~~C. Meetings:~~

2367 The Home Care Advisory Committee shall meet at least yearly, shall maintain a permanent record  
2368 of its proceedings and actions, and shall submit reports to the Executive Committee on its activities.

2369 **SECTION 10 Joint Conference Committee**

2370 **A. Composition:** The Joint Conference Committee shall be composed of an equal number of  
2371 the Director’s designees and the Association’s members, but the Association members shall  
2372 at least include the President, the President-Elect, and the Immediate Past President. The  
2373 chair of the Committee shall alternate yearly between the Director’s designees and the  
2374 Association members.

2375 **B. Duties:** The Joint Conference Committee shall constitute a forum for the discussion of  
2376 matters of Medical Center and Association policy, practice, and planning, and a forum for  
2377 interaction between the Director’s designees and the Association on such matters as may be  
2378 referred by the Executive Committee or the Director.

2379 **C. Meetings:** The Joint Conference Committee shall meet quarterly, shall maintain a permanent  
2380 record of its proceedings and actions, and shall submit an annual report of its activities to the  
2381 Executive Committee and the Director.

2382 **SECTION 11 Medical Staff Aid Committee**

2383 **A. Composition:** Medical Staff Aid Committee shall consist of not less than three Active Staff  
2384 members, and a resident physician member, a majority of whom, including the chairman, shall  
2385 be physicians. Insofar as possible, members of the Committee shall not serve as members  
2386 of other peer review or quality assessment and value improvement committees at the Medical  
2387 Center while serving on this Committee.

2388 **B. Duties:** The Medical Staff Aid Committee may receive reports related to the physical and  
2389 mental health, well-being, or impairment (e.g., substance abuse, physical or mental illness)  
2390 of Association members and, as it deems appropriate, may investigate such reports. With  
2391 respect to matters involving Association members, the Committee may, on a voluntary basis,  
2392 provide such advice, counseling, or referrals as it deems appropriate. Such activities shall be  
2393 confidential; however, in the event information received by the Committee clearly  
2394 demonstrates that the physical or mental health or known impairment of an Association  
2395 member poses an unreasonable risk of harm to patients, that information may be referred for  
2396 corrective action pursuant to Article VI. The Committee shall also consider general matters  
2397 related to the health and well-being of Association members and, with the approval of the  
2398 Executive Committee, shall develop educational programs or related activities and shall  
2399 recommend policies and procedures for recognizing practitioners who have problems with  
2400 substance abuse and/or physical or mental illness which may impair their ability to practice  
2401 safely and effectively, and for assisting such practitioners to obtain necessary rehabilitation  
2402 services.

2403 **C. Meetings:** The Medical Staff Aid Committee shall meet as often as necessary but at least  
2404 quarterly, shall maintain a permanent record of its proceedings and actions, and shall submits  
2405 reports (meeting minutes will suffice for this purpose) to the Executive Committee on its  
2406 activities.

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**SECTION 12 Ethics Committees**

- A. **Composition:** There are two Ethics Committees: (1) the Fetal/Infant/Children Bioethics Committee and (2) the Ethics Resource Committee. The Ethics Committees shall consist of physicians and such other members as deemed appropriate which may include nurses, lay representatives, social workers, clergy, ethicists, attorneys, and administrators, although a majority shall be physician members of the Association.
- B. **Duties:** Ethics Committees may participate in the following:
  - 1. development of guidelines for consideration of cases having bioethical implications;
  - 2. development and implementation of procedures for the review of such cases;
  - 3. development and/or review of Medical Center policies regarding care and treatment of such cases;
  - 4. retrospective review of cases for the evaluation of bioethical policies; and
  - 5. provide a forum for discussion of bioethical questions when they arise and consultation with concerned parties to facilitate communication and aid conflict resolution; and facilitate communication with and education of Medical Center staff on bioethical matters.
- C. **Meetings:** Each Ethics Committee shall meet as often as necessary at the call of its chairman but at least ten times per year, shall maintain a permanent record of its proceedings and actions, and shall submit reports (meeting minutes will suffice for this purpose) to the Executive Committee on its activities.

**SECTION 13 Research Committee**

- A. **Composition:** The Research Committee shall consist of the same members as the Institutional Review Board (hereafter "IRB") of the ~~Health Research Association of the Los Angeles County+University of Southern California~~ Network Medical Center, the University of Southern California Health Sciences Campus and the Health Research Association (hereafter "HRA") and the proceedings and actions of the IRB shall constitute the proceedings and actions of the Research Committee, provided that:
  - 1. The IRB shall be a broadly represented body;
  - 2. A majority of IRB members shall be Association members;
  - 3. The Executive Committee ~~HRA~~ shall appoint all IRB members in consultation with the Medical Director ~~Chief of Staff~~ and the CEO; and
  - 4. Each IRB member and any new IRB member shall be subject to approval in writing by the Director as to his or her membership on the Association's Research Committee.

~~In the event that the HRA has no IRB or any of the four conditions stated above are not~~

2441 satisfied, then the Executive Committee may either serve as the Research Committee or  
2442 appoint the members and officers of the Committee which shall be broadly represented and  
2443 composed of such Association members and County personnel as deemed necessary by the  
2444 Executive Committee subject to approval by the Chief of Staff, the CEO, and the Director or  
2445 his authorized designee.

2446 B. **Duties:** The Research Committee shall:

- 2447 1. Examine all requests for the performance of any type of medical research within the  
2448 Medical Center and make recommendations to the Executive Committee on whether  
2449 to grant permission to conduct such research at the Medical Center and whether, if  
2450 approved, such research must be performed in accordance with any stated conditions.  
2451 Such recommendations shall be subject to approval by the Executive Committee, the  
2452 Medical Director Chief of Staff, the CEO, and the Director or his or her authorized  
2453 designee;
- 2454 2. Monitor all approved medical research projects and require and receive from time to  
2455 time, but not less than annually, written progress reports on all approved research  
2456 projects;
- 2457 3. Assure compliance with all Federal and State laws and regulations applicable to the  
2458 approval, performance and monitoring of medical research; and
- 2459 4. Make an annual detailed written report to the Director, not later than twelve months  
2460 following the end of each County fiscal ~~October 31 of each~~ year, of the medical  
2461 research accomplished, the research in progress, and a description of the source and  
2462 dollar amounts of funds expended for research at the Medical Center during the  
2463 County's previous fiscal year.

2464 C. **Requests to Conduct Medical Research:** No Association member or other person shall  
2465 perform any type of medical research at the Medical Center without first obtaining the approval  
2466 of the Research Committee, the Executive Committee, the Medical Director Chief of Staff, the  
2467 CEO, the Director or his or her authorized designee, and any other person or body whose  
2468 approval is required under a County contract. No medical research shall be approved unless  
2469 such research will contribute to or benefit health care for County patients. All requests for  
2470 permission to conduct such medical research in the Medical Center must be in writing and in  
2471 such form as may be required by the Committee and shall be accompanied by the written  
2472 approval of the chairman of each department involved. Whenever a request for permission  
2473 to conduct medical research is made by an Association member who is also a member of the  
2474 faculty of a Professional School, the Committee may recommend that portions of the particular  
2475 medical research be conducted in facilities other than the Medical Center.

2476 D. **Authority of Director:** Notwithstanding any other provision of these bylaws, the Director may  
2477 at any time, after considering the recommendation, if any, of the Executive Committee,  
2478 remove any person as a member of the Association's Research Committee. The Director's  
2479 decision regarding removal shall be final and shall not be subject to review.

2480 E. **Meetings:** The Research Committee shall meet as necessary but not less than quarterly,  
2481 shall maintain a permanent record of its proceedings and actions, and shall submit at least a

2482 quarterly report (meeting minutes will suffice for this purpose) to the Executive Committee,  
2483 the Medical Director ~~Chief of Staff~~, the CEO, and the Director or his or her authorized  
2484 designee, on its activities.

2485 **SECTION 14 ~~INTERDISCIPLINARY PRACTICE COMMITTEE~~ Interdisciplinary Practice**  
2486 **Committee**

2487 A. **Composition:** The Interdisciplinary Practice Committee shall consist of, at a minimum, the  
2488 Director of ~~Chief Nursing Officer Services and Education~~, the Medical Director ~~CEO~~ or his or  
2489 her authorized designee, and an equal number of physicians appointed by the Executive  
2490 Committee and registered nurses appointed by the Director of ~~Chief Nursing Officer Services~~  
2491 ~~and Education~~. Licensed or certified health professionals other than registered nurses who  
2492 perform functions requiring standardized procedures, protocols or guidelines shall be  
2493 appointed to the Committee by the Executive Committee. The chairman of the Committee  
2494 shall be a physician member of the Active Staff appointed by the Executive Committee.

2495 B. **Duties:** The Interdisciplinary Practice Committee shall perform functions consistent with the  
2496 requirements of law and regulation. The duties of the Committee include, but are not limited  
2497 to:

2498 1. Consistent with the requirements of law and regulation, dDevelop and review  
2499 standardized ~~standardized~~ procedures, protocols or guidelines and receive reviews of  
2500 the quality of care provided by allied health professionals (AHP) under such  
2501 procedures, protocols or guidelines;

2502 2. Recommend policies, and procedures, protocols or guidelines for expanded role  
2503 privileges for assessing, planning and directing the patients' diagnostic and therapeutic  
2504 care rendered by allied health professionals; ~~and~~

2505 3. Serve as the liaison between licensed or certified health professionals who perform  
2506 functions requiring standardized ~~standardized~~ procedures, protocols or guidelines and  
2507 the Association: ;

2508 4. Review allied health professionals' applications and requests for privileges and forward  
2509 its recommendations and the applications on the to the appropriate department; and

2510 5. Participate in allied health professionals peer review and performance improvement.

2511 C. **Meetings.** The Interdisciplinary Practice Committee shall meet as necessary but not less than  
2512 quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit  
2513 at least a quarterly report to the Executive Committee, to the Medical Director ~~Chief of Staff~~,  
2514 to the CEO, and to the Governing Body through the Director ~~or his authorized designee~~, on  
2515 its activities.

2516 **SECTION 15 Graduate Medical Education Committee**

2517 **A. Composition:**

2518 1. Graduate Medical Education Committee shall consist of, at a minimum, each

2519 department's director(s) of the general specialty and subspecialty residency  
2520 program(s), the Medical Director, the Academic Administrator if different from the  
2521 Medical Director, one Professional School representative, the Director of Graduate  
2522 Medical Education, and three resident representatives, two of whom shall be elected  
2523 by their peers as authorized by the Executive Committee and one of whom shall be  
2524 appointed by the Director of Graduate Medical Education. The Director of Graduate  
2525 Medical Education shall be the chair of the Committee.

2526 2. Graduate Medical Education Steering Subcommittee of the Graduate Medical  
2527 Education Committee shall consist of the program directors of the general specialty  
2528 programs in the departments of Internal Medicine, Obstetrics and Gynecology,  
2529 Pediatrics, Psychiatry, and Surgery; one-third of the program directors of the remaining  
2530 general specialty residency programs, serving two-year terms in rotation; the Medical  
2531 Director; the Academic Administrator if different from the Medical Director; one  
2532 Professional School representative; the Director of Graduate Medical Education; and  
2533 three resident representatives.

2534 B. **Duties:** The Graduate Medical Education Committee shall:

2535 1. Organize and oversee the postgraduate physician educational programs sponsored  
2536 by the Medical Center;

2537 2. Assure that each educational program provides appropriate guidance and supervision  
2538 of the residents, facilitating the residents' professional and personal development while  
2539 ensuring safe and appropriate care for patients;

2540 3. Monitor and advise on all aspects of residency education by recommending policies  
2541 that affect all residency programs regarding the quality of education and the work  
2542 environment for the residents in each program; and

2543 4. Establish and implement appropriate oversight of and liaison with program directors;  
2544 assure that program directors establish and maintain proper oversight of and liaison  
2545 with appropriate personnel of other institutions participating in programs sponsored by  
2546 the Medical Center.

2547 C. **Meetings:** The Graduate Medical Education Committee shall meet annually and shall  
2548 maintain a permanent record of its proceedings and actions. The Graduate Medical Education  
2549 Steering Subcommittee shall meet at least ten times per year to conduct the business and  
2550 functions of the Graduate Medical Education Committee, shall maintain a permanent record  
2551 of its proceedings and actions, and shall submit at least a quarterly report (meeting minutes  
2552 will suffice for this purpose) to the Executive Committee, the Medical Director, the CEO and  
2553 the Director, on its activities.

2554 **SECTION 16 Health Record Committee**

2555 A. **Composition:** The Health Record Committee shall consist of at least five Association  
2556 members each of whom shall be from a different department and one representative each  
2557 from Medical Center administration, information management services, nursing service, quality  
2558 improvement, and risk management.

- 2559 **B. Duties: The Health Record Committee shall:**
- 2560 1. Report committee findings, conclusions and recommendations to the Executive  
 2561 Committee and the Network's Executive Council at least quarterly;
- 2562 2. Monitor health and medical record performance at the Medical Center;
- 2563 3. Develop, review, recommend and implement health and medical record policies.  
 2564 Establish the format of health and medical records, the forms used, and policies  
 2565 governing the use of electronic data processing storage systems for health records  
 2566 purposes;
- 2567 4. Assist various department and divisions in effectively implementing the Medical  
 2568 Center's health and medical record policies;
- 2569 5. Monitor and evaluate clinical pertinence assessments of health and medical records  
 2570 and/or monitor and evaluate clinical pertinence assessments performed by the  
 2571 Network Quality of Care Review Committee;
- 2572 6. Monitor Medical Center staff orientation and education activities related to health and  
 2573 medical record policies and procedures; and
- 2574 7. Evaluate, at least annually, the overall effectiveness of health and medical record  
 2575 functions.

2576 **C. Meetings: The Health Record Committee shall meet at least quarterly, shall maintain a**  
 2577 **permanent record of its proceedings and actions, and shall submit at least a quarterly report**  
 2578 **(meeting minutes will suffice for this purpose) to the Executive Committee on its activities.**

2579 **SECTION 17 Surgical Case and Invasive Procedure Review Committee**

2580 **A. Composition: The Surgical Case Review Committee shall consist of at least three members**  
 2581 **from the departments of Pathology, Surgery, and Obstetrics and Gynecology; at least one**  
 2582 **each from the nursing service and Medical Center administration; and members from other**  
 2583 **departments as desired.**

2584 **B. Duties: The Surgical Case Review Committee shall review tissue and non-tissue cases**  
 2585 **performed in the operating room and in outpatient areas for:**

- 2586 1. Appropriateness of procedure;
- 2587 2. Appropriateness for lack of tissue;
- 2588 3. Discrepancies between pre- and postoperative diagnoses; and
- 2589 4. Adequate follow-up of for unexpected findings.

2590 **C. Meetings: The Surgical Case Review Committee shall meet at least quarterly, shall maintain**  
 2591 **a permanent record of its proceedings and actions, and shall submit at least a quarterly report**



2592 (meeting minutes will suffice for this purpose) to the Executive Committee on its activities.

2593 **SECTION 18 Operating Room Committee**

2594 **A. Composition:** The Operating Room Committee shall consist of the Medical Director-  
2595 Operating Rooms, members from the departments of Anesthesiology, Dentistry,  
2596 Neurosurgery, Obstetrics and Gynecology; Ophthalmology, Orthopedics, Otolaryngology, and  
2597 Surgery; at least one each from the Joint Council of Interns and Residents/Committee of  
2598 Interns and Residents, nursing service and Medical Center administration; and the Medical  
2599 Director who shall be an ex-officio member. The chair shall be appointed by the Executive  
2600 Committee with the concurrence by the Medical Director.

2601 **B. Duties:**

2602 The Operating Room Committee shall:

2603 1. Develop policies and procedures for the effective operation of the Operating Room  
2604 Suite;

2605 2. Provide excellent and timely care for each patient requiring surgery; and

2606 3. Monitor overall Operating Room performance and utilization.

2607 **C. Meetings:** The Operating Room Committee shall meet at least quarterly, shall maintain a  
2608 permanent record of its proceedings and actions, and shall submit at least a quarterly report  
2609 (meeting minutes will suffice for this purpose) to the Executive Committee on its activities.

2610 **SECTION 19 Trauma Committee**

2611 **A. Composition.** The Trauma Committee shall consist of at least eight members from the  
2612 departments of Surgery, Emergency Medicine, Radiology, Pediatrics, Anesthesiology, and  
2613 Pathology; one from the nursing service; and one from Medical Center administration.

2614 **B. Duties:**

2615 The Trauma Committee shall:

2616 1. Establish policies and procedures for the management of trauma at the Medical  
2617 Center;

2618 2. Collect and review data regarding the management of trauma patients; and

2619 3. Monitor Medical Center performance within the community-wide trauma system.

2620 **C. Meetings.** The Trauma Committee shall meet at least quarterly, shall maintain a permanent  
2621 record of its proceedings and actions, and shall submit at least a quarterly report (meeting  
2622 minutes will suffice for this purpose) to the Executive Committee through the Network Quality  
2623 of Care Review Committee on its activities.

2624 **SECTION 20 Utilization Review Committee**

2625 **A. Composition:** The Utilization Review Committee shall include at least three members from  
2626 different departments, and one each from nursing service and Medical Center administration.

2627 **B. Duties:**

2628 **1. Utilization Review Studies:** The Utilization Review Committee shall conduct  
2629 utilization review studies designated to evaluate the appropriateness of admissions to  
2630 the Medical Center, lengths of stay, discharge practices, use of Medical Center  
2631 services, and all related factors which may contribute to the effective utilization of the  
2632 Medical Center and practitioner services. The Committee shall communicate the  
2633 results of its studies and other pertinent data to the Medical Director, the CEO, the  
2634 Chief Medical Officer, and the Executive Committee and shall make recommendations  
2635 for the optimum utilization of Medical Center resources and facilities commensurate  
2636 with quality of patient care and safety.

2637 **2. Written Utilization Review Plan:** The Utilization Review Committee shall also  
2638 formulate a written Utilization Review Plan for the Medical Center and the Network.  
2639 Such Plan, as approved by the Executive Committee, the CEO, and the Director, must  
2640 be in effect at all times and must include all of the following elements:

2641 a. The organization and composition of the committee(s) which will be  
2642 responsible for the utilization review function;

2643 b. Frequency of meetings;

2644 c. The types of records to be kept;

2645 d. The methods to be used in selecting cases on a sample or other basis;

2646 e. The definition of what constitutes the period of extended duration;

2647 f. The relationship of the Utilization Review Plan to claims administrated by a  
2648 third party;

2649 g. Arrangements for committee reports and their dissemination; and

2650 h. Responsibilities of Medical Center's administrative staff in support of utilization  
2651 review.

2652 **3. Prolonged Length of Stay Evaluations:** The Utilization Review Committee shall  
2653 evaluate the medical necessity for continued Medical Center services for particular  
2654 patients where appropriate. In making such evaluations, the Committee shall be  
2655 guided by the following criteria:

2656 a. No physician shall have review responsibility for any continued stay cases in  
2657 which he or she was professionally involved;

2658 b. All decisions that further inpatient stay is not medically necessary shall be  
2659 made by physician members of the Committee or physician advisors delegated  
2660 by the Committee and only after an opportunity for consultation has been given  
2661 the attending physician by the Committee and full consideration has been  
2662 given to the availability of out-of-Network facilities and services;

2663 c. Where there is a significant divergence in opinion following such consultation  
2664 regarding the medical necessity for continued services for the patient at the  
2665 Medical Center, the judgment of the attending physician shall be given great  
2666 weight; and

2667 d. All decisions that further inpatient stay is not medically necessary shall be  
2668 given by written notice to the patient, the chair of the appropriate department,  
2669 to the Medical Director, and to the attending physician for such action, if any,  
2670 as may be warranted.

2671 C. **Meetings:** The Utilization Review Committee shall hold at least ten monthly meetings per  
2672 year, shall maintain a permanent record of its proceedings and actions, and shall submit a  
2673 report (meeting minutes will suffice for this purpose) to the Executive Committee on its  
2674 activities.

2675 **SECTION 21~~45~~ Other Committees**

2676 The President and/or Executive Committee Secretary, in mutual consultation, may establish and  
2677 appoint other standing committees and/or special or ad hoc committees when deemed necessary.  
2678 The appointment of such committees shall include the following:

- 2679 A. The members of the committee and its chairman;  
2680 B. The exact charge for which the committee is formed;  
2681 C. To whom and when the committee shall report concerning its deliberations and/or actions; and  
2682 D. The duration of service of the committee.

2683 **SECTION 16 General Provisions**

2684 A. ~~Term of Committee Members:~~

2685 ~~Unless otherwise specifically provided, committee members shall be appointed for a term of one year~~  
2686 ~~and shall serve until the end of this period or until successors are appointed unless they sooner resign~~  
2687 ~~or are removed from the committee. Any committee member, other than one serving ex-officio, may~~  
2688 ~~be removed by a majority vote of the Executive Committee.~~

2689 B. ~~Vacancies:~~

2690 ~~Unless otherwise specifically provided, vacancies on any Association committee shall be filled in the~~  
2691 ~~same manner in which an original appointment to such committee is made.~~

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**ARTICLE XI**

**ASSOCIATION MEETINGS**

**SECTION 1 Annual Association Meeting**

There shall be an annual meeting of the members of the Association. The annual meeting of the Association shall be held in June. The election of officers and elected members of the Executive Committee shall be held in even numbered years at this annual meeting. The President of the Association shall present a report on actions taken by the Executive Committee during the preceding year and on other matters believed to be of interest and value to the membership of the Association and the Medical Center. The meeting shall include reports of review and evaluation of the work done in the clinical departments and of the performance of the required Association functions. ~~Notice of the annual meeting shall be given to the members in writing at least thirty days prior to the meeting.~~

The agenda for the annual meeting shall be:

- A. Administrative:
  - 1. Call to order;
  - 2. Acceptance of the minutes as amended, if needed, of the last annual and of all intervening special meetings;
  - 3. Unfinished business;
  - 4. Communications;
  - 5. Report from the President Chief of Staff;
  - 6. Reports of departments;
  - 7. Reports of committees;
  - 8. Reports from the Medical Director and/or CEO;
  - ~~98.~~ New business;
  - 109. Election of officers and Representatives At Large when required by these bylaws; and
- B. Professional:
  - 1. Review and analysis of the clinical work of the Medical Center;
  - 2. Reports of departments;
  - 3. Reports of committees;
  - 4. Discussion and recommendations for improvement of the professional work of the

2721 Medical Center; and

2722 5. Adjournment.

2723 **SECTION 2 Special Association Meetings**

2724 A. Special meetings of the Association may be called at any time by the President or by the  
2725 Executive Committee. The President shall call a special meeting within thirty days after his  
2726 or her receipt of a written request for same, signed by not less than thirty members of the  
2727 Active Staff stating the purposes of such meeting. No business shall be transacted at any  
2728 special meeting except that stated in the notice calling the meeting. The agenda for a special  
2729 meeting shall be:

2730 1. Reading of the notice calling the meeting;

2731 2. Transaction of business for which the meeting was called; and

2732 3. Adjournment.

2733 **SECTION 3 Committee, Department, Division and Section Meetings**

2734 A. **Regular Meetings:** Committees, departments, divisions and sections may, by resolution,  
2735 provide the time for holding regular meetings and no notice other than such resolution shall  
2736 then be required. Departments shall hold regular meetings during at least ten months per year  
2737 monthly to review and evaluate the clinical work of practitioners with privileges in the  
2738 department.

2739 B. **Special Meetings:** A special meeting of any committee, department, division or section may  
2740 be called by, or at the request of, the chairman or chief or head thereof, the President of the  
2741 Association, or by one-third of the group's current members eligible to vote but not less than  
2742 two members.

2743 **SECTION 4 Notice of Meetings**

2744 Written or printed notice stating the place, day, and hour of any Association meeting or of any regular  
2745 committee, department, division or section meeting not held pursuant to resolution shall be delivered  
2746 either personally or by United States or County mail to each person entitled to be present not less  
2747 than seven days, nor more than twenty days before the date of such meeting, except that notice of  
2748 the annual Association meeting shall be delivered at least thirty days prior to the meeting. Notice of  
2749 special committee, department, division or section meeting may be given orally or by email. If mailed  
2750 by the United States mail, the notice of the meeting shall be deemed delivered when deposited,  
2751 postage prepaid, in the United States mail addressed to each person entitled to such notice at his or  
2752 her address as it appears in the records of the Medical Center. If mailed by County mail, the notice  
2753 of the meeting shall be deemed delivered when deposited in the Medical Center Mail Distribution  
2754 Center addressed to each person entitled to such notice at his or her address as it appears on the  
2755 records of the Medical Center. Personal attendance at a meeting shall constitute a waiver of the  
2756 notice of such meeting.

2757 **SECTION 5 Quorum**

2758 For any Association, department, division, or section or committee meeting for which notice has been  
2759 given, the number of voting members present, but not less than three ~~two~~ such members, shall  
2760 constitute a quorum for the transaction of any business, including amendment of these bylaws. For  
2761 any committee meeting, at least fifty percent of the Association members of the committee shall be  
2762 required to be in attendance to constitute a quorum for the transaction of any business.

2763 **SECTION 6 Conduct of Meetings**

2764 All meetings shall be conducted according to these bylaws. Where not otherwise specified, the latest  
2765 edition of Robert's Rules of Order shall prevail, provided that any technical departure from such rules,  
2766 as determined in the sole judgment of the presiding officer of the meeting, shall not invalidate any  
2767 action taken at a meeting.

2768 **SECTION 7 Manner of Action**

2769 Except as otherwise specified, the action of a majority of the voting members present and voting at  
2770 any meeting at which a quorum is present exists shall be the action of the group. Committee action  
2771 may be conducted in a telephone conference at which a quorum exists, if the telephone conference  
2772 is approved by the presiding officer of the meeting, and the telephone conference shall be deemed  
2773 to constitute a meeting only for the matters discussed in the telephone conference. Action may be  
2774 taken without a meeting of the Association or any committee, department, division or section by  
2775 written notice setting forth the action so taken signed by at least a majority of each member entitled  
2776 to vote thereat.

2777 **SECTION 8 Minutes**

2778 Minutes of all meetings shall be prepared and maintained in a permanent record and shall include a  
2779 record of attendance and the vote taken on each matter. The minutes shall be signed by the  
2780 presiding officer. The Association Secretary shall maintain a permanent file of the minutes of  
2781 Association, department, and committee meetings, and each department shall also maintain a  
2782 permanent file of the minutes of department, division and section meetings.

2783 **SECTION 9 Attendance Requirements**

- 2784 A. **Association Meetings:** The representatives of the departments, as appointed pursuant to  
2785 Article IX, Section 4(B)(~~11~~40), shall be required, unless excused by the President for good  
2786 cause shown, to attend all annual and special Association meetings during their term of office.  
2787 They shall have the duty of reporting to their departments the proceedings and actions of such  
2788 meetings. All other Association members are encouraged to attend all annual and special  
2789 Association meetings. Other interested persons may also attend at the discretion of the  
2790 President of the Association.
- 2791 B. **Committee, Department, Division and Section Meetings:** Each member of the Active Staff  
2792 who is employed by the County of Los Angeles or the Professional Schools shall be required  
2793 to attend not less than thirty percent of all meetings of each committee, department, division  
2794 or section of which he or she is a member in each Association Year.
- 2795 C. **Absence From Meetings:** Any member so required to attend who is compelled to be absent  
2796 from any Association, committee, department, division, or section meeting shall submit to the

2797 presiding officer thereof, the reasons for such absence. Failure to meet the attendance  
2798 requirements of Subsections A and B of this Section 9, unless excused by such presiding  
2799 officer for good cause shown, may be grounds for corrective action as set forth in Article VI,  
2800 and including, in addition, removal from such committee, department, division, or section.  
2801 Presiding officers of such meetings shall report all such failures to the Executive Committee.  
2802 Reinstatement of an Association member whose membership has been revoked because of  
2803 absence from meetings shall be made only on application, and any such application shall be  
2804 processed in the same manner as an application for initial appointment.

2805 D. **Special Appearance:** A member whose patient's clinical course of treatment or conduct is  
2806 scheduled for discussion at a committee, department, division or section meeting shall be so  
2807 notified by the committee, or department chair, or division chairman chief or section chief head  
2808 and shall be ~~expected~~ required to attend. Whenever apparent or suspected deviation from  
2809 standard clinical practice is involved, the notice to the member shall so state, shall state the  
2810 time and place of the meeting, shall be given by certified or registered mail, return receipt  
2811 requested, at least seven days prior to the meeting and shall include a statement that his or  
2812 her attendance at the meeting at which the alleged deviation is to be discussed is mandatory.

2813 Failure of a member to attend any meeting with respect to which he or she was given notice  
2814 that his or her attendance is mandatory, unless excused by the President Chief of Staff on a  
2815 showing of good cause, may be a basis for corrective action, including, without limitation, may  
2816 result in a summary suspension of all or any portion of the member's clinical privileges. If the  
2817 member makes a written request for postponement, which is received by the President Chief  
2818 of Staff within five days after the date of the notice and which is supported by an adequate  
2819 showing that his or her absence will be unavoidable, his or her attendance and presentation  
2820 may be excused and postponed by the committee, or department chair, or division chief  
2821 chairman or section head chief or by the President Chief of Staff if the chairman, or chief or  
2822 head is the member involved, until not later than the next regular meeting; otherwise, the  
2823 pertinent clinical information shall be presented and discussed as scheduled.

2824 **SECTION 10 Confidentiality**

2825 All members and attendees shall agree in writing, to keep the proceedings and activities of the  
2826 Association, committees, departments, divisions and sections confidential.

2827 **ARTICLE XII**

2828 **CONFIDENTIALITY, IMMUNITY AND RELEASES**

2829 **SECTION 1 Special Definitions**

2830 For the purposes of this Article, the following definitions shall apply:

2831 A. **INFORMATION** means records of proceedings, minutes, records, files, communications,  
2832 reports, memoranda, statements, recommendations, data and other disclosures, whether in  
2833 written or oral form, relating to professional qualifications, clinical ability, judgment, character,  
2834 physical and mental health status, emotional stability, professional ethics, or any other matter  
2835 that might directly or indirectly affect patient care.

- 2836 B. **REPRESENTATIVE** means Los Angeles County and any officer, employee or agent thereof;  
2837 the Association and any member, officer, department, service, division, section, board, or  
2838 committee thereof; any other attending or medical staff organization and any member, officer,  
2839 department, service, division, section, board, or committee thereof; any other health care  
2840 facility or organization and any officer, department, service, division, section, board, or  
2841 committee thereof; and any person authorized by any of the foregoing to perform specific  
2842 information gathering or disseminating functions.
- 2843 C. **THIRD PARTY** means any person or organization providing information to any representative.

2844 **SECTION 2 Authorizations and Conditions**

2845 By applying for, or exercising, clinical privileges or providing specified patient care services within the  
2846 Medical Center, a practitioner:

- 2847 A. Authorizes representatives of the County of Los Angeles, the Medical Center, and the  
2848 Association to solicit, provide and act upon any information bearing upon, or reasonably  
2849 believed to bear upon, his or her professional ability and qualifications.
- 2850 B. Authorizes representatives and third parties to provide any information, including otherwise  
2851 privileged or confidential information, concerning the practitioner to the Medical Center and  
2852 the Association.
- 2853 C. Agrees to be bound by the provisions of this Article and to waive all legal claims against any  
2854 representative or third party who acts in accordance with the provisions of this Article.
- 2855 D. Acknowledges that the provisions of this Article are express conditions to his or her application  
2856 for, and acceptance of, Association membership and the continuation of such membership,  
2857 and/or to his or her application and exercise of clinical privileges or provision of specified  
2858 patient care services at the Medical Center.

2859 **SECTION 3 Confidentiality of Information**

- 2860 A. **General:** Information with respect to any practitioner submitted, collected, prepared, or  
2861 maintained by any representative for the purpose of achieving and maintaining quality patient  
2862 care, reducing morbidity and mortality, or contributing to clinical research as well as any other  
2863 information with respect to any Association, committee, department, division or section  
2864 meetings shall, to the fullest extent permitted by law, be confidential and shall not be  
2865 disseminated to anyone other than a duly authorized person nor be used in any way except  
2866 as provided herein or except as otherwise required by law. Dissemination of such information  
2867 shall be made only where expressly required by law, pursuant to officially adopted policies of  
2868 the Association, or, where no official policy exists, only with the express approval of the  
2869 Executive Committee. Such confidentiality shall extend also to any information submitted,  
2870 collected, prepared, or maintained by any practitioner or any third party. This information shall  
2871 not become part of any particular patient's file or of the general Medical Center records.
- 2872 B. **Breach of Confidentiality:** Inasmuch as effective peer review, the consideration of the  
2873 qualifications of Association members and applicants to perform specific procedures, and the  
2874 evaluation and improvement of the quality of care rendered in the Medical Center, must be



2875 based on free and candid discussion. ~~Any, any~~ breach of confidentiality of the discussions or  
2876 deliberations of the Association, departments, divisions, sections, or committees, except in  
2877 conjunction with any other attending or medical staff organization or health care facility or  
2878 organization or any licensing authority, is outside appropriate standards of conduct for the  
2879 Association and shall be deemed disruptive to the operations of the Association and the  
2880 Medical Center. If it is determined that such a breach has occurred or is likely to occur, the  
2881 Medical Center or the Executive Committee may undertake such corrective action as deemed  
2882 appropriate.

2883 It shall be the responsibility of each practitioner to obtain the release of any information  
2884 requested by the Association or the Medical Center.

2885 Notwithstanding any other provision of these bylaws, the Association, the Medical Center, and  
2886 the County of Los Angeles, and their officers, employees, and agents shall, to the fullest  
2887 extent permitted by law, be entitled to utilize any information submitted, collected, prepared,  
2888 or maintained by any practitioner, representative, or third party, in defense of any suit or claim  
2889 brought against any or all of them relating to any act or omission of any practitioner.

2890 **SECTION 4 Immunity From Liability**

2891 A. **For Action Taken:** Each representative of the County of Los Angeles, the Medical Center,  
2892 or the Association, and all third parties, shall, to the fullest extent permitted by law, be exempt  
2893 from any liability to any practitioner for any damages or other relief for any action taken or  
2894 statements or recommendations made within the scope of his or her duties.

2895 B. **For Providing Information:** Each representative of the County of Los Angeles, the Medical  
2896 Center, or the Association, and all third parties shall, to the fullest extent permitted by law, be  
2897 exempt from any liability to any practitioner for any damages or other relief by reason of  
2898 providing information to a representative of the County of Los Angeles, the Medical Center,  
2899 or the Association or to any other health care facility or organization or attending or medical  
2900 staff organization concerning any practitioner who is, or has been, an applicant to or member  
2901 of the Association or who did, or does, exercise clinical privileges or provide specified patient  
2902 care services at the Medical Center.

2903 **SECTION 5 Activities and Information Covered**

2904 The provisions of this Article shall apply to all acts, communications, reports, recommendations, and  
2905 disclosures of any kind performed or made in connection with the activities of the Medical Center or  
2906 the Association or of any other health care facility or organization or attending or medical staff  
2907 organization, concerning, but not limited to:

- 2908 A. Applications for appointment, clinical privileges, or specified patient care services.
- 2909 B. Periodic reappraisals for reappointment, clinical privileges, or specified patient care services.
- 2910 C. Corrective action.
- 2911 D. Hearings and appellate reviews.

- 2912 E. ~~Performance data from the quality improvement program~~ Patient care audits.
- 2913 F. Utilization reviews.
- 2914 G. Other Medical Center, Association, department, division, section, or committee activities  
2915 related to monitoring and/or maintaining quality patient care and appropriate professional  
2916 conduct.
- 2917 H. National Practitioner Data Bank, peer review organizations, Medical Board of California and  
2918 similar reports.

2919 **SECTION 6 Releases**

2920 Each practitioner shall, upon request of the Medical Center, or the Association, execute general and  
2921 specific releases in accordance with the express provisions and general intent of this Article.  
2922 However, execution of such releases shall not be deemed a prerequisite to the effectiveness of this  
2923 Article.

2924 **ARTICLE XIII**

2925 **RULES AND REGULATIONS**

2926 **SECTION 1 Association Rules and Regulations**

2927 Subject to the approval of the Director, the Executive Committee shall adopt, amend, or repeal such  
2928 rules and regulations of the Association as may be necessary to implement more specifically the  
2929 general principles found in these bylaws. Following Executive Committee action, such rules and  
2930 regulations shall become effective only upon approval of the Director, which approval shall not be  
2931 withheld unreasonably. Such rules and regulations shall be reviewed, and may be revised if  
2932 necessary, at least every two years. Such rules and regulations shall not be inconsistent with these  
2933 bylaws or ~~other~~ the policies of the Medical Center. If there is any conflict between these bylaws and  
2934 such rules and regulations, the bylaws shall govern. If significant changes are made in such rules and  
2935 regulations, as determined by the Executive Committee, then the Association members and other  
2936 persons with clinical privileges shall be provided with revised texts.

2937 **SECTION 2 Departmental Rules and Regulations**

2938 Subject to the approval of the Executive Committee and the Director, each department shall adopt,  
2939 amend, or repeal its own rules and regulations for the conduct of its affairs and the discharge of its  
2940 responsibilities. Such rules and regulations shall not be inconsistent with these bylaws, the rules and  
2941 regulations of the Association or the Medical Center, or ~~the other~~ policies of the Medical Center. If  
2942 there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern.

2943 **ARTICLE XIV**

2944 **GENERAL PROVISIONS**

2945 **SECTION 1 Construction of Terms and Headings**

2946 Words used in these bylaws shall be read as the masculine or feminine gender and as the singular  
2947 or plural, as the context requires. The captions or headings in these bylaws are for convenience only  
2948 and are not intended to limit or define the scope or effect of any provision of these bylaws.

2949 **SECTION 2 Executive Committee Action**

2950 Whenever these bylaws require or authorize action by the Executive Committee, such action may be  
2951 taken by a subcommittee of the Executive Committee to which the Executive Committee has  
2952 delegated the responsibility and authority to act for it on the particular subject matter, activity or  
2953 function involved.

2954 **SECTION 3 Authority to Act**

2955 Action of the Association in relation to any person other than the members thereof shall be expressed  
2956 only through the President or the Executive Committee or his or her or its designee, and they shall  
2957 first confer with the CEO. Any member who acts in the name of ~~this~~ the Association without proper  
2958 authority shall be subject to such disciplinary action as the Executive Committee or the ~~Administrator~~  
2959 CEO may deem appropriate.

2960 **SECTION 4 Acceptance of Principles**

2961 All members of whatever class or category do by application for appointment or reappointment to  
2962 membership in the Association agree to be bound by the provisions of these bylaws, a copy of which  
2963 shall be delivered to each member on his or her initial appointment and a copy of each amendment  
2964 thereto which shall be promptly delivered after adoption. Any violation of these bylaws shall subject  
2965 the applicant or member to such disciplinary action as the Executive Committee or the CEO may  
2966 deem appropriate consistent with these bylaws.

2967 **ARTICLE XV**

2968 **FEES AND PROFITS**

2969 **SECTION 1 Fee for Service**

2970 Except as otherwise provided in a County contract, no member of the Association shall bill, accept,  
2971 or receive any fee or gratuity for any type of service rendered to any patient under the jurisdiction of  
2972 the Medical Center, except as to those patients who are designated as private patients of that  
2973 member upon admission, or where that member is called as a consultant for a private patient of  
2974 another member.

2975 **SECTION 2 Division of Fees**

2976 The practice of the division of fees under any guise whatsoever is forbidden and any such division of  
2977 fees shall be cause for exclusion from the Association.

2978 **SECTION 3 Gain from Research**

2979 No member of the Association shall receive any direct pecuniary gain from any patient or sources on  
2980 behalf of any patient as a result of any research conducted at the Medical Center.

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**ARTICLE XVI**

**CONFLICTS**

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

**ARTICLE XVII**

**INDEMNIFICATION AND LIABILITY INSURANCE**

~~Each practitioner who renders services to and bills patients in the Medical Center shall provide and maintain the following programs of insurance with the terms, conditions, endorsements and limits as may be determined by the County's Chief Administrative Office. Such programs of insurance shall be secured through carrier(s) satisfactory to the County Risk Manager and evidence of such coverage satisfactory to the County Risk Manager shall be delivered to the County's Chief Administrative Office Medical Center prior to the rendering of such services in the Medical Center. Such evidence shall specifically identify the practitioner and contain express conditions that the County is to be given written notice at least thirty (30) days in advance of any modification or termination of any program of insurance.~~

~~A. GENERAL LIABILITY~~

~~Such insurance shall be primary to and not contributing with any other insurance maintained by the County and shall be endorsed naming the County of Los Angeles as an additional insured and shall include:~~

- ~~1. General liability insurance written on a commercial general liability form or on a comprehensive general liability form covering the hazards of premises/operations; contractual, independent contractors, products/completed operations, broad form property damage, and personal and advertising injury with a combined single limit of not less than \$1,000,000 One Million Dollars (\$1,000,000) per occurrence.~~
- ~~a. If written with an annual aggregate limit, the policy limit shall be three times the occurrence limit.~~
- ~~b. If written on a claims made form, practitioner shall continue to name the County of Los Angeles as an additional insured for a two year period following the termination or cancellation of clinical privileges or provide an extended two (2) year reporting period commencing upon termination or cancellation of clinical privileges.~~

~~B. PROFESSIONAL LIABILITY~~

~~A program of professional liability insurance covering liability arising from any error, omission, or negligent act of the practitioner or his agents or employees with a limit of liability of at least \$1,000,000 One Million Dollars (\$1,000,000) per claim.~~

~~If written on a claims made form, practitioner shall continue to name the County of Los Angeles as~~

3017 an additional insured for a two year period following the termination or cancellation of clinical  
3018 privileges or shall provide an extended two (2) year reporting period commencing upon termination  
3019 or cancellation of clinical privileges.

3020 C. ~~WORKERS' COMPENSATION~~

3021 ~~— A program of Workers' Compensation insurance in an amount and form to meet all applicable~~  
3022 ~~requirements of the Labor Code of the State of California, including Employers Liability with~~  
3023 ~~a \$1 million One Million Dollars (\$1,000,000) limit, covering all persons providing services on~~  
3024 ~~behalf of practitioner and all risks to such persons.~~

3025 D. ~~INDEMNIFICATION~~

3026 ~~— Each such practitioner shall defend, indemnify and hold harmless the County, its officers,~~  
3027 ~~employees, and agents, from and against any and all liability, suits, expense, including~~  
3028 ~~defense costs and legal fees, and claims for damages of any nature whatsoever, including,~~  
3029 ~~but not limited to, bodily injury, death, personal injury, or property damage arising from or~~  
3030 ~~connected with the practitioner's rendering of such services, including any worker's~~  
3031 ~~compensation suits, liability, or expense arising from or connected with services performed~~  
3032 ~~by or on behalf of any such practitioner pursuant to his Association membership.~~

3033 ~~Each such practitioner shall notify the County's Chief Administrative Office or its authorized claims~~  
3034 ~~representative by Department of Health Services incident report of any occurrence of injury, disease,~~  
3035 ~~illness, death, injury to or destruction of property, or any malpractice, error, or event that is potentially~~  
3036 ~~compensable (e.g., any adverse event related to hospitalization or treatment, any deviation from~~  
3037 ~~expected outcomes). If a claim is made or suit is brought against the practitioner and/or the County,~~  
3038 ~~the practitioner shall immediately forward to the County's Chief Administrative Office, or its authorized~~  
3039 ~~claims representative, copies of every demand, notice, summons or other process received by him~~  
3040 ~~or his representative.~~

3041 ~~Each such practitioner shall cooperate with and assist the County and the underwriters of the County's~~  
3042 ~~Comprehensive Hospital Liability and Medical Malpractice program by attending hearings and trials,~~  
3043 ~~securing and giving evidence as may be required.~~

3044 ~~All notices and other communications shall be addressed to the County Risk Manager at the County's~~  
3045 ~~Chief Administrative Office, Risk Management Operations, Hall of Administration, 500 West Temple~~  
3046 ~~Street, Room 745-754, Los Angeles, California 90012, or the County's authorized representative.~~

3047 **SECTION 1 Indemnification**

3048 Notwithstanding any other provision of these bylaws, each practitioner (other than a practitioner who  
3049 (1) provides health services to a patient at the Medical Center within the scope of his or her  
3050 employment as a County Civil Service employee, whether classified or unclassified, (2) provides  
3051 health services to a patient at the Medical Center within the scope of a contract which he or she has  
3052 entered into with the County and which has been approved by the Governing Body, or (3) provides  
3053 health services to a patient at the Medical Center within the scope of a contract which has been  
3054 entered into between a non-County entity and the County and which has been approved by the  
3055 Governing Body) who renders services to and bills patients in the Medical Center shall indemnify,  
3056 defend and hold harmless County, and its Special Districts, elected and appointed officers,

employees, and agents from and against any and all liability, including, but not limited to, demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with practitioner's acts and/or omissions arising from and/or relating to the services provided to such patients by such practitioner.

**SECTION 2 General Insurance Requirements**

Without limiting any such practitioner's indemnification of County, each such practitioner shall provide and maintain the programs of insurance specified in this Article XVII. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by County, and such coverage shall be provided and maintained at the practitioner's own expense.

**A. Evidence of Insurance:** Certificate(s) or other evidence of coverage satisfactory to County shall be delivered to the Medical Director prior to any such practitioner rendering any services to any patient at the Medical Center. Such certificates or other evidence shall:

- 1. Specifically reference these bylaws.
- 2. Clearly evidence all required coverages.
- 3. Contain the express condition that County is to be given written notice by mail at least thirty days in advance of cancellation for all policies evidenced on the certification of insurance.
- 4. Include copies of the additional insured endorsement to the commercial general liability policy, adding the County of Los Angeles, its Special Districts, its officials, officers and employees as additional insureds for all activities arising from and/or relating to the services provided by the practitioner.
- 5. Identify any deductibles or self-insured retentions for County's approval. The County retains the right to require the practitioner to reduce or eliminate such deductibles or self-insured retentions as they apply to County, or, require the practitioner to provide a bond guaranteeing payment of all such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

**B. Insurer Financial Ratings:** Insurance shall be provided by an insurance company acceptable to County with and A.M. Best rating of not less than A: VII, unless otherwise approved by County.

**C. Failure to Maintain Coverage:** Any failure by any such practitioner to provide and maintain the required insurance, or to provide evidence of insurance coverage acceptable to County, shall constitute a material violation of these bylaws and shall result in the immediate and automatic suspension of the practitioner's Association membership and clinical privileges as provided in Section 3 of Article VI. County, at its sole option, may obtain damages from the practitioner resulting from such breach.

**D. Notification of Incidents, Claims, or Suits:** Each such practitioner shall notify County, or

3095 its authorized claims representative, by Department of Health Services incident report of any  
3096 occurrence of disease, illness, death, injury to persons or destruction of property, or any  
3097 malpractice, error, or event that is potentially compensable (e.g., any adverse event related  
3098 to hospitalization or treatment, any deviation from expected outcomes). If a claim is made or  
3099 suit is brought against the practitioner and/or the County, the practitioner shall immediately  
3100 forward to the County, or its authorized claims representative, copies of every demand, notice,  
3101 summons, or other process received by him or his representative. In addition, each such  
3102 practitioner shall cooperate with and assist the County, or its authorized representatives, in  
3103 accordance with County and Medical Center procedures.

3104 **E. Compensation for County Costs:** In the event that any such practitioner fails to comply with  
3105 any of the indemnification or insurance requirements of these bylaws, and such failure to  
3106 comply results in any costs to County, the practitioner shall pay full compensation for County  
3107 for all const incurred by County.

3108 **SECTION 3 Insurance Coverage Requirements**

3109 **A. General Liability Insurance** (written on ISO policy form CG 00 01 or its equivalent) with limits  
3110 of not less than the following:

- |      |  |                    |
|------|--|--------------------|
| 3111 | <u>1. General Aggregate:</u>                       | <u>\$2 million</u> |
| 3112 | <u>2. Products/Completed Operations Aggregate:</u> | <u>\$1 million</u> |
| 3113 | <u>3. Personal and Advertising Injury:</u>         | <u>\$1 million</u> |
| 3114 | <u>4. Each Occurrence:</u>                         | <u>\$1 million</u> |

3115 **B. Automobile Liability Insurance** (written on ISO policy CA 00 01 or its equivalent) with a limit  
3116 of liability or not less than \$1 million for each accident. Such insurance shall include coverage  
3117 or all "owned", "hired", or "non-owned" vehicles, or coverage for "any auto".

3118 **C. Workers' Compensation and Employer's Liability Insurance** providing workers'  
3119 compensation benefits, as required by the Labor Code of the State of California or by any  
3120 other state, and for which such practitioner is responsible. This insurance also shall include  
3121 Employers' Liability coverage with limits of not less that the following:

- |      |                                    |                    |
|------|------------------------------------|--------------------|
| 3122 | <u>1. Each Accident</u>            | <u>\$1 million</u> |
| 3123 | <u>2. Disease - policy limit:</u>  | <u>\$1 million</u> |
| 3124 | <u>3. Disease - each employee:</u> | <u>\$1 million</u> |

3125 **D. Professional Liability** covering liability arising from any error, omission, neglect, wrongful act  
3126 of the practitioner, its officers or employees with limits of not less than \$1 million per  
3127 occurrence and \$3 million aggregate. The coverage also shall provide an extended two year  
3128 reporting period commencing upon termination or cancellation of clinical privileges.

3129 **ARTICLE XVIII**

3130 **AUTHORITY OF DIRECTOR OF HEALTH SERVICES**

3131 **SECTION 1**

3132 ~~Notwithstanding any other provision~~ In accordance with the provisions of these bylaws, no  
3133 appointment or reappointment to membership or grant of clinical privileges shall be effective unless  
3134 and until approved by the Director, and no suspension or termination (including, without limitation, any  
3135 denial of reappointment, but not including any automatic suspension or termination) of the  
3136 membership or all or any portion of the clinical privileges of any person shall be effective unless and  
3137 until approved by the Director; provided, that in cases of emergency where there is a likelihood of  
3138 direct and immediate danger to the health or safety of any person, the Medical Director ~~Chief of~~  
3139 ~~Staff~~, or his or her authorized representative in his or her absence, may temporarily suspend all or  
3140 any portion of the clinical privileges of any person for a period not to exceed three working days  
3141 (excluding weekends and holidays) pending investigation and action by the Director.

3142 **SECTION 2**

3143 Notwithstanding any other provision of these bylaws, the Director, ~~shall, in the interest of patient care~~  
3144 ~~and~~ in his or her sole discretion, after considering the recommendations, if any, of the Executive  
3145 Committee (except that the Director shall not consider the recommendations of the Executive  
3146 Committee in instances where these bylaws authorize the Director to take action without such  
3147 recommendations) and in the interest of patient care, shall have the authority to grant clinical  
3148 privileges ~~other than those requested~~ as well as modify, suspend, or terminate the membership and/or  
3149 all or any portion of the clinical privileges of any person in the attending staff.

3150 **SECTION 3**

3151 Notwithstanding any other provision of these bylaws, the Director, after considering the  
3152 recommendations, if any, of the Executive Committee, shall have the authority to take such action as  
3153 he or she deems necessary and appropriate relative to all aspects of the membership and/or clinical  
3154 privileges of any person in order to accommodate and carry out orders of the County Civil Service  
3155 Commission or other County Civil Service requirements.

3156 **ARTICLE XIX**

3157 **CONFLICT OF INTERESTS**

3158 Notwithstanding any other provision of these bylaws, no person who is in any way involved in an  
3159 application for, or the conduct of, any medical research project which is or may be performed in whole  
3160 or in part at a Los Angeles County facility shall in any way participate in the County's approval or  
3161 ongoing evaluation of such project or in any way attempt unlawfully to influence the County's approval  
3162 or ongoing evaluation of such project.

3163 **ARTICLE XX**

3164 **AMENDMENT OF BYLAWS**

3165 These bylaws may be amended at any annual or special meeting of the Association, provided that  
3166 notice of such business is sent to all members no later than ten days before such meeting. The notice



3167 shall include the exact wording of the proposed amendment and the time and place of the meeting.  
3168 To be adopted, an amendment shall require an affirmative two-thirds vote of those present and  
3169 eligible to vote, provided that a quorum exists. Amendments shall be effective only if and when  
3170 approved by the Governing Body, ~~which approval shall not be withheld unreasonably.~~ **Neither the**  
3171 **Association nor the Governing Body may unilaterally amend these bylaws.**

3172 /

3173 /

3174 /

**LAC + USC MEDICAL CENTER - ATTENDING STAFF ASSOCIATION BYLAWS**

3175

3176 APPROVED by the Association on \_\_\_\_\_ 2002 19

3177

3178 President of the Association                      ~~Executive Secretary of the Association~~

3179 APPROVED by the Chief ~~Executive Director~~ Officer on \_\_\_\_\_ 2002 19

3180

3181 ~~Executive Director,~~ Chief Executive Officer

3182 Los Angeles County+University of Southern California Medical Center

3183 APPROVED by the ~~Assistant Director, Personal Health Services~~ Chief Medical Officer on

3184 \_\_\_\_\_ 2002 19

3185

3186 ~~Assistant Director, Personal Health Services~~ Chief Medical Officer

3187 Los Angeles County Department of Health Services

3188 APPROVED by the Director of Health Services on \_\_\_\_\_ 2002 19

3189

3190 Director of Health Services,

3191 Los Angeles County Department of Health Services

3192 APPROVED by the Governing Body on \_\_\_\_\_ 2002-19

3193 \_\_\_\_\_

3194 Chairman of the Board of Supervisors

3195 Los Angeles County

3196 APPROVED AS TO FORM:

3197 ~~DEWITT W. CLINTON~~ LLOYD W. PELLMAN

3198 County Counsel

3199 By \_\_\_\_\_

3200 JAMES KASHIAN

3201 Principal Deputy County Counsel

3202 Draft 1246 (2002 ~~3/1/99~~)

3203 DRAFT #2 - 1/28/02 (104635)

3204 DRAFT #3 - 1/28/02 (104775)

3205 DRAFT #4 - 1/31/02 (105535)

3206 DRAFT #5 - 2/8/02 (105974)

3207 DRAFT #6 - 4/11/02 (117460)