

(213) 240-8101

February 20, 2003

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

Dear Supervisors:

AMENDMENT OF THE BYLAWS FOR THE PROFESSIONAL STAFF ASSOCIATION OF LOS ANGELES COUNTY - HIGH DESERT HOSPITAL (Fifth District) (3 votes)

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Chair to sign the attached Bylaws of the Professional Staff Association of Los Angeles County –High Desert Hospital 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 Professional Staff Association of Los Angeles County – High Desert Hospital. 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 Professional Staff Association that have occurred since the last Bylaws were approved in 2000.

The hospital's current JCAHO accreditation expires at the beginning of March 2003. Although your Board voted last summer to close High Desert Hospital in May 2003, the Department has determined that due to the potential adverse impact to the hospital's Medi-Cal and Medicare status that could result from allowing its accreditation to expire, High Desert Hospital should seek a one-day JCAHO survey and a six-month extension of its accreditation. The recommended changes to the Professional Staff Bylaws are necessary in light of the upcoming one-day JCAHO review.

Section 2.76.540 of the Los Angeles County Code provides for the establishment of professional staff associations and privileges for professional staff in County hospitals. This code section requires that such organizations shall function in accordance with Bylaws that have been approved by the Board of Supervisors. The Bylaws of the Professional Staff Association of the Los Angeles County – High Desert Hospital were last approved by the Board of Supervisors on May 9, 2000.

The attached Bylaws amendments have been approved by the Department of Health and the membership of the Professional Staff Association of Los Angeles County – High Desert Hospital.

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 to the Chief Medical Officer of Health Services.
2. Revision 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 High Desert Hospital under the contract of a non-County entity in the event that the practitioner has his/her clinical privileges limited or restricted by such non-County entity.
3. Revision of a provision to allow the Executive Committee to determine if the Professional Staff 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. Revision of basic responsibilities of Professional Staff Association membership. For example, these include a requirement that a practitioner must notify, in writing, the Medical Director of High Desert Hospital immediately after, but in no event later than ten (10) days after, the occurrence of any of the following: the practitioner's membership or clinical privileges at any hospital are voluntarily or involuntarily revoked, suspended, reduced, not renewed or relinquished; any professional liability litigation involving the practitioner has been to final judgment, is settled, or is in progress; or the practitioner's Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished.
5. Revision of appointment and reappointment process to include a requirement that the applicant may be required to submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee, which may select the examining physician.
6. Clarification of the requirements for eligibility for, and the granting of, temporary clinical privileges.
7. Addition of a provision to require clinical privileges for telemedicine for practitioners who desire to treat patients by telemedicine link (e.g. telephone, e-mail).
8. Addition of a provision under automatic suspension to require the restriction of the right of a practitioner to prescribe medications if, and to the extent that, his/her Drug Enforcement Administration certificate is restricted.
9. Revision of qualifications for the Association Member at Large, who serves on the Executive Committee, to require that he/she be a member of the Active Staff at the time of nomination and election and remain an Active Staff member in good standing during his/her term. The number of Association Members at Large was changed from three (3) to one (1).
10. Removal of the Division of the Intensive Care Unit and the Department of Physical Medicine and Rehabilitation and the change of the Department of Medicine to the Department of Internal Medicine.
11. Addition of a provision to allow the Executive Committee to make changes to the clinical departments of the Professional 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 Hospital. 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 Hospital, including, but not limited to, the creation, elimination, consolidation or modification of specific departments of the Hospital. Deletion of the provision that allowed the Director of Health Services to make changes to the clinical departments, without the necessity of a Bylaws amendment.

12. Changes in various provisions relating to Professional Staff Association committee membership and duties of committees to reflect current practice, including, for example, that the Quality/Risk Management Committee is divided into two separate committees (Quality Management Committee and Risk Management Committee) with committee membership and duties to reflect current practice.
13. Addition of a provision that the Director of Health Services' approval of the Professional Staff Association rules and regulations, adopted by the Executive Committee, shall not be withheld unreasonably, that such rules and regulations shall be reviewed, and may be revised if necessary, at least every two (2) years, and that if there is any conflict between these Bylaws and such rules and regulations, the Bylaws shall govern.
14. Revision of indemnification and insurance requirements, as approved by CAO Risk Management, which are applicable to any practitioner who provides health services to patients at High Desert Hospital and who bills patients for these health services.
15. Revisions to clarify and generally require that the Director of Health Services must consider the recommendations, if any, of the Executive Committee when granting, modifying, suspending or terminating Professional 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 Professional 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 Manager has approved the indemnification and insurance provisions of the Bylaws.

CONTRACTING PROCESS:

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

None.

CONCLUSION:

The Department of Health Services is recommending that the Board approve the Bylaws of the Professional Staff Association of Los Angeles County - High Desert Hospital as amended.

The Honorable Board of Supervisors
February 20, 2003
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When approved, this Department requires four signed copies of the Bylaws.

Respectfully submitted,

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

TLG:rp

Attachment

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

BLhdhbylaws.doc

B Y L A W S

OF THE

PROFESSIONAL STAFF ASSOCIATION

LOS ANGELES COUNTY HIGH DESERT HOSPITAL

~~2000~~ 2002

Draft #1, 6/24/02
Draft #2, 7/22/02
Draft #3, 12/2/02
Draft #4, 12/11/02
Draft #5, 12/17/02

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PREAMBLE

126 The purposes of the Professional Staff Association of the Los
127 Angeles County High Desert Hospital shall be to maintain, subject
128 to the ultimate authority and responsibility of the Los Angeles
129 County Board of Supervisors, professional standards for health
130 services rendered to patients in the Los Angeles County High
131 Desert Hospital; to function as the single organized professional
132 staff that has overall responsibility, subject to the ultimate
133 authority and responsibility of the Los Angeles County Board of
134 Supervisors, for the quality of the professional services provided
135 by persons with clinical privileges as well as the responsibility
136 of accounting therefor to the Los Angeles County Board of
137 Supervisors; to ensure that all patients receive high quality
138 care; to offer a means of prompt and efficient cooperation with
139 the Administration of the Hospital, the ~~Associate Director~~ Chief
140 Medical Officer of Health Services, ~~Clinical and Medical Affairs,~~
141 the Director of the Department of Health Services, and the Los
142 Angeles County Board of Supervisors, and Los Angeles County
143 professional associations and schools; and to stimulate
144 professional and scientific contributions by members of the
145 Professional Staff Association to increase the value of the
146 Hospital as a training institution for members of the
147 Professional Staff Association, technicians and nurses, as well
148 as members of the medical, dental, and ancillary professions at
149 large.

150

DEFINITIONS

- 151 1. **HOSPITAL** means the Los Angeles County High Desert Hospital.
- 152 2. **GOVERNING BODY** means the Board of Supervisors of Los Angeles
153 County.
- 154 3. **DIRECTOR** means the Director of the County Department of
155 Health Services delegated by the Governing Body to act on
156 its behalf in the overall management of Department of Health
157 Services' hospitals and clinics, one of which is the
158 Hospital.
- 159 4. ~~**ASSISTANT DIRECTOR**~~ **CHIEF MEDICAL OFFICER** means the
160 administrator, whose title is the ~~Associate Director~~ **Chief**
161 **Medical Officer** of Health Services, ~~Clinical and Medical~~
162 ~~Affairs~~, appointed by the Director to act on behalf of the
163 Director in the overall management of Department of Health
164 Services' hospitals and clinics.
- 165 5. **HOSPITAL ADMINISTRATOR or ADMINISTRATOR** means the person,
166 whose title is Hospital Administrator, appointed by the
167 Director to act on behalf of the ~~Assistant Director~~ in the
168 overall management of the Hospital.
- 169 6. **MEDICAL DIRECTOR** means the physician, whose title is Medical
170 Director, appointed by the Director to act on behalf of the
171 Hospital Administrator in the management and attending staff
172 coordination of the medical and professional affairs of the
173 Hospital.
- 174 7. **PHYSICIAN** means an individual who is a graduate of an
175 approved school of medicine or osteopathy and who is licensed
176 to practice medicine in the State of California.
- 177 8. **DENTIST** means an individual who is a graduate of an approved
178 school of dentistry and who is licensed to practice dentistry
179 and perform oral surgery in the State of California.
- 180 9. **PODIATRIST** means an individual who holds a D.P.M. degree
181 conferred by an approved school and who is licensed to
182 practice podiatry in the State of California.
- 183 10. **CLINICAL PSYCHOLOGIST** means an individual who holds a doctoral
184 degree in psychology conferred by an approved school and who
185 is licensed to practice clinical psychology in the State of
186 California.

- 187 11. **ATTENDING STAFF** means all physicians, dentists, podiatrists,
188 and clinical psychologists who attend or consult regarding
189 patients at the Hospital, regardless of whether such persons
190 are County classified or unclassified employees, or
191 Association members, or holders of temporary or emergency
192 privileges.
- 193 12. **DEPARTMENT** means those specialties recognized by the American
194 Board of Medical Specialties when such specialties are granted
195 such organizational status under these bylaws. A department
196 may include one or more divisions.
- 197 13. **DEPARTMENT CHAIRMAN** means a practitioner whose title is
198 department chair appointed by the Director to manage and
199 coordinate the medical affairs of his/her department.
- 200 14. **DIVISION** means those subdivisions of departments, designated
201 under these bylaws, which may or may not be recognized as
202 specialties by the American Board of Medical Specialties.
- 203 15. **DIVISION CHIEF** means a practitioner whose title is division
204 chief appointed by the Director to manage and coordinate the
205 medical affairs of his/her division.
- 206 16. **ALLIED HEALTH PROFESSIONAL** means an individual, other than a
207 physician, podiatrist, dentist, or clinical psychologist, who
208 exercises independent judgment within the areas of his/her
209 professional competence and the limits established by the
210 department, Association, and applicable law, and who is
211 qualified to render direct or indirect patient care under the
212 supervision of an Association member who is licensed, and has
213 been accorded privileges, to provide such care in the
214 Hospital.
- 215 17. **ASSOCIATION** means the formal organization of licensed
216 physicians, dentists, podiatrists, and clinical
217 psychologists, at the Hospital which is known formally as the
218 Professional Staff Association of the Los Angeles County High
219 Desert Hospital.
- 220
221 18. **EXECUTIVE COMMITTEE** means the Executive Committee of the
222 Association.
- 223
224 19. **PRACTITIONER** means, unless otherwise expressly limited, any
225 physician, dentist, podiatrist, or clinical psychologist
226 applying for or exercising clinical privileges in the
227 Hospital.
- 228 20. **CLINICAL PRIVILEGES or PRIVILEGES** means the permission

229 granted to a practitioner to render specific diagnostic,
230 therapeutic, medical, dental, podiatric, clinical
231 psychological, or surgical services.

232 21. **ASSOCIATION YEAR** means the period from the first day of July
233 to the last day of June, inclusive.

234
235 22. **PRESIDENT** means the President of the Association.

236
237

ARTICLE I
NAME

238 The name of this organization shall be the Professional Staff
239 Association of the Los Angeles County High Desert Hospital.

240
241

ARTICLE II
MEMBERSHIP

242 **Section 1. Nature of Membership**

243 A. Membership in the Association is a privilege which shall be
244 extended only to professionally competent and licensed
245 physicians, dentists, podiatrists, and clinical psychologists
246 who continuously meet the qualifications, standards and
247 requirements set forth in these bylaws.

248 B. Physicians, dentists, podiatrists, and clinical psychologists
249 employed by the Hospital in a purely administrative capacity
250 with no clinical duties are subject to the regular personnel
251 policies of the Hospital and need not become members of the
252 Association. Persons in medico-administrative positions who
253 desire Association membership and/or privileges are subject to
254 the same requirements as all other applicants for Association
255 membership or privileges.
256

257 C. Physicians, dentists, podiatrists, and clinical psychologists
258 employed by the Hospital whose duties include clinical
259 responsibilities or functions involving their professional
260 capabilities are eligible to apply for membership in the
261 Association.

262 D. Interns, unlicensed residents and allied health professionals
263 shall not be eligible for Association membership.

264 E. Membership in the Association is separate and distinct from
265 any individually granted clinical privileges. Association
266 membership shall not automatically confer any clinical
267 privileges, and appointment to Association membership shall
268 confer only those clinical privileges which have been granted
269 in accordance with these bylaws.

270 F. No practitioner who is not a County Civil Service classified
271 employee shall admit or provide any health services to any
272 patient in the Hospital unless and until the practitioner
273 becomes a member of the Association or has been granted
274 temporary privileges in accordance with these bylaws.

275 G. Notwithstanding any other provision of these bylaws, the
276 Association membership and clinical privileges of any
277 practitioner, who has any contract with the County to
278 provide health services at the Hospital, or who provides
279 health services at the Hospital under the contract of a
280 non-County entity, shall automatically terminate on the date
281 of expiration or termination of such contract, and the

282 practitioner shall not be entitled to a hearing and
283 appellate review under Article VII, provided that the
284 practitioner shall retain his/her Association membership and
285 clinical privileges to the extent necessary for any employment
286 at the Hospital as a County Civil Service classified employee.

287 H. Notwithstanding any other provision of these bylaws, if a
288 practitioner, who provides health services at the Hospital
289 under the contract of a non-County entity, has his/her
290 authority to provide such health services limited or
291 restricted by such non-County entity, then those clinical
292 privileges which he/she has been granted that are within the
293 scope of such limitation or restriction, as determined by the
294 Executive Committee, shall be immediately and automatically
295 terminated on the date, if any, that the Executive Committee,
296 in its sole discretion, approves in writing such termination,
297 and the practitioner shall not be entitled to a hearing and
298 appellate review under Article VII, provided that the
299 practitioner shall retain his/her clinical privileges to the
300 extent necessary for any employment at the Hospital as a
301 County Civil Service classified employee.

302 I. Notwithstanding any other provision of these bylaws, the
303 Association membership and clinical privileges of any
304 practitioner who is a County Civil Service employee, whether
305 classified or unclassified, shall automatically terminate on
306 the date of termination of County employment or on the date
307 that the practitioner transfers or is assigned to another
308 County facility, unless prior to such applicable date, the
309 Executive Committee, in its sole discretion, does not approve
310 in writing such termination, and the practitioner shall not
311 be entitled to a hearing and appellate review under Article
312 VII.
313

314 **Section 2. Qualifications for Membership**

315 A. Only physicians, dentists, podiatrists, and clinical
316 psychologists licensed to practice in the State of
317 California who can document their background, current
318 California licensure, experience, training and demonstrated
319 competence, their adherence to the ethics of their
320 profession, their good reputation, their physical and mental
321 health status, and their ability to work with others with
322 sufficient adequacy to demonstrate to and assure the
323 Association and the Director that they are professionally
324 and ethically competent and qualified and that any patient
325 treated by them in the Hospital will be given a high quality
326 of care, shall be qualified for membership in the
327 Association. No physician, dentist, podiatrist, or clinical
328 psychologist shall be entitled to membership in the
329 Association or to the exercise of clinical privileges in

330 the Hospital merely by virtue of the fact that he/she is
331 duly licensed to practice medicine, dentistry, podiatry, or
332 clinical psychology in this or any other state, or that
333 he/she is a member of any professional organization, or
334 that he/she had in the past, or in the present has, such
335 privileges at another hospital.

336 B. No applicant shall be denied Association membership on the
337 basis of age, ~~sex~~gender, race, creed, color, national origin,
338 or any other criterion not based on professional
339 justification.

340 **Section 3. Conditions and Duration of Appointment**

341 A. Initial appointments and reappointments to the Association
342 shall be made by the Director. The Director shall act on
343 appointments, reappointments, or suspension or revocation of
344 appointments, only after there has been a recommendation
345 from the Executive Committee as provided in these bylaws,
346 provided that in the event of unwarranted delay on the part
347 of the Executive Committee, the Director may act without
348 such recommendation on the basis of documented evidence of
349 the applicant's or Association member's professional and
350 ethical qualifications obtained from reliable sources other
351 than the Executive Committee.

352 B. Except as otherwise provided in Section 3 of Article III,
353 initial appointments shall be provisional for a maximum
354 period of six (6) months. Prior to the conclusion of the
355 provisional period, the appropriate department chairman
356 shall recommend to the Credentials Committee, which shall
357 recommend to the Director through the Executive Committee,
358 the removal of the provisional status and appointment to
359 the Active Staff or Consulting Staff, as appropriate, or the
360 termination of the appointment. Initial appointments and
361 any reappointments shall each be for a period of not more
362 than twenty-four (24) months.

363 C. Appointment to the Association shall confer on the appointee
364 only those clinical privileges as have been granted by the
365 Director in accordance with these bylaws.

366 D. Every application for membership shall be signed by the
367 applicant and shall contain the applicant's specific
368 acknowledgment of every member's obligation to abide by the
369 Association bylaws, rules and regulations, and applicable
370 Governing Body policies; to accept committee assignments; to
371 accept consultation assignments; where applicable by reason
372 of medical, surgical, dental, podiatric, or clinical
373 psychological privileges being sought, to provide proper
374 care and supervision of his/her patients; to participate in

375 staffing service areas and other special care units; to
376 participate in the performance improvement and peer review
377 activities of the departments and divisions; and to
378 acknowledge that all patients hospitalized at the Hospital
379 should be a part of the established educational program.
380

381 **Section 4: Basic Responsibilities of Association Membership**

382 The ongoing responsibilities of each Active Staff, Provisional
383 Staff, and Consulting Staff member of the Association shall
384 include, but are not limited to:

- 385 A. Providing patients with continuing care and quality of care
386 meeting the professional standards of the attending staff of
387 the Hospital.
- 388 B. Abiding by the Association bylaws and rules and regulations
389 and departmental policies.
- 390 C. Discharging in a responsible and cooperative manner such
391 reasonable responsibilities and assignments imposed upon the
392 member by virtue of Association membership, including, but not
393 limited to committee assignments and performance improvement
394 and risk management activity.
- 395 D. Preparing and completing in a timely fashion medical records
396 for all the patients to whom the member provides care in the
397 Hospital.
- 398 E. Abiding by the lawful ethical principles of the California
399 Medical Association and/or the member's professional
400 association.
- 401 F. Participating in any Association approved educational programs
402 for members of the attending staff, nurses and other
403 personnel, as requested.
- 404 G. Working cooperatively with members, nurses, Hospital
405 Administration ~~and others so as not to adversely affect~~ ensure
406 proper patient care.
- 407 H. Making appropriate arrangements for coverage of the member's
408 patients as determined by the Association.
- 409 I. Refusing to engage in improper inducements for patient
410 referral and adhering to County policy regarding "running and
411 capping."
- 412 J. Participating in continuing education programs as determined
413 by the Association.

- 414 K. Participating in such emergency coverage or consultation
415 panels as may be determined by the Association.
- 416 L. Discharging such other attending staff obligations as may be
417 lawfully established from time to time by the Association.
- 418 M. Providing information to and/or testifying on behalf of the
419 Association, the County or any practitioner under review
420 regarding any matter under review pursuant to Articles VI and
421 VII.
- 422 N. Notifying, in writing, the Medical Director ~~within thirty~~
423 ~~(30) days of~~ immediately after, but in no event later than ten
424 (10) days after, the occurrence of any of the following: (1)
425 the practitioner is notified in writing by the Medical Board
426 of California or other appropriate State licensing agency that
427 an investigation regarding the practitioner is being
428 conducted, (2) the practitioner is served with an accusation
429 by the Medical Board of California or other appropriate State
430 licensing agency, ~~or~~ (3) the practitioner is served with a
431 statement of issues by the Medical Board of California or
432 other appropriate State licensing agency.,
- 433 ~~O. Notifying, in writing, the Medical Director of the occurrence~~
434 ~~of any of the following: (1) (4) the practitioner's~~
435 ~~membership and/or clinical privileges are~~ voluntarily or
436 involuntarily ~~revoked, suspended, reduced, not renewed, or~~
437 ~~voluntarily or involuntarily~~ relinquished at any hospital or
438 health care facility, ~~(2) (5) the practitioner's membership in~~
439 ~~any local, state, or national medical societies, his/her~~ Drug
440 Enforcement Administration certificate, or his/her license to
441 practice any profession in any jurisdiction, are voluntarily
442 or involuntarily ~~revoked, suspended, reduced, not renewed, or~~
443 ~~voluntarily or involuntarily~~ relinquished, and/or ~~(3) (6) any~~
444 ~~professional liability litigation involving the practitioner~~
445 ~~proceeds to final judgment, is settled, or is in progress.~~

446 **ARTICLE III**
447 **CATEGORIES OF ASSOCIATION MEMBERSHIP**

448 **Section 1. Membership Categories**

449 The Association membership shall be divided into:

- 450 A. Active Staff
- 451 B. Provisional Staff
- 452 C. Consulting Staff

453 **Section 2. Active Staff**

454 The Active Staff shall consist of physicians, dentists,
455 podiatrists, and clinical psychologists who regularly admit or
456 attend patients in the Hospital and who assume all the functions
457 and responsibilities of membership in the Association,
458 including, where appropriate, teaching and consultation
459 assignments. Members of the Active Staff shall be appointed
460 to a specific department, shall be eligible to vote, to hold
461 office, and to serve on Association committees, and shall be
462 required to attend department and division meetings. Members of
463 the Active Staff shall have completed the residency or other
464 training requirements for an American specialty board
465 certification, if applicable, or have completed five (5) years in
466 active practice, and shall have the recommendation of their
467 department chairman for such status.

468 **Section 3. Provisional Staff**

469 The Provisional Staff shall consist of physicians, dentists,
470 podiatrists, and clinical psychologists who have provisional
471 status as described in Article II, Section 3(B), and who
472 immediately prior to their application were not members of the
473 Association. They shall be entitled to exercise such clinical
474 privileges as are granted pursuant to these bylaws and to attend
475 Association, department, division and committee meetings, but shall
476 not be eligible to hold office in the Association or to vote in
477 Association, department, division or committee meetings, unless
478 that right is specified at the time of appointment. ~~They shall not~~
479 ~~be eligible to vote at Association meetings.~~

480 Provisional Staff members shall undergo a period of proctoring
481 and observation by designated Association members to evaluate the
482 Provisional Staff member's proficiency in the exercise of clinical
483 privileges initially granted and overall eligibility for
484 continued Association membership and advancement within
485 Association staff membership categories. Proctoring and
486 observation of Provisional Staff members shall follow whatever
487 frequency and format each department deems appropriate in order
488 to adequately evaluate the Provisional Staff member, including,
489 but not limited to, concurrent or retrospective chart review,
490 mandatory consultation, and/or direct observation. Appropriate
491 records shall be maintained by the department. The results of
492 the proctoring and observation shall be communicated by the
493 department chairman to the Credentials Committee. A Provisional
494 Staff member shall remain in the Provisional Staff membership
495 category for a maximum period of six (6) months, unless the
496 Director, upon recommendation by the Executive Committee based upon
497 a report of the Credentials Committee, determines to extend such
498 status for an additional period of up to one year upon a finding of
499 good cause, which determination shall not be subject to a hearing

500 and appellate review pursuant to Article VII.

501 If the Provisional Staff member has satisfactorily demonstrated
502 his/her ability to exercise the clinical privileges initially
503 granted and otherwise appears qualified for continued Association
504 membership, the Provisional Staff member shall be eligible for
505 appointment by the Director as an Active Staff member or
506 Consulting Staff member, as appropriate, upon recommendation of
507 the Executive Committee. In all other cases, the appropriate
508 department chairman shall advise the Credentials Committee, which
509 shall make its report to the Executive Committee, which, in turn,
510 shall make its recommendation to the Director, for a determination
511 regarding any modification or termination of clinical privileges
512 and Association membership.

513 **Section 4. Consulting Staff**

514 The Consulting Staff shall consist of physicians, dentists,
515 podiatrists, and clinical psychologists qualified for Active Staff
516 membership but who only occasionally admit or attend patients at
517 the Hospital, who act only as consultants, or who are associated
518 with the Hospital in connection with a specific project.
519 Consulting Staff members shall be appointed to a specific
520 department and shall be eligible to serve on Association
521 committees and vote on matters before such committees. They
522 shall not be eligible to vote at Association meetings or hold
523 office, nor are they required to attend department meetings,
524 although they are encouraged to do so.

525

526 **ARTICLE IV**
527 **PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**

528 **Section 1. Application for Appointment**

529 A. All applications for appointment to the Association shall be
530 in writing, shall be signed by the applicant, and shall be
531 submitted to the Director only after review by the Medical
532 Director, the Credentials Committee and Executive Committee.
533 The application form shall be approved by the Executive
534 Committee and shall require detailed information concerning
535 the applicant's current California licensure, experience,
536 privileges requested, and, if applicable, current insurance
537 coverage as indicated in Article XV, and other ~~professional~~
538 qualifications and shall include the names of at least three
539 (3) persons who have had extensive experience in observing
540 and working with the applicant and who can provide adequate
541 references pertaining to the applicant's current professional
542 competence, ethical character, and physical and mental health

543 status. In addition, the application shall include, but not
544 be limited to, all information as to: (1) whether the
545 applicant's membership status and/or clinical privileges
546 have ever been voluntarily or involuntarily revoked,
547 suspended, reduced, not renewed, or ~~voluntarily or~~
548 ~~involuntarily~~ relinquished at any hospital or health
549 facility, (2) whether the applicant's membership in any
550 local, state or national medical societies, or his/her Drug
551 Enforcement Administration certificate or license to practice
552 any profession in any jurisdiction, has ever been
553 voluntarily or involuntarily revoked, suspended, not
554 renewed, reduced, or ~~voluntarily or involuntarily~~
555 relinquished, and (3) whether any professional liability
556 litigation involving the applicant has been to final judgment,
557 has been settled, or is in progress.

558 B. In connection with all applications for appointment and
559 reappointment, the applicant shall have the burden of
560 producing adequate information for a proper evaluation
561 of his/her competence, character, physical and mental
562 health status, ethics, current California licensure,
563 experience and other qualifications for the membership
564 category and clinical privileges requested, and, if
565 applicable, current insurance coverage as indicated in
566 Article XV, for resolving any doubts about these matters,
567 and for satisfying all requests for information. The
568 applicant's failure to fulfill this requirement, the
569 applicant's withholding of any relevant information, or the
570 applicant's submission of any inaccurate information, shall be
571 grounds for denial of the application. In addition, the
572 applicant may be required to submit to a medical or
573 psychological examination, at the applicant's expense, if
574 deemed appropriate by the Executive Committee, which may
575 select the examining physician. The Medical Director shall
576 promptly notify the applicant of any problems in obtaining any
577 information required or if any of the information obtained
578 from primary sources varies from that provided by the
579 applicant.

580 C. By applying for appointment to the Association, each
581 applicant thereby signifies his/her willingness to appear for
582 interviews in regard to his/her application and authorizes the
583 representatives of the County of Los Angeles and/or the
584 Association to consult with members of medical staffs of
585 other hospitals or health facilities with which the applicant
586 has been associated and with others who may have
587 information bearing on his/her competence, character,
588 physical and mental health status, ethics, current
589 California licensure, experience and other qualifications
590 and, if applicable, current insurance coverage as indicated
591 in Article XV, and to an inspection by the above of all

592 records and documents that may be material to an evaluation
593 of his/her professional qualifications and competence to
594 carry out the clinical privileges he/she requests, as
595 well as of his/her moral and ethical qualifications for
596 membership. In addition, the applicant by applying for
597 appointment releases from any liability the County of Los
598 Angeles, the Association, and their respective officers,
599 employees or agents, for any of their acts performed in
600 good faith and without malice in connection with evaluating
601 the applicant and his/her qualifications and credentials, and
602 also releases from any liability all individuals and
603 organizations that provide information to the above in good
604 faith and without malice concerning the applicant's
605 competence, ethics, character, physical and mental health
606 status, current California licensure, experience and other
607 qualifications and, if applicable, current insurance coverage
608 as indicated in Article XV, for Association membership and
609 clinical privileges, including otherwise privileged or
610 confidential information.

611 D. The application form shall include a statement that the
612 applicant has received and read the bylaws of the Association
613 and any rules and regulations applicable thereto, and that
614 he/she agrees to be bound by the terms thereof, as they may be
615 amended from time to time, without regard to whether or not
616 he/she is granted membership and/or clinical privileges in
617 all matters relating to consideration of his/her application.
618

619 E. In evaluating the applicant's eligibility for Association
620 membership, consideration shall be given to other factors,
621 including, but not limited to: (1) the Hospital's ability to
622 provide adequate facilities and supportive services for the
623 applicant and his/her patients (2) patient care
624 requirements for additional attending staff members with the
625 applicant's skill and training; (3) the Hospital/community
626 needs for the applicant's services; and (4) the geographic
627 location of the applicant.

628 F. The Association recommends, but does not require, that all
629 attending staff have basic Cardiopulmonary Resuscitation
630 (CPR) certification. Acceptance of membership in the
631 Association shall constitute the member's agreement that
632 he/she shall strictly abide by the Guiding Principles for
633 Physicians-Hospital Relationships of the California Medical
634 Association as well as the Code of Medical Ethics of the
635 American Medical Association, the Principles of Ethics and
636 Code of Professional Conduct of the American Dental
637 Association, the Code of Ethics of the American Podiatry
638 Association, the Ethical Principles of Psychologists and Code
639 of Conduct of the American Psychological Association, or the
640 Code of Ethics of the American Osteopathic Association,

641 whichever is applicable.

642 **Section 2. Appointment Process**

643 A. The applicant shall submit a completed application, including
644 desired membership category and a specific list of
645 desired clinical privileges, to the Medical Director, who
646 shall verify the references, education, training, current
647 California licensure, experience, and other qualifying
648 information submitted ~~from~~ by primary sources, whenever
649 possible. The Medical Director shall promptly notify the
650 applicant of any problems in obtaining any information
651 required or if any of the information obtained from primary
652 sources varies from that provided by the applicant. It shall
653 be the applicant's responsibility to obtain all required
654 information. When collection and verification is
655 accomplished, the Medical Director shall transmit the
656 application and all supporting materials to the appropriate
657 department chairman. The written recommendation of the
658 department chairman shall be transmitted with the application
659 to the Medical Director for use in all further
660 proceedings. If the department chairman's recommendation
661 is adverse to the applicant, such recommendation shall state
662 the reason for such. When collection and verification is
663 accomplished, ~~the~~ the Medical Director shall transmit the
664 application and all supporting materials, ~~when collection~~
665 ~~and verification is accomplished,~~ to the Credentials Committee
666 for evaluation.

667 B. Within one hundred twenty (120) days after receipt of the
668 completed application for membership, the Credentials
669 Committee shall review the information and recommendations
670 submitted to the Medical Director and make a written report
671 of its investigation to the Executive Committee. Prior to
672 making this report, the Credentials Committee shall
673 examine the evidence of the character, professional
674 competence, physical and mental health status, ethics,
675 current California licensure, experience and other
676 qualifications and, if applicable, the current insurance
677 coverage as indicated in Article XV, of the applicant and
678 shall determine, through information contained in references
679 given by the applicant and from other sources available to
680 the Committee, including, but not limited to, the
681 recommendations from the department in which privileges are
682 sought as submitted to the Medical Director, whether the
683 applicant has established and meets all of the necessary
684 qualifications for the category of Association membership
685 and the clinical privileges requested by him/her. Every
686 department in which the applicant seeks clinical privileges
687 shall provide the Credentials Committee with specific,
688 written recommendations for delineating the applicant's

689 clinical privileges and these recommendations shall be made
690 a part of the Committee's report. Together with its report,
691 the Credentials Committee shall transmit to the Executive
692 Committee the completed application and a recommendation
693 that the applicant be either appointed to the Association
694 or rejected for Association membership, or that the
695 application be deferred for further consideration. Where
696 rejection or deferment is recommended, the reasons for such
697 recommendation shall be stated along with the recommendation.

698 C. At its next regular meeting after receipt of the application
699 and the report and recommendation of the Credentials
700 Committee, the Executive Committee shall determine whether
701 to recommend to the Director, through the Medical
702 Director, that the applicant be provisionally appointed to
703 the Association, that he be rejected for Association
704 membership, or that his/her application be deferred for
705 further consideration.
706

707 D. When the recommendation of the Executive Committee is to
708 defer the application for further consideration, the reasons
709 for deferment should be stated, and the recommendation must
710 be followed up within sixty (60) days with a subsequent
711 recommendation for provisional appointment with specified
712 clinical privileges or for rejection for Association
713 membership.
714

715 E. When the recommendation of the Executive Committee is
716 favorable to the applicant, this recommendation shall promptly
717 be forwarded to the Director, through the Medical Director.
718

719 F. When the recommendation of the Executive Committee is
720 adverse to the applicant either in respect to appointment or
721 clinical privileges, the President shall promptly so notify
722 the applicant by certified or registered mail, return
723 receipt requested. No such adverse recommendation shall be
724 forwarded to the Director until after the applicant has
725 exercised or has been deemed to waive his/her right to a
726 hearing as provided in Article VII.

727 G. If the aggrieved applicant has requested a hearing as
728 provided in Article VII, and if the hearing has resulted in
729 a decision either at the hearing or appellate level which
730 is favorable to the applicant, the applicant's application
731 shall thereafter be processed in accordance with Subsection
732 E of this Section 2.

733 H. Within fifteen (15) days after the receipt of a favorable
734 recommendation by the Executive Committee, the Director
735 shall act in the matter. If the Director's decision is
736 adverse to the applicant in respect to either appointment or

737 clinical privileges, the Director shall promptly notify him
738 /her of such adverse decision by certified or registered
739 mail, return receipt requested, and such adverse decision
740 shall be held in abeyance until the applicant has exercised
741 or has been deemed to have waived his/her rights under
742 Article VII and until there has been compliance with
743 Subsection J of this Section 2. The fact that the adverse
744 decision is held in abeyance shall not be deemed to confer
745 membership or privileges where none existed before.

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

760 J. Whenever the Director's decision will be contrary to the
761 recommendation of the Executive Committee, the Director
762 shall submit the matter to a committee comprised of the
763 Medical Director, the Administrator, the President, and the
764 department chairman involved for review and recommendation
765 and shall consider such recommendation before making his
766 /her decision final. Such committee shall report back to
767 the Director within fifteen (15) days with its
768 recommendation and the Director shall render a decision
769 within fifteen (15) days after his/her receipt of such
770 recommendation.

771 K. When the Director's decision is final, he/she shall send
772 notice of such decision to the President of the Association,
773 to the chairman of the department concerned, and by
774 certified or registered mail, return receipt requested, to
775 the applicant.

776 **Section 3. Reappointment Process**

777 A. At least one hundred twenty (120) days prior to the
778 expiration of a member's period of appointment, the member
779 shall submit an application for reappointment to the chairman
780 of his/her department. Such application shall require
781 information concerning changes in physical and mental
782 health status and other qualifications of the member since

783 the previous review of the member's qualifications,
784 including, but not necessarily limited to, privileges
785 requested, evidence for change of privileges, continuing
786 education, present status of California licensure,
787 experience, and, if applicable, the current insurance
788 coverage as indicated in Article XV. In addition, the
789 application shall include, but not be limited to, all
790 information as to: (1) whether the ~~applicant's~~ member's
791 membership status and/or clinical privileges have ever
792 been voluntarily or involuntarily revoked, suspended, reduced,
793 not renewed, or ~~voluntarily or involuntarily~~ relinquished at
794 any hospital or health facility, (2) whether the
795 ~~applicant's~~ member's membership in any local, state or
796 national medical societies, or his/her Drug Enforcement
797 Administration certificate or his/her license to practice any
798 profession in any jurisdiction, has ever been voluntarily
799 or involuntarily revoked, suspended, not renewed, reduced,
800 or ~~voluntarily or involuntarily~~ relinquished, and (3) whether
801 any professional liability litigation involving the
802 ~~applicant~~ member has been to final judgment, has been
803 settled, or is in progress. The department chairman
804 shall review all pertinent information available on each
805 member of his/her department who applies for
806 reappointment and who is scheduled for periodic
807 appraisal. This review shall also include an assessment
808 of information collected in the course of the Hospital's
809 Performance Improvement Program regarding the member's
810 professional performance, as well as practitioner-specific
811 information regarding professional performance. Each
812 department shall develop and monitor the practitioner-specific
813 information and compare this data to relevant benchmarks. The
814 department chairman shall, no later than thirty (30) days
815 prior to the end of the member's period of appointment,
816 forward this information to the Credentials Committee
817 for the purpose of determining its recommendations for
818 reappointment to the Association and for the granting of
819 clinical privileges for the ensuing two-year period. The
820 Credentials Committee shall transmit its recommendations in
821 writing to the Executive Committee. Where non-reappointment
822 or a change in clinical privileges is recommended, the
823 reasons for such recommendations shall be stated and
824 documented.

825 B. In connection with all applications for ~~appointment~~ and
826 reappointment, the ~~applicant~~member shall have the burden of
827 producing adequate information for a proper evaluation
828 of his/her competence, character, physical and mental
829 health status, ethics, current California licensure,
830 experience and other qualifications for the membership
831 category and clinical privileges requested, and, if
832 applicable, current insurance coverage as indicated in Article

833 XV, for resolving any doubts about these matters, and for
834 satisfying all requests for information. The
835 applicant's ~~member's~~ failure to fulfill this requirement, the
836 applicant's ~~member's~~ withholding of any relevant information,
837 or the applicant's ~~member's~~ submission of any inaccurate
838 information, shall be grounds for denial of the application.
839 In addition, the member may be required to submit to a medical
840 or psychological examination, at the members's expense, if
841 deemed appropriate by the Executive Committee, which may
842 select the examining physician. The Medical Director shall
843 promptly notify the member of any problems in obtaining any
844 information required or if any of the information obtained
845 from primary sources varies from that provided by the member.

846 C. Each recommendation concerning the reappointment of a member
847 and the clinical privileges to be granted upon reappointment
848 shall be based upon documentation, furnished by the
849 department chairman and other information requested of such
850 member or otherwise obtained by the Credentials Committee, of
851 such member's professional performance, competence, clinical
852 and/or technical skills, judgment in the treatment of
853 patients as assessed in the Hospital's performance
854 improvement, risk management and safety activities, and other
855 qualifications, including, but not limited to, his/her
856 professional practice outside the Hospital; present status of
857 his/her California licensure; evidence of his/her physical
858 and mental health status; his/her ethics and conduct;
859 his/her attendance at department and division meetings
860 and participation in Association affairs; his/her
861 compliance with the Association bylaws, rules and
862 regulations; his/her current insurance coverage, if
863 applicable, as indicated in Article XV; his/her cooperation
864 with Hospital personnel; his/her use of the Hospital's
865 facilities; his/her relations with other attending staff
866 members; and his/her general attitude towards patients,
867 the Hospital, and the public.

868 D. At least thirty (30) days prior to the end of the member's
869 period of appointment, the Executive Committee shall make
870 written recommendations to the Director, through the Medical
871 Director, concerning the reappointment, non-reappointment
872 and/or clinical privileges of each member then scheduled for
873 periodic appraisal. Where non-reappointment or a change in
874 clinical privileges is recommended, the reasons for such
875 recommendations shall be stated and documented. Thereafter,
876 the procedure provided in Subsections E through K in Section
877 2 of this Article IV relating to recommendations on
878 applications for initial appointment shall be followed.

879 E. If a member fails to submit an application for
880 reappointment, completed in accordance with ~~the procedures~~

881 ~~described in Subsection A of this Section 3, at least~~
882 ~~thirty (30) days prior to the expiration of his/her period of~~
883 ~~appointment, then (1) and his period of appointment~~
884 ~~subsequently expires, he the member shall be deemed to have~~
885 ~~voluntarily resigned his/her Association membership and~~
886 ~~clinical privileges upon such expiration and (2) the member.~~
887 ~~If the member submits an application for reappointment~~
888 ~~within ninety (90) days after his most current period of~~
889 ~~appointment has expired, then his application for membership~~
890 ~~shall be processed in the manner specified in this Section 3.~~
891 ~~If the member does not submit an application for~~
892 ~~reappointment within such ninety (90) day period, then he~~
893 ~~shall be required to submit an application for initial~~
894 ~~appointment in accordance with the procedures described in~~
895 ~~Sections 1 and 2 of this Article IV.~~

896 **Section 4. Change in Membership Category or Clinical Privileges**

897 Any Association member who, prior to his/her application for
898 reappointment, requests a change in his/her membership category or
899 clinical privileges shall submit an application in writing on the
900 prescribed form at any time except that no such application shall
901 be submitted within twelve (12) months of the date a similar
902 request was denied. Such applications shall be processed in the
903 same manner as applications for initial appointment in accordance
904 with Sections 1 and 2 of this Article IV.

905 **ARTICLE V**
906 **CLINICAL PRIVILEGES**

907 **Section 1. Delineation of Clinical Privileges**

908 A. Every practitioner who practices at the Hospital by virtue
909 of Association membership or otherwise, shall be entitled to
910 exercise only those clinical privileges specifically granted
911 to him/her by the Director, except as provided in Sections 2
912 and 3 of this Article V. All such clinical privileges
913 shall apply only to the Hospital.

914 B. Every initial application for appointment and every
915 application for reappointment to Association membership must
916 contain a request for the specific clinical privileges
917 desired by the applicant. The evaluation of such requests
918 shall be based upon documentation and verification of the
919 applicant's current California licensure, education,
920 training, experience, demonstrated current competence,
921 references, an appraisal by the departments in which
922 privileges are sought, clinical performance at the Hospital,
923 the documented results of patient care, and other quality

924 review and monitoring which the Association deems appropriate,
925 including, but not limited to, pertinent information
926 concerning clinical performance obtained from other hospitals
927 and health care settings where the applicant has clinical
928 privileges. It shall be the applicant's responsibility to
929 obtain all required information. The applicant shall have the
930 burden of establishing his/her qualifications and competency
931 in the requested clinical privileges. Each applicant
932 granted clinical privileges shall pledge that he/she shall
933 provide for the continuous care of his/her patients.

934 C. Applications for additional clinical privileges shall be in
935 writing on the prescribed form. Such applications shall be
936 processed in the same manner as applications for initial
937 appointment in accordance with Section 2 of Article IV.

938 D. Periodic redetermination of clinical privileges and the
939 increase or curtailment of same shall be based upon the
940 observation of care provided, review of the records of
941 patients treated in this or other hospitals, and review of
942 the records of the Association which document the
943 evaluation of the member's participation in the delivery of
944 health care.

945
946 E. Privileges granted to duly licensed dentists shall be based
947 on their training, experience, and demonstrated competence
948 and judgment. The scope and extent of surgical procedures
949 that each dentist may perform shall be specifically
950 delineated and granted in the same manner as all surgical
951 privileges. Surgical procedures performed by dentists shall
952 be under the overall supervision of the ~~Chairman~~ of the
953 Department of Surgery. All dental patients shall receive the
954 same basic medical appraisals as patients admitted to
955 other surgical services. Qualified oral surgeons who admit
956 patients without medical problems may perform the history and
957 physical examination on those patients, if such oral
958 surgeons have such privileges, and may assess the medical
959 risks of the proposed surgical procedures. A physician
960 member of the Association shall be responsible for the care
961 of any medical problem that may be present at the time of
962 admission, during hospitalization, or at any other time at
963 the Hospital.

964 F. Privileges granted to duly licensed podiatrists shall be
965 based on their training, experience, and demonstrated
966 competence and judgment. In making their recommendations,
967 the Executive Committee may consider the need for
968 podiatry services which either are not presently being
969 provided by other members of the attending staff or may be
970 provided in the Hospital without disruption of existing
971 services. The scope and extent of surgical procedures that

972 each podiatrist may perform shall be specifically delineated
973 and granted in the same manner as all other surgical
974 privileges. Surgical procedures performed by podiatrists
975 shall be under the overall supervision of the Chairman
976 of the Department of Surgery. All podiatric patients
977 shall receive the same basic medical appraisals as
978 patients admitted to other surgical services. A
979 physician member of the attending staff shall be
980 responsible for the care of any medical problem that may
981 be present at the time of admission, during hospitalization,
982 or at any other time at the Hospital.

983 G. Privileges granted to duly licensed clinical psychologists
984 shall be based on their training, experience, and demonstrated
985 competency and judgment. In making its recommendation, the
986 Executive Committee may consider the need for clinical
987 psychological services which are either not presently being
988 provided by other members of the attending staff or which may
989 be provided in the Hospital without disruption of existing
990 services. The scope and extent of services which each clinical
991 psychologist may perform shall be specifically delineated and
992 granted within any guidelines set forth by the Executive
993 Committee. A physician member of the Association shall be
994 responsible for the care of any medical problem that may be
995 present at the time of admission, during hospitalization, or
996 at any other time at the Hospital.
997

998 Section 2. Temporary Privileges

999 A. Upon receipt of an completed application for Association
1000 membership, including, without limitation, desired membership
1001 category and a specific list of desired clinical privileges,
1002 from an appropriately licensed practitioner, and verification
1003 of his/her references, education, training, current California
1004 licensure, National Practitioner Data Bank report, experience,
1005 and other qualifying information submitted by primary sources,
1006 whenever possible, the Director may, upon the basis of
1007 ~~information then available which may reasonably be relied~~
1008 ~~upon as to the competence and ethics of the applicant and~~
1009 ~~with the written concurrence of the chairman of the~~
1010 ~~concerned department and the President of the Association~~ or
1011 the Medical Director, grant temporary clinical privileges to
1012 the applicant, but in exercising such privileges, the
1013 applicant shall act under the supervision of the chairman of
1014 the department to which he/she is assigned. ~~The~~
1015 ~~practitioner must sign an acknowledgment of having received~~
1016 ~~and read the Association's current bylaws, rules,~~
1017 ~~regulations, and applicable policies and the applicant's~~
1018 ~~agreement to be bound by their terms.~~ Such ~~Temporary~~
1019 ~~privileges should~~ shall not exceed a period of ninety (90)
1020 ~~days in duration., but may be extended by the Director not~~

1021 ~~to exceed a total period of six (6) months.~~

1022
1023 B. ~~Temporary clinical privileges may be granted by the Director~~
1024 Upon receipt of a completed application for temporary clinical
1025 privileges, including, without limitation, a specific list of
1026 the desired clinical privileges, and verification of his/her
1027 references, education, training, current California licensure,
1028 National Practitioner Data Bank report, experience, and other
1029 qualifying information submitted by primary sources, whenever
1030 possible, the Director may, with the written concurrence of
1031 the chair of the concerned department and the President or the
1032 Medical Director, grant temporary clinical privileges for the
1033 care of a specific patient to a practitioner who is not an
1034 applicant for Association membership, ~~after verification that~~
1035 ~~he/she has a current California license and has demonstrated~~
1036 ~~current competency, in the same manner and upon the same~~
1037 ~~conditions as set forth in Subsection A of this Section 2.~~
1038 Such temporary privileges should not exceed a period of ten
1039 (10) days in duration.

1040 C. Upon receipt of a completed application for temporary clinical
1041 privileges, including, without limitation, a specific list of
1042 desired clinical privileges, and verification of his/her
1043 references, education, training, current California licensure,
1044 National Practitioner Data Bank report, experience, and other
1045 qualifying information submitted by primary sources, whenever
1046 possible, the Director may, with the written concurrence of
1047 the chair of the concerned department and the President or the
1048 Medical Director, grant temporary clinical privileges to a
1049 duly licensed physician serving the practitioner to serve as
1050 a locum tenens for a member of the Association for a period
1051 not to exceed ninety (90) days in duration, ~~provided that~~
1052 ~~all of his credentials have first been approved by the~~
1053 ~~chairman of the concerned department and the President of~~
1054 ~~the Association.~~

1055 D. Special requirements of supervision and reporting may be
1056 imposed by the chairman of the concerned department on any
1057 practitioner granted temporary privileges. Temporary
1058 privileges shall be immediately terminated by the Director
1059 upon notice of any failure by the practitioner to comply
1060 with any special requirements.

1061 E. The Director may, at any time, upon the recommendation of
1062 the President of the Association, the Medical Director, or the
1063 chairman of the concerned department, terminate a
1064 practitioner's temporary privileges effective as of the
1065 discharge from the Hospital of the practitioner's
1066 patient(s) then under his/her care in the Hospital.
1067 However, where it is determined that the life or health of
1068 such patient(s) would be endangered by continued treatment by

1069 the practitioner, the termination may be imposed by the
1070 Director immediately. The chairman of the appropriate
1071 department, or in his/her absence, the Medical Director
1072 or the Director, shall assign a member of the Association
1073 to assume responsibility for the care of such terminated
1074 practitioner's patient(s) until they are discharged from
1075 the Hospital. The wishes of the patient(s) shall be
1076 considered where feasible in the selection of such substitute
1077 practitioner.

1078 F. ~~The~~ Each practitioner applying for temporary clinical
1079 privileges must sign an acknowledgment of having received and
1080 read the Association's current bylaws, rules and regulations,
1081 and applicable policies and the practitioner's agreement to be
1082 bound by their terms.

1083 **Section 3. Emergency Privileges**

1084 In cases of emergency, any physician, dentist, podiatrist, or
1085 clinical psychologist, who is a member of the Association or who
1086 holds a County Civil Service classified employee position and to
1087 the degree permitted by his/her license and regardless of service
1088 or Association status or lack of it, shall be permitted and
1089 assisted to do everything possible to save the life of a
1090 patient or to save a patient from serious harm, using every
1091 facility of the Hospital necessary, including, but not limited to,
1092 the calling for any consultation necessary or desirable. When an
1093 emergency situation no longer exists, such physician, dentist,
1094 podiatrist, or clinical psychologist must request the privileges
1095 necessary to continue to treat the patient and shall defer to the
1096 appropriate department chairman with respect to further care of the
1097 patient. In the event such privileges are denied or he does not
1098 desire to request privileges, the patient shall be assigned to
1099 an appropriate member of the Association. For the purpose of this
1100 section, an "emergency" is defined as a condition in which a
1101 patient is in imminent danger of serious or permanent harm or
1102 death and any delay in administering treatment would add to that
1103 danger.

1104 **Section 4. Telemedicine**

1105 Any person who desires to diagnose or treat patients via
1106 telemedicine link (e.g., telephone, email, etc.) must apply for and
1107 be granted specific clinical privileges which allow for exercise by
1108 telemedicine link in accordance with these bylaws. Each department
1109 shall determine which clinical privileges, if any, of the
1110 department may be performed via telemedicine link.

1111 **ARTICLE VI** 1112 **CORRECTIVE ACTION**

1113
1114

Section 1. Routine Corrective Action

1115 A. Whenever a practitioner with clinical privileges engages in
1116 any act, statement, demeanor, or professional conduct,
1117 either within or outside the Hospital, which is or is
1118 reasonably likely to be detrimental to patient safety or to
1119 the delivery of quality patient care, or to be disruptive
1120 or deleterious to the operations of the Hospital or
1121 improper use of Hospital resources, or below applicable
1122 professional standards, then corrective action against such
1123 practitioner may be requested by any officer of the
1124 Association, by the chairman of any department, by the
1125 chairman of any standing committee of the Association, by
1126 the Medical Director, by the Administrator, by the Assistant
1127 Director Chief Medical Officer, or by the Director, upon the
1128 complaint, request, or suggestion of any person. All
1129 requests for corrective action shall be in writing, shall
1130 be made to the Executive Committee, and shall be supported
1131 by reference to the specific activities or conduct which
1132 constitute the grounds for the request.

1133 B. Whenever corrective action is requested, the Executive
1134 Committee shall forward such request to the chairman of the
1135 department wherein the practitioner has such privileges.
1136 Upon receipt of such request, the chairman of the department
1137 shall immediately appoint an ad hoc committee to investigate
1138 the matter.

1139
1140 C. Within thirty (30) days after the department's receipt of
1141 the request for corrective action, the department shall make
1142 a written report of its investigation to the Executive
1143 Committee. Prior to making such report, the practitioner
1144 against whom corrective action has been requested shall be
1145 offered an opportunity to appear for an interview at a
1146 reasonable time with the departmental ad hoc investigating
1147 committee. At such interview, the practitioner shall be
1148 informed of the general nature of the charges against him
1149 /her and shall be invited to discuss, explain or refute
1150 them. This interview shall not constitute a hearing, shall
1151 be preliminary in nature, and none of the procedural
1152 rules provided in these bylaws with respect to hearings
1153 shall apply thereto. A record of such interview shall be
1154 made by the department and included with its report to the
1155 Executive Committee.

1156 D. Whenever the request for corrective action is directed
1157 against the chairman of a department, the Executive Committee
1158 shall appoint an ad hoc investigating committee which shall
1159 perform all the functions of the departmental ad hoc
1160 investigating committee as described in Subsections B and C

- 1161 above.
- 1162 E. Within sixty (60) days following the receipt of the
1163 departmental ad hoc investigating committee's report, the
1164 Executive Committee shall take action upon the request for
1165 corrective action. In all cases, the affected practitioner
1166 shall be permitted to make an appearance at a reasonable
1167 time before the Executive Committee prior to its taking
1168 action on such request. This appearance shall not constitute
1169 a hearing, shall be preliminary in nature, and none of the
1170 procedures provided in these bylaws with respect to
1171 hearings shall apply thereto. A record of such appearance
1172 shall be made by the Executive Committee and included in its
1173 recommendation to the Director.
- 1174 F. The action of the Executive Committee on a request for
1175 corrective action shall be to make a recommendation to the
1176 Director. Such recommendation shall include one or more of
1177 the following:
- 1178 i. Rejection of the request for corrective action.
- 1179 ii. Issuance of a letter of admonition, censure, reprimand,
1180 or warning, although nothing herein shall preclude a
1181 department chairman from issuing informal written or
1182 oral warnings outside the corrective action process.
- 1183
1184 iii. Imposition of terms of probation or special limitations
1185 on continued Association membership or exercise of
1186 clinical privileges, including, but not limited to, a
1187 requirement for consultation or proctoring.
- 1188
1189 iv. Reduction or revocation of clinical privileges.
- 1190
1191 v. Termination, modification, or ratification of an already
1192 imposed summary suspension of clinical privileges.
- 1193
1194 vi. Suspension of clinical privileges until satisfactory
1195 completion of specific conditions or requirements.
- 1196
1197 vii. Suspension of Association membership until satisfactory
completion of specific conditions or requirements.
- 1198
viii. Revocation of Association membership.
- 1199
1200 ix. Other actions appropriate to the facts, including, but
1201 not limited to, required reports to the Medical Board of
1202 California or other appropriate State licensing agency
and/or to the National Practitioner Data Bank.
- 1203 G. The President of the Association shall promptly notify the

1204 Medical Director, the Administrator, the ~~Assistant Director~~
1205 Chief Medical Officer, and the Director, in writing, of all
1206 requests for corrective action received by the Executive
1207 Committee and shall continue to keep the Medical Director,
1208 the Administrator, the ~~Assistant Director~~ Chief Medical
1209 Officer, and the Director fully informed of all actions
1210 taken in connection therewith. After the Executive
1211 Committee has made its recommendation in the matter to the
1212 Director, the Director shall render a decision within thirty
1213 (30) days and shall notify the practitioner in person or by
1214 registered or certified mail, return receipt requested.
1215 Thereafter, the procedure to be followed shall be as
1216 provided in Article VII.

1217 H. If the Governing Body determines that the Executive Committee
1218 has failed to initiate an investigation on a request for
1219 corrective action or to recommend disciplinary action, and
1220 that such failure is contrary to the weight of evidence, the
1221 Governing Body may direct the Executive Committee to initiate
1222 an investigation or recommend disciplinary action, but only
1223 after consultation with the Executive Committee and the
1224 Director. In the event the Executive Committee or the
1225 Director fails to take action in response to a direction
1226 from the Governing Body, the Governing Body, after notifying
1227 the Executive Committee and the Director in writing, shall
1228 have the authority to take action on its own initiative
1229 against the practitioner and assume all the rights and
1230 responsibilities of the Executive Committee and the Director
1231 as provided in this Article VI.
1232

1233 **Section 2. Summary Suspension**

1234 A. The President of the Association, the chairman of any
1235 department, the Executive Committee, the Medical Director, the
1236 Administrator, the ~~Assistant Director~~ Chief Medical Officer,
1237 or the Director shall have the authority, whenever immediate
1238 action must be taken to reduce a substantial likelihood of
1239 imminent impairment to the health or safety of any patient,
1240 any prospective patient, any employee, or any other person
1241 present in the Hospital, to recommend to the Director
1242 that all or any portion of the clinical privileges of a
1243 practitioner be summarily suspended, and such summary
1244 suspension shall become effective immediately upon
1245 imposition by the Director; provided that in cases of
1246 emergency where there is a likelihood of direct and immediate
1247 danger to the health or safety of any person, the Medical
1248 Director, or his/her authorized representative in his/her
1249 absence, may temporarily suspend all or any portion of the
1250 clinical privileges of a practitioner for a period not to

1251 exceed three (3) working days (excluding weekends and
1252 holidays) pending investigation and action by the Director.
1253

1254 B. Notwithstanding any other provision of these bylaws, when no
1255 person or body authorized by these bylaws is available to
1256 summarily suspend clinical privileges, the Governing Body or
1257 its designee may temporarily suspend all or any portion of
1258 the clinical privileges of a practitioner where there is a
1259 substantial likelihood of imminent impairment to the health
1260 or safety of any person so long as the Governing Body has,
1261 before the suspension, made reasonable attempts to contact
1262 the Executive Committee and the Director. A summary
1263 suspension by the Governing Body which has not been ratified
1264 by the Executive Committee and the Director within two
1265 (2) working days (excluding weekends and holidays) after
1266 the suspension, shall automatically terminate; provided
1267 that additional such summary suspensions may be imposed by
1268 the Governing Body, not to exceed a total of five (5)
1269 working days for the entire period of the summary suspension,
1270 if the Executive Committee is unable to meet to ratify the
1271 summary suspension.

1272 BC. A summary suspension shall become effective immediately upon
1273 imposition, and the person or body responsible therefor
1274 shall promptly give oral or written notice of the summary
1275 suspension to the practitioner, the Executive Committee, the
1276 Administrator, the ~~Assistant Director~~ Chief Medical Officer,
1277 and the Director. The notice of suspension given to the
1278 Executive Committee shall constitute a request for
1279 corrective action, and the corrective action process set
1280 forth in Section 1 of this Article VI shall be followed.
1281 The summary suspension shall continue in effect during the
1282 pendency of the corrective action process and of the
1283 hearing and appellate review process under Article VII
1284 unless the summary suspension is previously terminated as
1285 provided in these bylaws.

1286 D. A practitioner whose clinical privileges have been summarily
1287 suspended shall not be entitled to request a hearing on the
1288 matter under Article VII until after the corrective action
1289 process set forth in Section 1 of this Article VI has been
1290 complied with and the Director has taken action under the
1291 corrective action process pursuant to Section 1(G) of this
1292 Article VI and then only if the action taken constitutes
1293 grounds for a hearing under Article VII.

1294 E. Immediately upon the imposition of a summary suspension, the
1295 Director, the Medical Director, or responsible department
1296 chairman shall have authority to provide for alternative
1297 medical coverage for the patients of the suspended

1298 practitioner still in the Hospital at the time of such
1299 suspension.

1300 **Section 3. Automatic Suspension**

1301 A. General

1302 In the circumstances described in Sections 3(B), 3(C), and
1303 3(D), a practitioner's Association membership and/or clinical
1304 privileges shall be terminated, suspended, or limited as
1305 described, which action shall be final and shall not be
1306 subject to a hearing or appellate review under Article VII,
1307 except where a bona fide dispute exists as to whether the
1308 circumstances have occurred.

1309 B. License:

1310 i. Revocation or Expiration: Whenever a practitioner's
1311 license authorizing him/her to practice in this State
1312 is revoked or has expired, his/her Association membership
1313 and clinical privileges shall be immediately and
1314 automatically terminated.

1315
1316 ii. Restriction: Whenever a practitioner's license
1317 authorizing him/her to practice in this State is
1318 limited or restricted by the applicable licensing
1319 authority, those clinical privileges which he/she has
1320 been granted that are within the scope of such
1321 limitation or restriction, as determined by the
1322 Executive Committee, shall be immediately and
1323 automatically terminated.

1324 iii. Suspension: Whenever a practitioner's license
1325 authorizing him/her to practice in this State is
1326 suspended by the applicable licensing authority, his/her
1327 Association membership and clinical privileges shall
1328 be automatically suspended effective upon and for at
1329 least the term of the suspension.

1330 iv. Probation: Whenever a practitioner is placed on
1331 probation by the applicable licensing authority, his
1332 /her applicable Association membership status and
1333 clinical privileges shall automatically become subject
1334 to the terms of the probation effective upon and for at
1335 least the term of the probation.

1336 C. Drug Enforcement Administration Certificate:

1337 i. Revocation or Expiration: Whenever a practitioner's
1338 Drug Enforcement Administration (DEA) certificate is
1339 revoked or has expired, he/she shall immediately and

1340 automatically be divested of his/her right to prescribe
1341 medications covered by the certificate.

1342 ii. Restriction: Whenever a practitioner's Drug Enforcement
1343 Administration certificate is limited or restricted,
1344 his/her right to prescribe medications within the scope
1345 of such limitation or restriction, as determined by the
1346 Executive Committee, shall be immediately and
1347 automatically terminated.

1348 iii. Suspension: Whenever a practitioner's DEA certificate
1349 is suspended, he/she shall automatically be divested, at
1350 a minimum, of his/her right to prescribe
1351 medications covered by the certificate effective upon
1352 and for at least the term of the suspension.

1353 iiii. Probation: Whenever a practitioner's DEA certificate
1354 is subject to an order of probation, his/her right
1355 to prescribe medications covered by the certificate
1356 shall automatically become subject to the terms of the
1357 probation effective upon and for at least the term of
1358 the probation.

1359 D. Insurance:

1360 For any failure to maintain the programs of insurance as
1361 described in Article XV, a practitioner's Association
1362 membership and clinical privileges shall be immediately
1363 and automatically suspended and shall remain suspended until
1364 the practitioner provides evidence satisfactory to the
1365 ~~County Risk Manager~~ Medical Director that he/she has secured
1366 such programs of insurance in the amounts required. Any
1367 failure to provide such evidence within three (3) months
1368 after the date the automatic suspension became effective
1369 shall be deemed to be a voluntary resignation of the
1370 practitioner's Association membership.

1371 E. As soon as practicable after action is taken as described in
1372 Section 3(B), Subsections (ii), (iii), or (iv), or in
1373 Section 3(C) of this Article VI, the Executive Committee
1374 shall convene to review and consider the facts upon which
1375 such action was predicated. The Executive Committee, or
1376 any other person or body authorized by these bylaws to
1377 request corrective action, may request additional corrective
1378 action based upon information disclosed or otherwise made
1379 available, and in such event, the corrective action process
1380 set forth in Section 1 of this Article VI shall be followed
1381 as to such additional corrective action. Except as to any
1382 such additional corrective action, the affected
1383 practitioner shall not be entitled to a hearing and appellate
1384 review under Article VII.

1385 F. Whenever a practitioner's clinical privileges are
1386 automatically suspended or restricted in whole or in part,
1387 notice of such suspension shall be given to the
1388 practitioner, the Executive Committee, the Medical Director,
1389 the Administrator, the ~~Assistant Director~~ Chief Medical
1390 Officer, and the Director. However, the giving of such notice
1391 shall not be required in order for any automatic suspension
1392 or restriction to become effective. Upon the effective date
1393 of an automatic suspension or restriction, the Director,
1394 the Medical Director, or the responsible department
1395 chairman shall have authority to provide for alternative
1396 medical coverage for the patients of the suspended or
1397 restricted practitioner still in the Hospital at the time of
1398 such suspension or restriction.

1399 **Section 4. Exhaustion of Remedies**

1400 If any routine corrective action, summary suspension, or automatic
1401 suspension, as set forth in Sections 1, 2 and 3 of this Article
1402 VI, is taken or recommended, the practitioner shall exhaust all the
1403 remedies afforded by these bylaws before resorting to any legal
1404 action.

1405 **ARTICLE VII**
1406 **HEARING AND APPELLATE REVIEW PROCEDURE**

1407 **Section 1. Definitions**

- 1408 A. "Body whose decision prompted the hearing" means the person
1409 who, or body which, pursuant to the Association bylaws,
1410 rules and regulations, rendered the decision which resulted
1411 in a hearing being requested.
- 1412 B. "Notice" means a written communication sent by certified or
1413 registered mail, return receipt requested.
- 1414 C. "Person who requested the hearing" means the applicant or
1415 Association member, as the case may be, who has requested a
1416 hearing pursuant to Section 2 of this Article VII.

1417 **Section 2. Request for Hearing**

- 1418 A. In all cases in which the person or body which under these
1419 bylaws has the authority to take, and pursuant to this
1420 authority, has taken any of the actions constituting
1421 grounds for a hearing as set forth in Subsection B of this
1422 Section 2, the applicant or Association member, as the case
1423 may be, shall promptly be given notice. Such applicant or
1424 member shall have fifteen (15) days following the date of the

1425 receipt of such notice within which to request a hearing by
1426 the Judicial Review Committee hereinafter referred to. Such
1427 request shall be by notice to the Medical Director. In the
1428 event the applicant or member does not request a hearing
1429 within the time and in the manner hereinabove set forth, he
1430 shall be deemed to have accepted the action involved, and it
1431 shall thereupon become final and effective immediately,
1432 subject to Article XVIII.

1433 B. Except as otherwise provided in these bylaws, any one or
1434 more of the following actions shall constitute grounds for a
1435 hearing:

1436 i. Denial of Association membership.

1437 ii. Denial of requested advancement in Association
1438 membership category.

1439 iii. Denial of Association reappointment.

1440 iv. Demotion to lower Association membership category.

1441 v. Suspension of Association membership.

1442

1443 vi. Revocation of Association membership.

1444 vii. Denial of requested privileges.

1445 viii. Involuntary reduction of privileges.

1446 ix. Suspension of privileges.

1447

1448 x. Termination of privileges.

1449 xi. Requirement of consultation.

1450 xii. Any other action which requires a report to be made to
1451 the Medical Board of California or other appropriate
1452 State licensing agency pursuant to California Business
1453 and Professions Code Section 805.

1454 C. Upon receipt of a request for hearing, the Medical Director
1455 shall deliver such request to the Executive Committee at its
1456 next regular meeting or special meeting, if such is deemed
1457 necessary by the President of the Association. The
1458 Executive Committee shall, within fifteen (15) days after
1459 receipt of such request, schedule and arrange for a hearing.
1460 The date of the commencement of the hearing shall not be
1461 less than thirty (30) days, nor more than sixty (60) days,
1462 from the date of receipt of the request by the Medical

1463 Director for a hearing; provided that when the request is
1464 received from a member who is under suspension which is
1465 then in effect, the hearing shall be held as soon as the
1466 arrangements may reasonably be made, but not to exceed fifteen
1467 (15) days from the date of receipt of the request for hearing
1468 by the Medical Director.

1469 D. As a part of, or together with, the notice of hearing, the
1470 Executive Committee shall state in writing, in concise
1471 language, the acts or omissions with which the applicant or
1472 Association member is charged, a list of charges by chart
1473 number under question, or the reasons for the denial of the
1474 application or request of the applicant or Association
1475 member. If either party, by notice, requests a list of
1476 witnesses, then each party within fifteen (15) days of such
1477 request shall furnish to the other a list, in writing, of
1478 the names and addresses of the individuals, so far as is
1479 then reasonably known, who will give testimony or evidence
1480 in support of that party at the hearing.

1481 E. When a hearing is requested, the Executive Committee shall
1482 appoint a Judicial Review Committee which shall be composed
1483 of not less than five (5) members of the Active Staff who
1484 shall not have actively participated in the consideration of
1485 the matter involved at any previous level. Such appointment
1486 shall include designation of the chairman. Knowledge of the
1487 particular matter on appeal shall not preclude a member from
1488 serving as a member of the Judicial Review Committee.

1489 F. Failure, without a showing of good cause by the person
1490 requesting the hearing, to appear and proceed at such a
1491 hearing shall be deemed to constitute voluntary acceptance
1492 of the recommendations or actions involved which shall
1493 become final and effective immediately, subject to Article
1494 XVIII.

1495 G. Postponements and extensions of time beyond the time
1496 expressly permitted in these bylaws may be requested by anyone
1497 but shall be permitted by the Judicial Review Committee or
1498 its chairman acting upon its behalf only on a showing of
1499 good cause.

1500 H. Within fifteen (15) days after final adjournment of the
1501 hearing (provided that in the event the member is currently
1502 under suspension, this time shall be ten (10) days), the
1503 Judicial Review Committee shall render a decision which
1504 shall be accompanied by a report in writing to the body
1505 whose decision prompted the hearing, to the Executive
1506 Committee, and to the chairman of the involved department.
1507 The decision of the Judicial Review Committee shall be to
1508 affirm, modify, or reverse the decision of the body whose

1509 decision prompted the hearing. In all cases, a copy of such
1510 decision and report shall be forwarded to the Director.
1511 The report shall contain a concise statement of the
1512 reasons justifying the decision made. At the same time, a
1513 copy of the decision and report shall be delivered to the
1514 person who requested the hearing by registered or
1515 certified mail, return receipt requested.

1516 I. The decision of the Judicial Review Committee shall be
1517 considered final, subject only to the right of appeal as
1518 provided in Section 4 of this Article VII.

1519 J. No person who requested the hearing shall be entitled to more
1520 than one hearing on any single matter which may be the subject
1521 of a hearing.

1522 Section 3. Hearing Procedure

1523 A. Under no circumstances shall the hearing be conducted without
1524 the personal presence of the person requesting the
1525 hearing unless he/she has waived such appearance in writing
1526 or has failed without good cause to appear after
1527 appropriate notice.

1528 B. The hearings provided for in these bylaws are for the
1529 purpose of ~~interprofessional~~ intraprofessional resolution of
1530 matter bearing on conduct or professional competency.
1531 Accordingly, neither the person requesting the hearing, the
1532 Executive Committee, nor the Director shall be represented
1533 in any phase of the hearing or appeals procedure by an
1534 attorney at law unless the Judicial Review Committee, in
1535 its sole discretion, permits both sides to be represented
1536 by legal counsel. The person requesting the hearing shall
1537 be entitled to be accompanied by and represented at the
1538 hearing only by a physician, dentist, podiatrist, or
1539 clinical psychologist, who is licensed to practice in the
1540 State of California, who is not an attorney at law, and who,
1541 preferably, is a member in good standing of the Association.
1542 The body whose decision prompted the hearing may appoint a
1543 representative from the attending staff who shall present
1544 its decision and the materials in support thereof and examine
1545 witnesses.

1546 C. The presiding officer at the hearing shall be the hearing
1547 officer or, if none has been appointed in accordance with
1548 Subsection D of this Section 3, the chairman of the Judicial
1549 Review Committee. The presiding officer shall act to ensure
1550 that all participants in the hearing have a reasonable
1551 opportunity to be heard, to present all oral and documentary
1552 evidence, and that decorum is maintained. He/she shall
1553 be entitled to determine the order of procedure during

1554 the hearing. He/she shall have the authority and
1555 discretion, in accordance with these bylaws, to make all
1556 rulings on questions which pertain to matters of law and to
1557 the admissibility of evidence.

1558 D. At the request of the person who requested the hearing, the
1559 Executive Committee, the Judicial Review Committee or the
1560 Director, on his/her own request, the Director may appoint a
1561 hearing officer who may be an attorney at law qualified to
1562 preside at the hearing. Such hearing officer may be legal
1563 counsel to Los Angeles County, provided he/she acts during
1564 the hearing in accordance with this Article VII. He/she
1565 must not act as a prosecuting officer, or as an advocate
1566 for the Hospital, the Director, the Executive Committee, or
1567 the body whose decision prompted the hearing. If requested by
1568 the Judicial Review Committee, he/she may participate in the
1569 deliberations of such body and be a legal advisor to it, but
1570 he/she shall not be entitled to vote.

1571 E. The Judicial Review Committee shall maintain a record of the
1572 hearing by one of the following methods: by a certified
1573 shorthand or stenographic reporter present to make a record
1574 of the hearing, or by a recording of the proceedings. The
1575 cost of any certified shorthand or stenographic reporter and
1576 any transcript shall be borne by the party requesting same.
1577 The Judicial Review Committee may, but shall not be required
1578 to, order that oral evidence shall be taken only on oath
1579 or affirmation administered by any person designated by
1580 such body and entitled to notarize documents in the State of
1581 California.

1582 F. At the hearing, both sides shall have the following rights: to
1583 ask Judicial Review Committee members questions which are
1584 directly related to determining whether they are impermissibly
1585 biased and to challenge such members, to call and examine
1586 witnesses, to introduce exhibits or other documents, to
1587 cross-examine any witness on any matter relevant to the
1588 issues, to impeach any witness, and to rebut any evidence.
1589 If the applicant or Association member does not testify in
1590 his/her own behalf, he/she may be called and examined as if
1591 under cross-examination. Any challenge to one or more members
1592 of the Judicial Review Committee shall be resolved by
1593 the Committee prior to continuation of the hearing.

1594 G. The hearing shall not be conducted according to the rules of
1595 law relating to the examination of witnesses or presentation
1596 of evidence. Any relevant evidence shall be admitted by the
1597 presiding officer if it is the sort of evidence on which
1598 responsible persons are accustomed to rely in the conduct of
1599 serious affairs, regardless of the admissibility of such
1600 evidence in a court of law. Each party shall have the right

1601 to submit a memorandum of points and authorities, and the
1602 Judicial Review Committee may request such a memorandum to
1603 be filed following the close of the hearing. The Judicial
1604 Review Committee may interrogate the witnesses or call
1605 additional witnesses if it deems it appropriate.

1606 H. The presiding officer shall have the discretion to take
1607 official notice of any matters, whether technical or
1608 scientific, relating to the issues under consideration
1609 which could have been judicially noticed by the courts of
1610 this State. Participants in the hearing shall be informed of
1611 the matters to be officially noticed, and they shall be noted
1612 in the record of the hearing. The person requesting the
1613 hearing shall have the opportunity to request that a matter
1614 be officially noticed or to refute the noticed matters
1615 by evidence or by written or oral presentation of
1616 authority. Reasonable additional time, not to exceed thirty
1617 (30) days, shall be granted, if requested, to present
1618 written rebuttal of any evidence submitted on official
1619 notice.

1620 I. The decision of the Judicial Review Committee shall be based
1621 on the evidence produced at the hearing. This evidence may
1622 consist of the following:

1623 i. Oral testimony of witnesses.

1624 ii. Briefs or memoranda of points and authorities presented
1625 in connection with the hearing.

1626 iii. Any materials contained in the Hospital or Association
1627 personnel files regarding the person who requested the
1628 hearing which have been made a part of the hearing
1629 record.

1630 iv. Any and all applications, references, medical records,
1631 and other documents which have been made a part of the
1632 hearing record.

1633 v. All officially noticed matters~~-, and~~

1634 vi. Any other admissible evidence.

1635 J. Except as otherwise required by law, at any hearing involving
1636 any of the grounds for a hearing specified in Section 2,
1637 Subsection B, points (i), (ii), (iii) or (vii) of this
1638 Article VII, it shall be incumbent on the person who
1639 requested the hearing to initially come forward with
1640 evidence in support of his/her position. In all other
1641 cases specified in Section 2, Subsection B of this Article
1642 VII, it shall be incumbent on the body whose decision

1643 prompted the hearing to initially come forward with evidence
1644 to support its decision. Thereafter, the burden shall
1645 shift to the person who requested the hearing to come
1646 forward with evidence in his/her support. In all cases in
1647 which a hearing is conducted under this Article VII, after
1648 all the evidence has been submitted by both sides, the
1649 Judicial Review Committee shall rule against the person who
1650 requested the hearing unless it finds that such person has
1651 proven, by a preponderance of the evidence, that the action
1652 of the body whose decision prompted the hearing was
1653 arbitrary, unreasonable, not supported by the evidence, or
1654 otherwise unfounded.

1655 K. The presiding officer may adjourn the hearing and reconvene
1656 the same at the convenience of the participants without
1657 special notice. Upon conclusion of the presentation of oral
1658 and written evidence, the hearing shall be closed. The
1659 Judicial Review Committee shall thereupon, outside of the
1660 presence of any other person, conduct its deliberations and
1661 render a decision and accompanying report, in the manner and
1662 within the time as provided in Section 2, Subsection H of this
1663 Article VII.

1664 **Section 4. Appeal to Director**

1665 A. Within fifteen (15) days after receipt of the decision of the
1666 Judicial Review Committee, either the person who requested the
1667 hearing or the body whose decision prompted the hearing may
1668 request an appellate review by the Director. Such request
1669 shall be to the Director, in writing, and shall be delivered
1670 either in person or by certified or registered mail, return
1671 receipt requested. If such appellate review is not requested
1672 within such period, both sides shall be deemed to have
1673 accepted the action involved, and it shall thereupon become
1674 final and shall be effective immediately, subject to Article
1675 XVIII. The written request of appeal shall also include a
1676 brief statement of the reasons for appeal.

1677 B. The grounds for appeal from the hearing shall be: (1)
1678 substantial failure of any person or body to comply with
1679 the procedures required by these bylaws for the conduct
1680 of hearings and decisions upon hearings so as to deny
1681 due process and a fair hearing; or (2) the action taken by
1682 the Judicial Review Committee was arbitrary, capricious,
1683 with prejudice, or not supported by substantial evidence.

1684 C. In the event of any appeal to the Director, as set forth in
1685 the preceding Subsection B, the Director shall within
1686 fifteen (15) days after receipt of such notice of
1687 appeal, schedule and arrange for an appellate review. The

1688 Director shall cause the applicant or member to be given
1689 notice of the time, place, and date of the appellate review.
1690 The date of the appellate review shall not be less than
1691 thirty (30) days, nor more than sixty (60) days, from the
1692 date of receipt of the request for appellate review,
1693 provided that when a request for appellate review is from a
1694 member who is under suspension which is then in effect,
1695 the appellate review shall be held as soon as the
1696 arrangements may reasonably be made and not to exceed thirty
1697 (30) days from the date of receipt of the request for
1698 appellate review. The time for appellate review may be
1699 extended by the Director upon a showing of good cause.

1700 D. When an appellate review is requested, the Director shall
1701 appoint an Appeal Board which shall be composed of an odd
1702 number of not less than five (5) Appeal Board members, one of
1703 whom shall be designated by the Director as chairman. The
1704 Medical Director shall be an Appeal Board member. The
1705 remaining members shall be taken from the administrative
1706 and/or attending staffs of the Hospital, or, otherwise, at
1707 the discretion of the Director. Knowledge of the
1708 particular matter on appeal shall not preclude anyone
1709 from serving as a member of the Appeal Board.

1710 E. The proceedings by the Appeal Board shall be in the nature
1711 of an appellate hearing based upon the record of the hearing
1712 before the Judicial Review Committee, provided that the
1713 Appeal Board may, in its sole discretion, accept additional
1714 oral or written evidence subject to the same rights of
1715 cross-examination or confrontation provided at the Judicial
1716 Review Committee hearing. Each party shall have the right
1717 to present a written statement in support of his/her position
1718 on appeal, and in its sole discretion, the Appeal Board
1719 may allow each party or representative to personally appear
1720 and make oral argument. At the conclusion of oral argument,
1721 if allowed, the Appeal Board may thereupon, at a time
1722 convenient to itself, conduct deliberations outside the
1723 presence of the appellant and respondent and their
1724 representatives. The Appeal Board, after its deliberations,
1725 shall recommend, in writing, that the Director affirm,
1726 modify, or reverse the decision of the Judicial Review
1727 Committee, or refer the matter back to the Judicial
1728 Review Committee for further review and recommendation.

1729 F. Within fifteen (15) days after receipt of the
1730 recommendations of the Appeal Board, the Director shall render
1731 a final decision in writing and shall deliver copies thereof
1732 to the applicant or Association member and to the Executive
1733 Committee in person or by certified or registered mail,
1734 return receipt requested. The Director may affirm,
1735 modify or reverse the decision of the Judicial Review

1736 Committee or, in his/her sole discretion, refer the matter
1737 back to the Judicial Review Committee for further review and
1738 recommendations.

1739 G. Except where the matter is referred back to the Judicial
1740 Review Committee for further review and recommendation in
1741 accordance with Subsection F of this Section 4, the final
1742 decision of the Director, following the appeal procedures set
1743 forth in this Section 4, shall be effective immediately and
1744 shall not be subject to further review. If the matter is
1745 referred back to the Judicial Review Committee for further
1746 review and recommendation, such Committee shall promptly
1747 conduct its review and report back to the Director within
1748 thirty (30) days except as the parties may otherwise
1749 stipulate, in writing, to extend such period. Within
1750 fifteen (15) days after receipt of the Judicial Review
1751 Committee's recommendations, the Director shall render a
1752 decision, in writing, and shall deliver copies thereof to
1753 the applicant or Association member and to the Executive
1754 Committee either in person or by certified or registered
1755 mail, return receipt requested. The Director may affirm,
1756 modify, or reverse the decision of the Judicial Review
1757 Committee, and such decision shall be final and effective
1758 immediately and shall not be subject to further review.

1759 H. Except as otherwise provided in these bylaws, no applicant
1760 or Association member shall be entitled, as a matter of
1761 right, to more than one appeal to the Director on any single
1762 matter which may be the subject of an appeal.

1763 **Section 5. Exhaustion of Remedies**

1764 If any action described in Subsection B of Section 2 of this
1765 Article VII is taken or recommended, the practitioner shall exhaust
1766 all the remedies afforded by these bylaws before resorting to any
1767 legal action.

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1770

**ARTICLE VIII
OFFICERS**

1771 **Section 1. Officers of the Association**

- 1772 A. The elected officers of the Association shall be:
- 1773 i. President.
- 1774 ii. Vice-President.
- 1775 iii. Immediate Past President.
- 1776 B. The Medical Director of the Hospital shall be an officer of
- 1777 the Association and shall serve ex-officio as its Executive
- 1778 Secretary.

1779 **Section 2. Qualifications**

1780 Elected officers and the Association Member at Large must be

1781 members of the Active Staff at the time of nomination and election

1782 and must remain Active Staff members in good standing during their

1783 term ~~of office~~. Failure to maintain such status shall

1784 immediately create a vacancy in the office involved.

1785 **Section 3. Election of Officers and Association Members at Large**

1786 A. The Vice-President and the ~~three (3)~~ one (1) Association

1787 Members at Large shall each be elected for a two (2) year term

1788 at the annual Association meeting. Only Active Staff members

1789 shall be eligible to vote.

1790 B. The voting for the office of Vice-President and the ~~three (3)~~

1791 one (1) Association Members at Large shall be by written

1792 ballot.

1793 Election of the office of Vice-President shall be by simple

1794 majority of the votes cast. In the event that there are

1795 three (3) or more candidates for such office and no

1796 candidate receives a majority, there shall be successive

1797 balloting such that the name of the candidate receiving

1798 fewest votes is omitted from each successive slate until a

1799 simple majority vote is obtained by one (1) candidate. If

1800 two (2) candidates have the same number of least votes, both

1801 shall be omitted from the successive slates.

1802 Election of the ~~three (3)~~ one (1) positions of Association

1803 Members at Large shall be by plurality of the votes cast with

1804 the ~~three (3)~~ one (1) candidates receiving the most votes

1805 being elected.

1806 C. The nominating committee shall consist of at least three (3)

1807 members of the Active Staff appointed by the President of

1808 the Association at least two (2) months prior to the date of

1809 the annual Association meeting. This committee shall offer

1810 one (1) or more nominees for the office of Vice-President
1811 and one (1) or more nominees for the position of Association
1812 Member at Large. The recommendation of the nominating
1813 committee shall be submitted to both the Executive
1814 Committee at its meeting held in the month prior to the
1815 annual Association meeting, and to the Association at the
1816 annual Association meeting. The recommendation of this
1817 committee shall be appended to the minutes of the
1818 Executive Committee meeting held the month prior to such
1819 annual meeting.

1820 ~~The nominating committee shall offer three (3) or more~~
1821 ~~nominees for Association Members at Large. The recommendation~~
1822 ~~of the nominating committee shall be submitted to both the~~
1823 ~~Executive Committee at its meeting held in the month prior to~~
1824 ~~the annual Association meeting and to the Association at the~~
1825 ~~annual Association meeting.~~

1826 D. Nominations for the office of Vice-President and for the
1827 Association Member at Large may also be made by petition
1828 signed by at least five (5) members of the Active Staff
1829 accompanied by the written consent of the nominee(s) and
1830 filed with the Executive Secretary at least ten (10) days
1831 prior to the annual Association meeting. In this event,
1832 the Executive Secretary shall promptly advise the
1833 membership of the additional nomination(s) by mail.

1834 ~~Nominations for Association Members at Large may also be made~~
1835 ~~by petition signed by at least five (5) members of the Active~~
1836 ~~Staff accompanied by the written consent of the nominee(s) and~~
1837 ~~filed with the Executive Secretary at least ten (10) days~~
1838 ~~prior to the annual Association meeting. In this event, the~~
1839 ~~Executive Secretary shall advise the membership of the~~
1840 ~~additional nomination(s) at the annual Association meeting.~~

1841 **Section 4. Term of Office**

1842 Each elected officer and Association Member at Large shall serve
1843 a two (2) year term or until a successor is elected unless he
1844 shall sooner resign or be removed from office. The Vice-President
1845 shall serve a two (2) year term at the conclusion of which he
1846 shall become President for a two (2) year term. The office of
1847 Immediate Past-President shall be assumed by the out-going
1848 President. Officers shall take office on the first day of the
1849 Association Year following his/her election.

1850 **Section 5. Vacancies in Office**

1851 A vacancy in the office of the Vice-President during the term of
1852 office and a ~~Vvacancies~~ in the position of Association Member at
1853 Large office during the term of office, except for President,

1854 shall be filled by the Executive Committee. If there is a vacancy
1855 in the office of the President, the Vice-President shall serve
1856 out the remaining term, and shall continue for the term for which
1857 he was elected.

1858 **Section 6. Removal of Elected and Ex-Officio Officers and**
1859 **Association Members at Large**

1860 Except as otherwise provided, removal of an elected officer or an
1861 Association Member at Large may be effected by the Executive
1862 Committee, acting upon its own initiative or by a two-thirds vote
1863 of the members eligible to vote. Removal of an elected officer may
1864 be based only upon failure to meet qualifications, as described in
1865 Section 2, of this Article VIII, or failure to perform the duties
1866 of the elected office as described in these bylaws. ~~or, for~~ Removal
1867 of an Association Members at Large, may be based only upon failure
1868 to meet qualifications, as described in Section 2, of this Article
1869 VIII, or failure to perform the duties of the position held, as
1870 described in these bylaws.

1871 Removal of an ex-officio officer shall be effected by the Director
1872 acting on his/her own initiative.

1873 **Section 7. Duties of Officers**

1874 A. President: The President shall:

1875 i. Act in coordination and cooperation with the Director,
1876 the ~~Assistant Director~~ Chief Medical Officer, the
1877 Administrator, and the Medical Director in all
1878 matters of mutual concern within the Hospital.

1879 ii. Preside at all meetings of the Association.

1880 iii. Serve as chairman of the Executive Committee.

1881 iv. Serve as ex-officio member of all other Association
1882 committees.

1883 v. Be responsible, in conjunction with the Medical
1884 Director, for enforcement of the Association bylaws,
1885 rules and regulations, and for the Association's
1886 compliance with procedural safeguards in all
1887 instances where corrective action has been requested
1888 against a practitioner.

1889 vi. Appoint, subject to approval by the Medical Director,
1890 committee members to all standing Association
1891 committees except as otherwise provided in Article XI.

- 1892 vii. Represent the views, policies, needs and grievances of
1893 the Association to the Administrator, the Medical
1894 Director, and the ~~Assistant Director~~ Chief Medical
1895 Officer.
- 1896 viii. Be spokesman for the Association.
- 1897 ix. Perform such other functions as may be assigned to
1898 him/her by these bylaws, by the membership, by the
1899 Executive Committee, and by the Director.
- 1900 B. Vice-President: In the absence of the President, he/she
1901 shall assume all of the duties and have the authority of
1902 the President. He/she shall be the vice-chairman of the
1903 Executive Committee and shall perform such other functions
1904 as may be assigned to him/her by these bylaws, by the
1905 membership, by the Executive Committee, and by the Director.
- 1906 C. Immediate Past-President: The Immediate Past-President
1907 shall advise the President in all matters concerning the
1908 Association. He/she shall be a member of the Executive
1909 Committee and shall perform such other functions as may be
1910 assigned to him/her by these bylaws, by the membership, by
1911 the Executive Committee, and by the Director.
- 1912 D. Executive Secretary: The Executive Secretary shall:
- 1913 i. Keep accurate and complete minutes of all Association
1914 meetings and carry out other secretarial functions.
- 1915 ii. Coordinate the cooperative efforts of the President and
1916 the Administrator in all matters of mutual concern
1917 within the Hospital.
- 1918 iii. Receive and distribute the policies of the Governing
1919 Body and the Director to the Association and report to
1920 the Governing Body and the Director, through the
1921 ~~Assistant Director~~ Chief Medical Officer, on the
1922 performance and maintenance of quality with respect to
1923 the health care provided in the Hospital.
- 1924 iv. Assure compliance with all the procedures relative to
1925 application for membership in the Association and
1926 privileges, as detailed in these bylaws.
- 1927 v. Serve as Executive Secretary of the Executive Committee
1928 and implement its recommendations and suggest items for
1929 its consideration.
- 1930 vi. Refer appropriate items to the various other committees
1931 of the Association.

- 1932 vii. With concurrence of the President, call and be
 1933 responsible for the agenda of all meetings of the
 1934 Association.
- 1935 viii. Serve as an ex-officio member of all committees of the
 1936 Association.
- 1937 ix. Coordinate the educational activities of the Association.
- 1938 x. Perform such other functions as may be assigned to
 1939 him/her by these bylaws, by the membership, by the
 1940 Executive Committee, and by the Director.

1941 **ARTICLE IX**
 1942 **DEPARTMENTS AND DIVISIONS**

1943 **Section 1. Organization of the Association**

- 1944 A. The Medical Director shall be responsible for the functioning
 1945 of the clinical organization of the Hospital and shall keep
 1946 or cause to be kept a careful supervision over all the
 1947 clinical work done in the Hospital.
- 1948 B. The Association shall be organized into departments, which
 1949 are reflective of the scope of services provided within the
 1950 Hospital. Each department may have one or more divisions, as
 1951 designated by the Director. Each department shall have a
 1952 chairman who is supervised by the Medical Director and who
 1953 shall be responsible for the overall supervision of the
 1954 clinical activities within his/her department. Each
 1955 division shall be organized as a specialty within a
 1956 department, shall be directly responsible to the department
 1957 within which it functions, and shall have a division
 1958 chief who shall be responsible for the clinical activities
 1959 within his/her division.

1960 ~~**Section 2. Designation of Departments and Divisions**~~

- 1961 ~~**A**~~C. The present departments and their divisions are:
- 1962 ~~i. Medicine~~
- 1963 ~~— Skilled Nursing Facility Division~~
- 1964 ~~— Intensive Care Unit Division~~
- 1965 ~~ii. Surgery~~
- 1966 ~~iii. Ambulatory Care~~

- 1967 ~~iv. Physical Medicine/Rehabilitation~~
- 1968 ~~v. Anesthesiology~~
- 1969 ~~vi. Radiology~~
- 1970 ~~vii. Pediatrics~~
- 1971 i. Ambulatory Care
- 1972 ii. Anesthesiology
- 1973 iii. Internal Medicine
- 1974 - Skilled Nursing Facility Division
- 1975 iv. Pediatrics
- 1976 v. Radiology
- 1977 vi. Surgery
- 1978

1979 ~~The above departments and divisions may be changed from time~~
 1980 ~~to time by the Director without the necessity of an~~
 1981 ~~amendment to these bylaws. Subject to the approval of the~~
 1982 ~~Director, the organization of the Association, as set forth in~~
 1983 ~~this Section 1, may be changed from time to time by the~~
 1984 ~~Executive Committee with the advice of Hospital Administration~~
 1985 ~~without the necessity of an amendment to these bylaws. Prior~~
 1986 ~~to taking action regarding any proposed change, the Executive~~
 1987 ~~Committee, in its sole discretion, may request approval of the~~
 1988 ~~change at any annual or special Association meeting by the~~
 1989 ~~members present and eligible to vote, provided that a quorum~~
 1990 ~~exists. Following Executive Committee action, such change~~
 1991 ~~shall be effective only upon approval by the Director, which~~
 1992 ~~approval shall not be withheld unreasonably. The President~~
 1993 ~~shall notify all the members of the Association of any~~
 1994 ~~approved change. Notwithstanding the above, it shall be~~
 1995 ~~exclusively within the control and discretion of the Director~~
 1996 ~~and the Governing Body to establish the scope and venue of~~
 1997 ~~services provided within the Hospital, including, but not~~
 1998 ~~limited to, the creation, elimination, consolidation or~~
 1999 ~~modification of specific departments of the Hospital. Any~~
 2000 ~~such change shall be made by written notice to the~~
 2001 ~~President, who shall so notify all the members of the~~
 2002 ~~Association.~~

2003 **BD.** Each practitioner shall be assigned membership in at least
 2004 one department ~~and division, if appropriate,~~ but may be
 2005 granted membership and/or clinical privileges in one or more
 2006 other departments ~~or divisions.~~ The exercise of privileges

2007 within each department shall be subject to the department's
2008 rules and regulations and to the authority of the department
2009 chair chairman and division chief.

2010 **Section 32. Appointment and Removal of Department Chairmens and**
2011 **Division Chiefs**

2012 The department chairmens and division chiefs shall all be Active
2013 Staff members qualified by training, experience and demonstrated
2014 ability to be chairman of the particular department or chief of the
2015 particular division and shall be willing and able to faithfully
2016 discharge the functions of chairman of the particular department or
2017 chief of the particular division. They shall be board certified in
2018 the specialty or subspecialty of the particular department or the
2019 particular division or be able to establish, through the privilege
2020 delineation process, that they possess comparable competence. They
2021 shall be appointed by the Director, upon the recommendation of
2022 the Administrator and the Medical Director after the Administrator
2023 and the Medical Director have consulted with the Executive
2024 Committee. Each department chairman and division chief shall serve
2025 until his/her successor is appointed, unless he/she shall sooner
2026 resign or be removed. Removal of a department chairman or
2027 division chief shall be effected by the Director acting either on
2028 his/her own initiative following consultation with the Medical
2029 Director, the Administrator and the President, or on the
2030 recommendation of the Medical Director or the Executive Committee.

2031 **Section 43. ~~Functions~~ Responsibilities of Department Chairmens**

2032 Each department chairman shall be responsible for the following:

- 2033 A. All clinical related activities of the department.
- 2034 B. All administrative related activities of the department,
2035 unless otherwise provided for by the Hospital.
- 2036 C. The integration of the department into the primary
2037 functions of the Association.
- 2038 D. The coordination and integration of interdepartmental and
2039 intradepartmental services.
- 2040 E. The development and implementation of policies and
2041 procedures that guide and support the provision of
2042 services.
- 2043 F. The recommendations for a sufficient number of qualified
2044 and competent persons to provide care/service.
- 2045 G. Continuing surveillance of the professional performance
2046 of all persons in the department who have delineated

- 2047 clinical privileges in his/her department.
- 2048 H. Recommending to the Executive Committee the criteria for
2049 clinical privileges that are relevant to the services
2050 provided in the department.
- 2051 I. Recommending clinical privileges for each applicant and
2052 member of the department.
- 2053 J. The determination of the qualifications and competence of
2054 department personnel who are not licensed independent
2055 practitioners and who provide patient care services.
- 2056 K. The continuous assessment and improvement of the quality
2057 of care and services provided.
- 2058 L. The maintenance of quality control programs, as
2059 appropriate.
- 2060 M. The orientation and continuing education of all persons
2061 in the department.
- 2062 N. Recommendations for space and other resources needed by
2063 the department.
- 2064 O. Assessing and recommending to the relevant Hospital
2065 authority off-site sources for needed patient care
2066 services not provided by the department or the Hospital.
- 2067 P. Assuring that departmental activities are considered for
2068 inclusion in the Hospital's Performance Improvement
2069 Program.
- 2070 Q. Appointing at least one (1) representative from the
2071 department to attend the annual and any special meetings
2072 of the Association and assuring that each representative
2073 reports to the department after each such meeting.
- 2074 R. Be a member of the Executive Committee.
- 2075 RS. Performing such other duties as may from time to time be
2076 reasonably requested of him/her by the President of the
2077 Association, the Medical Director, the Executive
2078 Committee, the ~~Assistant Director~~ Chief Medical Officer,
2079 or the Director.

2080 **Section 54. ~~Functions~~ Responsibilities of Division Chiefs:**

2081 Each division chief shall:

- 2082 A. Assist his/her department in performing functions as directed

- 2083 by his/her department chairman and exercise general
2084 supervision over all clinical work performed within his/her
2085 division.
- 2086 B. Be accountable to the department chairman, the Executive
2087 Committee and the Medical Director for all professional and
2088 administrative activities within his/her division, and
2089 particularly for the quality of patient care rendered by
2090 members of his/her division and for the effectiveness of the
2091 performance improvement program of his/her division.
- 2092 C. Perform such other duties as may from time to time be
2093 reasonably requested of him/her by his/her department
2094 chairman, the President of the Association, the Medical
2095 Director, the Executive Committee, the ~~Assistant Director~~
2096 Chief Medical Officer, or the Director.
- 2097 D. Be a member of the Executive Committee.

2098 **Section 65. Functions of Departments**

- 2099 A. Each department shall conduct specific review and evaluation
2100 activities that contribute to the preservation and
2101 improvement of the quality and efficiency of patient care
2102 provided in the department.
- 2103 B. Each department shall establish its own criteria consistent
2104 with the policies of the Hospital and the Association for
2105 the granting of clinical privileges in the department and
2106 submit the recommendations required under Articles IV and V
2107 regarding the specific privileges each member or applicant
2108 may exercise.
- 2109 C. Each department shall propose, through its chairman, rules
2110 and regulations for the department that will apply in
2111 practice the general principles set forth in these bylaws.
- 2112 D. Each department shall meet at least quarterly to review and
2113 analyze on a peer group basis the ongoing monitoring and
2114 evaluation of the quality and appropriateness of the care
2115 and the treatment provided to patients.
- 2116 E. Each department shall conduct performance improvement
2117 activities as described in the Hospital's Performance
2118 Improvement Program as approved by the Director.
- 2119 F. Each department shall establish such committees or other
2120 mechanisms as are necessary and desirable to properly
2121 perform the functions assigned to it.
- 2122 G. Each department shall conduct or participate in, and make
2123 recommendations regarding the need for, continuing education

2124 programs pertinent to changes in the state-of-the-art and to
2125 findings of review, evaluation and monitoring activities.

2126 **Section 76. Functions of Divisions**

2127 Each division shall, upon the approval of the Executive Committee
2128 and the Director, perform the functions assigned to it by its
2129 department chairman. Such functions may include, without
2130 limitation, retrospective patient care audit, the continuous
2131 monitoring of patient care practices, credentials review and
2132 privileges delineation and continuing education programs. The
2133 division shall transmit regular reports to the department chairman
2134 on the conduct of its assigned functions.

2135 **ARTICLE X**
2136 **COMMITTEES**

2137 **Section 1. General Provisions**

2138 There shall be an Executive Committee and such other standing and
2139 special committees as may from time to time be necessary and
2140 desirable to perform the Association functions described in these
2141 bylaws. The Executive Committee may by resolution establish a
2142 committee to perform one or more of the required Association
2143 functions.

2144 The committees described in this Article X shall be the standing
2145 committees of the Association. Unless otherwise specified, the
2146 members of such committees and the chairmans, vice-chairman, and
2147 ~~any other officers~~ thereof shall be appointed by the President
2148 subject to approval by the Executive Committee. Chairs of the
2149 committees must be Association members in good standing. Such
2150 committees shall be responsible to the Executive Committee.

2151 Unless otherwise specified, each committee chairman shall be
2152 appointed for a term of three (3) years and shall serve until the
2153 end of this period or until a successor is appointed, whichever
2154 occurs later, unless he/she sooner resigns or is removed.

2155 Unless otherwise specified, each committee member other than
2156 chairman shall be appointed for a term of one (1) year and shall
2157 serve until the end of this period or until a successor is
2158 appointed, whichever occurs later, unless he/she sooner resigns or
2159 is removed.

2160 Any committee member, ~~other than~~ including the chair but not
2161 including a committee member serving ex-officio, may be removed by
2162 a majority vote of the Executive Committee.

2163 Unless otherwise specified, any vacancies on any committee shall
2164 be filled in the same manner in which an original appointment to
2165 such committee is made.

2166 Whenever these bylaws require that a function be performed by, or
2167 that a report or recommendation be submitted to, a named committee
2168 but no such committee exists, the Executive Committee shall
2169 perform such function or receive such report or recommendation or
2170 shall assign the functions of such committee to a new or existing
2171 committee of the Association or to the Association as a whole.

2172 **Section 2. Executive Committee**

2173 A. Composition: The Executive Committee shall consist of the
2174 following:

2175 i. the elected and ~~ex-officio~~ officers of the Association,
2176 as described in Article VIII, Section 1,

2177 ii. the department chairmen~~s~~,

2178 iii. the division chiefs,

2179 iv. the chair~~man~~ of the Quality Management Committee, and

2180 v. ~~and three (3) one (1)~~ Association Members at Large.

2181 vi. The Director and the Chief Medical Officer are ex-officio
2182 members.

2183 _____
2184 _____
2185 Ex-officio members shall be the Administrator, the Chief
2186 Nursing Officer, and the Quality/Risk Management Director, and
2187 the Assistant to the Medical Director, who shall not be
2188 entitled to vote. The President, Vice-President, and
2189 Executive Secretary shall serve as Chair~~man~~, Vice-Chair~~man~~,
2190 and Executive Secretary, respectively, of the Committee.

2191 B. Duties:

2193 i. Represent and act on behalf of the Association in the
2194 intervals between Association meetings, subject to such
2195 limitations as may be imposed by these bylaws.

2196 ii. Coordinate and implement the professional and
2197 organizational activities and policies of the
2198 Association.

2199 iii. Receive and act upon reports and recommendations from
2200 Association committees, departments and divisions and
2201 from special staff reports.

- 2202 iv. To provide liaison among the Association, the Hospital
2203 Administrator and, through the Director, the Governing
2204 Body.
- 2205 v. Formulate and/or participate in the development of all
2206 Association and Hospital policies, practices and planning
2207 not otherwise the responsibility of the departments.
2208
- 2209 vi. Recommend actions to the Medical Director,
2210 Administrator and Governing Body, through the Director,
2211 on matters of medical-administrative nature.
- 2212 vii. Evaluate the medical care rendered to patients in the
2213 Hospital.
- 2214 viii. Fulfill the Association's accountability to the
2215 Governing Body for the health care rendered to patients
2216 in the Hospital, and assure that the Governing Body
2217 supplies sufficient funds for the attending staff to
2218 render quality health care.
- 2219 ix. Assist in obtaining and maintaining licensing and
2220 accreditation for the Hospital.
- 2221 x. Take reasonable steps to develop continuing education
2222 activities and programs for the Association.
- 2223 xi. Review the credentials, performance, and professional
2224 competence, character and other qualifications of all
2225 applicants and make recommendations to the Director
2226 for Association membership appointments and
2227 reappointments, assignments to departments,
2228 delineation of clinical privileges, and corrective
2229 action.
- 2230 xii. Take all reasonable steps to ensure professionally
2231 ethical conduct and competent clinical performance on
2232 the part of all members of the Association, including
2233 the initiation of and/or participation in Association
2234 corrective or review measures when warranted.
2235
- 2236 xiii. Assess and make recommendations regarding the selection
2237 of contracted health services and the evaluation of such
2238 services through Department of Health Services'
2239 monitoring activities.
- 2240 xiv. Report at each annual Association meeting.
- 2241 C. Meetings: The Committee shall meet at least ten (10) months
2242 per year, shall maintain a permanent record of its proceedings
2243 and actions, and shall submit at least a quarterly report

2244 to the Director, through the ~~Assistant Director~~ Chief Medical
2245 Officer, on its activities.

2246 **Section 3. Credentials Committee**

2247 A. Composition: The Credentials Committee shall consist of the
2248 President, the Medical Director and the department chairmen~~s~~.
2249 The President shall be the chairman of the Committee.

2250
2251

B. Duties:

2252 i. Review the qualifications and credentials of all
2253 applicants and make recommendations for membership
2254 appointment and reappointment, assignments to
2255 departments, and delineation of clinical privileges in
2256 accordance with Articles IV and V.

2257 ii. Make a report to the Executive Committee on ~~the~~
2258 ~~qualifications~~ of each applicant for Association
2259 membership or clinical privileges, including
2260 specific consideration of the recommendation(s) from the
2261 department(s) in which such applicant has requested
2262 privileges.

2263 iii. Review ~~periodically~~ all information available regarding
2264 the competence of Association members and, as a result
2265 of such reviews, ~~to~~ make recommendations for the
2266 granting of privileges, reappointments to membership,
2267 and the assignment of practitioners to the various
2268 departments as provided in Articles IV and V.

2269

2270 C. Meetings: The Committee shall meet at least ten (10) months
2271 per year, shall maintain a permanent record of its proceedings
2272 and actions, and shall submit at least a quarterly report
2273 to the Executive Committee on its activities.

2274

2275

Section 4. Bylaws and Rules and Regulations Committee

2276 A. Composition: The Bylaws and Rules and Regulations Committee
2277 shall consist of the President, Vice President and the Medical
2278 Director. A representative from Hospital Administration will
2279 be appointed as an ex-officio member without vote.

2280

B. Duties:

2281 i. Conduct a biennial review of the bylaws and rules and
2282 regulations of the Association.

2283 ii. Submit recommendations to the Executive Committee for
2284 any amendments to the bylaws and rules and regulations.

2285 C. Meetings: The Committee shall meet as needed, at the request
2286 of its chairman, shall maintain a permanent record of its
2287 proceedings and actions, and shall submit reports to the
2288 Executive Committee on its activities.

2289 **Section 65. Health Information Management Committee**

2290 A. Composition: The Health Information Management Committee
2291 shall consist of, insofar as possible, at least three (3)
2292 members of the Association; and at least one (1) each
2293 representative from each of the following Hospital
2294 departments: Nursing, ~~Medical Social Service~~ Health
2295 Information Management, and Hospital Administration; and
2296 additional members as needed. The Hospital's Director of
2297 Health Information Management shall be a member of the
2298 Committee and may be delegated to act as its secretary.
2299 ~~Subcommittees, appointed by the Committee, of comparable~~
2300 ~~composition, may be formed for each department.~~

2301 B. Duties:

2302
2303 i. Review and evaluate medical records, or a representative
2304 sample, to determine whether the medical records:

2305 a. Properly describe the condition and diagnosis, the
2306 progress of the patient during hospitalization and
2307 at the time of discharge, the treatment and tests
2308 provided, the results thereof, and adequate
2309 identification of individuals responsible for
2310 orders given and treatment and tests rendered; and

2311 b. Are sufficiently complete at all times to
2312 facilitate continuity of care and communications
2313 between individuals providing patient care services
2314 in the Hospital.

2315 ii. Review and make recommendations for Association and
2316 Hospital policies, rules and regulations relating to
2317 medical records, including completion, forms and formats,
2318 filing, indexing, storage, destruction, availability and
2319 methods of enforcement.

2320 iii. Provide liaison with Hospital Administration and medical
2321 records personnel on matters relating to medical records
2322 practices.

2323 ~~iv. Meet Joint Commission on Accreditation of Healthcare~~
2324 ~~Organizations' requirements related to medical records.~~

2325 C. Meetings: The Committee shall meet at least quarterly, and

2326 shall maintain a permanent record of its proceedings and
2327 actions, and ~~shall submit~~ the chair or his/her designee shall
2328 present a written (meeting minutes will suffice for this
2329 purpose) and oral report at least a quarterly ~~report~~ to the
2330 Executive Committee on its activities.

2331 **Section 6. Utilization Management Committee**

2332 A. Composition:

2333 The Utilization Management Committee is multidisciplinary and
2334 shall consist of at least two (2) members from the
2335 Association, the Physician Advisor, the Utilization Management
2336 Director, and at least one (1) representative from each of the
2337 following Hospital departments: Nursing, Hospital
2338 Administration, Health Information Management, and Social
2339 Services; and ~~other~~ additional members as needed.

2340 B. Duties:

2341 ~~i. Conduct utilization review studies designed to evaluate~~
2342 ~~appropriateness of admissions to the Hospital, lengths~~
2343 ~~of stay, discharge practices, use of Hospital services,~~
2344 ~~and all related factors which may contribute to the~~
2345 ~~effective utilization of the Hospital and physician~~
2346 ~~services. The Committee shall communicate the~~
2347 ~~results of its studies and other pertinent data to the~~
2348 ~~Executive Committee, and shall make recommendations~~
2349 ~~for the optimum utilization of Hospital resources and~~
2350 ~~facilities commensurate with quality of patient care and~~
2351 ~~safety.~~

2352 ~~ii. Establish~~ Review and recommend a Utilization Management
2353 Plan for the Hospital, which shall be approved by
2354 the Executive Committee.

2355 ~~iii. Evaluate the medical necessity for continued Hospital~~
2356 ~~services for particular patients, where appropriate.~~
2357 ~~No physician shall have review responsibility for any~~
2358 ~~extended stay cases in which he was professionally~~
2359 ~~involved.~~

2360 ~~iv~~ ii. Obtain Receive, review and evaluate information and
2361 statistical data and associated information
2362 obtained or generated by the Utilization Management
2363 Department.

2364 iii. Oversee studies designed to evaluate the appropriateness
2365 of admissions to the Hospital, length of stay, discharge
2366 practices, use of Hospital services, and related factors
2367 which may contribute to the effective utilization of

2368 services. The Committee shall communicate the results of
2369 its studies and other pertinent data to the Executive
2370 Committee and shall make recommendations for the
2371 utilization of resources and facilities commensurate with
2372 quality patient care and safety.

2373 C. Meetings: The Committee shall meet at least quarterly, and
2374 shall maintain a permanent record of its proceedings and
2375 actions, and shall submit the chair or his/her designee
2376 shall present a written (meeting minutes will suffice for this
2377 purpose) and oral report at least a quarterly ~~report~~ to the
2378 Executive Committee on its activities.

2379 **Section 7. Pharmacy and Therapeutics Committee**

2380 A. Composition: The Pharmacy and Therapeutics Committee shall
2381 consist of at least two (2) members of the Association, the
2382 Director of Pharmacy, at least one (1) representative from
2383 each of the following: Nursing, Hospital Administration, and
2384 Pharmacy; and additional members as needed. The Chief
2385 Pharmacist shall be a member of the Committee.

2386 B. Duties: ~~The Committee shall be responsible for the~~
2387 ~~development and surveillance of all drug utilization policies~~
2388 ~~and practices within the Hospital in order to assure optimum~~
2389 ~~clinical results and a minimum potential for hazards. The~~
2390 ~~Committee shall assist in the formulation of broad~~
2391 ~~professional policies regarding the prescribing, ordering,~~
2392 ~~dispensing, administering, monitoring and all other matters~~
2393 ~~relating to medications in the Hospital. The Committee~~
2394 ~~shall also perform the following specific functions:~~

2395 i. Develop policies related to medication use and practices
2396 within the Hospital in order to maximize therapeutic
2397 outcomes and minimize adverse drug events.

2398 ii. Survey, periodically, medication use.

2399 iii. Assist in the formulation of broad policies regarding the
2400 prescribing, purchasing, dispensing, administration,
2401 monitoring and all other aspects of medication use in the
2402 Hospital.

2403 iv. Serve as an advisory group to the attending staff,
2404 nurses, pharmacists, and Hospital Administration on
2405 matters pertaining to the choice and cost of available
2406 medications.
2407

2408 iiy. ~~Make recommendations concerning~~ Define the list of
2409 medications to be stocked on the nursing unit floors,
2410 and by other services.

- 2411 iiivi. ~~Develop and review periodically a~~ Make
2412 recommendations for additions, deletions and
2413 restrictions regarding medications in the formulary
2414 ~~or medication list for use in the Hospital~~ (as
2415 developed by the Department of Health Services
2416 Pharmacy and Therapeutics Committee).
- 2417 ivii. Participate in the development ~~and analysis of~~ the
2418 Medication Use Evaluation Program and the analysis
2419 of study results.
- 2420 viii. Review all ~~untoward~~ or adverse drug
2421 ~~reactions~~ events.
- 2422 C. Meetings: The Committee shall meet at least quarterly, and
2423 shall maintain a permanent record of its proceedings and
2424 actions, and the chair or his/her designee shall ~~submit at~~
2425 ~~least a quarterly~~ present a written (meeting minutes will
2426 suffice for this purpose) and oral report at least quarterly
2427 to the Executive Committee on its activities.

2428 **Section 8. Infection Control Committee**

- 2429 A. Composition: The Infection Control Committee shall consist
2430 of at least two (2) members of the Association, the
2431 Infection Control Coordinator, and at least one (1)
2432 representative from each of the following: Laboratory,
2433 Environmental Services Unit, Central Supply Unit, Nursing,
2434 and Hospital Administration; and additional members as needed.
- 2435 B. Duties:
- 2436 i. Develop a Hospital-wide infection control program for the
2437 which maintains infection control surveillance of
2438 ~~Hospital infection potentials.~~ and monitors its
2439 effectiveness.
- 2440 ii. Develop a system for the ~~collection of data~~ reporting,
2441 identification, review, and analysis of the incidence and
2442 causes of, reporting of incidences and trends and follow
2443 ~~up~~ of nosocomial infections.
- 2444 iii. Develop a preventive and corrective program designed to
2445 minimize infection hazards, including establishing,
2446 reviewing and evaluating aseptic, isolation and
2447 sanitation techniques.
- 2448 iv. Establish, maintain, update and monitor ~~and/or recommend~~
2449 effectiveness of written infection control policies and
2450 procedures.
2451

- 2452 v. ~~Measure and monitor the effectiveness of procedures,~~
2453 ~~policies or programs.~~
- 2454 vi. Supervise the Infection Control program in all phases of
2455 the Hospital's activities, including, but not limited to:
- 2456 a. ~~Sterilization and disinfection procures by heat, or~~
2457 ~~chemicals or otherwise~~procedures.
- 2458 b. Isolation and precaution procedures.
- 2459 c. Adherence to governmental regulations and
2460 guidelines and licensing and accreditation
2461 requirements.
- 2462 d. Handling and disposal of biohazardous material.
- 2463 e. Reviewing sensitivities of microbiologic organisms
2464 ~~per the laboratory antitiogram reports~~ specific to
2465 the Hospital and coordinateing action on findings
2466 from the attending staff's review of the clinical
2467 use of antibiotics with (including the Pharmacy and
2468 Therapeutics Committee review).
- 2469 f. Working collaboratively with the employee health
2470 and safety personnel on infection control matters.
- 2471 g. ~~Reviewing and recommending education and training~~
2472 ~~requirements.~~
- 2473 hg. ~~Other situations as requested by~~ Acting upon
2474 recommendations related to infection control
2475 received from the Executive Committee, Medical
2476 Director, Hospital Administration, departments and
2477 other committees.
- 2478 C. Meetings: The Committee shall meet at least quarterly, and
2479 shall maintain a permanent record of its proceedings and
2480 actions, and the chair or his/her designee shall present a
2481 written (meeting minutes will suffice for this purpose) ~~shall~~
2482 ~~submit a quarterly report~~ and oral report at least quarterly
2483 to the Executive Committee on its activities.

2484 **Section 9. Research Committee**

- 2485 A. Composition: The Executive Committee may either serve as
2486 the Research Committee or appoint the members and officers
2487 of the Research Committee which shall be broadly
2488 representative and composed of ~~such~~ at least three (3)
2489 Association members and such County personnel as deemed

2490 necessary by the Executive Committee, subject to approval
2491 by the Medical Director, the Administrator, and the Director
2492 ~~or his authorized designee.~~

2493
2494 B. Duties:

2495 The Committee shall monitor all research activities at the
2496 Hospital involving both human subjects and non-human subjects,
2497 including, but not necessarily limited to:

2498 i. ~~Examine~~ Review all requests for the performance of any
2499 type of medical research within the Hospital and make
2500 recommendations to the Executive Committee on whether to
2501 grant permission to conduct such research at the Hospital
2502 and whether, if approved, such research must be
2503 performed in accordance with any stated conditions. Such
2504 recommendations shall be subject to approval by the
2505 Executive Committee, the Medical Director, the
2506 Administrator, ~~and~~ the Director ~~or his authorized~~
2507 ~~designee, and any other person or body whose approval is~~
2508 ~~required under a County contract.~~

2509 ii. Monitor all approved medical research projects and
2510 require and receive from time to time, but not less than
2511 annually, written progress reports on all approved
2512 research projects.

2513 iii. Assure compliance with all Federal and State laws and
2514 regulations applicable to the approval, performance and
2515 monitoring of medical research.

2516 iv. Make an annual detailed written report to the Director
2517 not later than October 31 of each year of the medical
2518 research accomplished, the research in progress, and a
2519 description of the source and dollar amount of funds
2520 expended for research at the Hospital during the
2521 County's previous fiscal year.

2522 C. Requests to Conduct Medical Research: No Association member
2523 or other person shall perform any type of medical research
2524 at the Hospital without first obtaining the approval of the
2525 Research Committee, the Executive Committee, the Medical
2526 Director, the Administrator, the Director ~~or his authorized~~
2527 ~~designee, and any other person or body whose approval is~~
2528 required under a County contract. No medical research shall
2529 be approved unless such research will benefit health care
2530 for County patients. All requests for permission to conduct
2531 medical research in the Hospital must be in writing and in
2532 such form as may be required by the Committee and shall be
2533 accompanied by the written approval of the chairman of each
2534 department involved.

2535 D. Meetings: The Committee shall meet as necessary, and shall
2536 maintain a permanent record of its proceedings and
2537 actions, and the chair or his/her designee shall ~~submit~~
2538 present a written (meeting minutes will suffice for this
2539 purpose) and oral reports to the Executive Committee, the
2540 Medical Director, the Administrator, and the Director ~~or his~~
2541 ~~authorized designee~~ on its activities.

2542 **Section 10. Continuing Medical Education/Health Sciences Library**
2543 **Committee**

2544 A. Composition: The Continuing Medical Education/Health
2545 Sciences Library Committee shall consist of at least three (3)
2546 members of the Association, the Continuing Medical Education
2547 Coordinator, the medical librarian, at least one (1)
2548 representative from ~~Pharmacy, Laboratory, Quality Management,~~
2549 Nursing and Hospital Administration; and additional members as
2550 needed.

2551 B. Duties:

2553 i. ~~Oversee the Hospital's Continuing Medical Education (CME)~~
2554 ~~Program and ensure compliance with CME accreditation~~
2555 ~~standards.~~ Help assure that the Hospital's Continuing
2556 Medical Education (CME) Program and other medical
2557 education activities at the Hospital are of high quality
2558 and in compliance with continuing education accreditation
2559 standards, requirements and Hospital policies;

2560 ii. ~~Assure that CME activities are aimed at meeting the needs~~
2561 ~~of the practitioner constituency.~~ Provide comprehensive
2562 education goals and plans for continuing medical
2563 education.

2564 iii. Plan, implement, coordinate, and promote ongoing clinical
2565 and scientific programs for attending staff. This
2566 includes:

2567 a. Identifying the education needs of the attending
2568 staff;

2569 b. Formulating clear statements of objectives for each
2570 program;

2571 c. Assure that CME activities are aimed at meeting the
2572 needs of the attending staff.

2573 d. Assessing the effectiveness of each program;

2574 e. Choosing appropriate teaching methods and

- 2575 knowledgeable faculty for each program; and
- 2576 f. Documenting staff participation in each program to
2577 ensure compliance with accreditation standards.
- 2578 ~~iii~~iv. Assure that the effectiveness of each CME activity
2579 as well as the overall CME program is evaluated
2580 appropriately.
- 2581 ~~iv.~~ ~~Assure that proper documentation relative to CME is~~
2582 ~~maintained in compliance with accreditation standards.~~
- 2583 v. Maintain close liaison with the performance improvement
2584 program of the Hospital in order to be apprized of
2585 problem areas in patient care, which may be addressed by
2586 a specific medical education activity.
- 2587 vi. Maintain close liaison with other Association and
2588 department committees to assure delivery of optimal
2589 patient care.
- 2590 vii. Review all library materials and approve the purchase of
2591 educational and reference literature for the Hospital, to
2592 ensure that such materials remain up to date.
- 2593 ~~v.~~ ~~Review all library materials and assure that such~~
2594 ~~materials remain up to date.~~
- 2595 ~~vi.~~ ~~Review and approve the purchase of educational and~~
2596 ~~reference literature for the facility.~~
- 2597 viii. Make recommendations to the Executive Committee regarding
2598 the educational needs of the attending staff; and
- 2599 ix. Advise Hospital Administration concerning the educational
2600 and financial needs of the continuing education programs.
- 2601 C. Meetings: The Committee shall meet at least quarterly, and
2602 shall maintain a permanent record of its proceedings and
2603 actions, and the chair of his/her designee shall present a
2604 written (meeting minutes will suffice for this purpose) and
2605 oral report ~~shall submit~~ at least a quarterly ~~report~~ to the
2606 Executive Committee on its activities.

2607 **Section 11. ~~Quality/Risk Management Committee~~**

- 2608 A. Composition: The ~~Quality/Risk Management~~ Committee shall
2609 consist of at least four (4) members of the Association, the
2610 Director of ~~Quality/Risk Management~~, ~~and~~ at least one (1)
2611 representative from each of the following Hospital

2612 departments: Hospital Administration, Nursing, and Department
2613 of Quality/Risk Management;. ~~One (1) representative each from~~
2614 ~~the Health Information Management Department and the Safety~~
2615 ~~Office~~ and additional members as needed. shall be members of
2616 the Committee but shall not attend any meetings of the
2617 Committee, or participate in any functions of the Committee,
2618 as related to peer review. Representatives from other
2619 Hospital departments shall be required to attend Committee
2620 meetings when requested by the Committee.

2621 B. Duties:

2622 ~~i. Review, evaluate and approve departmental plans for~~
2623 ~~maintaining and facilitating quality and risk management~~
2624 ~~activities in the Hospital.~~

2625 ~~ii. Establish, evaluate and update systems to identify~~
2626 ~~potential problems and risks associated with the clinical~~
2627 ~~aspects of patient care and safety.~~

2628 ~~iii. Set priorities for action on problem correction and/or~~
2629 ~~risk prevention and mitigation.~~

2630 ~~iv. Refer priority problems for assessment and corrective~~
2631 ~~action to appropriate departments or committees.~~

2633 ~~v. Review results of performance improvement activities~~
2634 ~~throughout the Hospital.~~

2635 ~~vi. Review Hospital-wide risk management problems and trends.~~

2636 i. Review Hospital-wide risk management problems and trends.

2637 ii. Evaluate and update current systems used to identify
2638 potential risks in the clinical aspects of patient care
2639 and safety.

2640 iii. Design strategies to limit exposures in high risk areas.

2641 ivii. Make recommendations on risk management events and
2642 trends and, if appropriate, forward recommendations
2643 to the Executive Committee and the Hospital Quality
2644 Council.

2645 v. Ensure integration with performance improvement and
2646 safety management regarding issues in common.

2647 ~~viii. Coordinate performance improvement activities.~~

2648 ~~ix. Report relevant findings and results of performance~~
2649 ~~improvement audit activities to the Executive Committee~~
2650

2651 ~~and to the Governing Body, through the Director.~~

2652 ~~x. Assist the Association and the Hospital to meet Joint~~
2653 ~~Commission on Accreditation of Healthcare Organizations~~
2654 ~~and other applicable requirements relating to~~
2655 ~~performance improvement.~~

2656 vi. Review settlements and judgements for risk management
2657 issues and make appropriate recommendations for follow-up
2658 activities.

2659 ~~xivii.~~ Coordinate with the Association departments the
2660 planning of educational programs, such as inservice
2661 sessions and case reviews on relevant risk
2662 management issues, designed to reduce risks in the
2663 clinical aspects of patient care.

2664 viii. Participate in risk management related policy
2665 development.

2666 ~~xiiix.~~ Perform an annual review of, and make a
2667 recommendation ~~approve regarding the approval of,~~
2668 the Hospital's Performance Improvement Plan and
2669 Risk Management Plan.

2670 C. Meetings: The Committee shall meet at least quarterly, and
2671 shall maintain a permanent record of its proceedings and
2672 actions, and the chair or his/her designee shall present a
2673 written (meeting minutes will suffice for this purpose) and
2674 oral ~~submit at least a quarterly report~~ at least
2675 quarterly to the Executive Committee on its activities.

2676 **Section 12. Quality Management Committee**

2677 A. Composition: The Quality Management Committee shall consist of
2678 at least four (4) members of the Association, Quality
2679 Management Physician Advisor (who shall serve as chair of the
2680 committee), the Director of Quality Management, Safety
2681 Officer, and at least one (1) representative from each of the
2682 following Hospital departments: Hospital Administration,
2683 Nursing, Quality Management, and Health Information
2684 Management; and additional members as needed. Representatives
2685 from other Hospital departments shall be required to attend
2686 Committee meetings when requested by the Committee.

2687 **B. Duties:**

2688 i. Review, evaluate and make a recommendation regarding the
2689 approval of departmental plans for monitoring, evaluating
2690 and facilitating quality management activities in the

- 2691 Hospital.
- 2692 ii. Establish, evaluate and update systems to identify
2693 potential problems in patient care.
- 2694 iii. Set priorities for action on problem correction.
- 2695 iv. Refer priority problems for assessment and corrective
2696 action to appropriate departments or committees.
- 2697 v. Review results of performance improvement activities
2698 throughout the Hospital.
- 2699 vi. Coordinate and monitor results of performance improvement
2700 activities throughout the Hospital.
- 2701 vii. Report relevant findings and results of performance
2702 improvement activities to the Executive Committee and to
2703 the Governing body.
- 2704 viii. Assist the Association and Hospital to meet Joint
2705 Commission on Accreditation of Healthcare Organizations
2706 and other applicable requirements relating to performance
2707 improvement.
- 2708 ix. Perform an annual review of, and make a recommendation
2709 regarding the approval of, the Hospital's Performance
2710 Improvement Plan.
- 2711 C. Meetings: The Committee shall meet at least quarterly and
2712 shall maintain a permanent record of its proceedings and
2713 actions, and the chair or his/her designee shall present a
2714 written (meeting minutes will suffice for this purpose) and
2715 oral report at least quarterly to the Executive Committee on
2716 its activities.

2717
2718 **Section 12~~3~~. Expanded Tissue and Transfusion Committee**

- 2719 A. Composition: The Expanded Tissue and Transfusion Committee
2720 shall consist of at least three (3) members of the
2721 Association and one (1) member from each of the following
2722 Hospital departments: Hospital Administration, Nursing,
2723 Laboratory, and Quality/Risk Management; and ~~such other~~
2724 ~~persons as from time to time may be deemed necessary by the~~
2725 ~~President~~ additional members as needed.
- 2726 B. Duties:
- 2727 i. Review blood component utilization and whole blood usage.
- 2728 ii. Review each transfusion reaction.

- 2729 iii. Review amount and appropriateness of blood products
2730 requested, used, and wasted.
- 2731
2732 iv. Review sources, adequacy, quality, and safety of the
2733 supply of blood and blood components.
2734
- 2735 v. ~~Recommend improvement in transfusion policies, procedures
2736 and service~~ Develop proposed policies and procedures for
2737 the screening, distribution, handling, and administration
2738 of blood and blood components.
2739
- 2740 vi. ~~Develop proposed policies and procedures for the
2741 screening, distribution, handling, and administration of
2742 blood and blood components~~ Recommend improvement, as
2743 appropriate, in transfusion policies, procedures and
2744 service.
- 2745 vii. Review surgical cases in which a specimen tissue ~~or~~
2746 ~~non-tissue~~ is removed, as well as those cases in
2747 which no specimen tissue is removed.
- 2748 viii. Review the indications for surgery in all cases in which
2749 there is a major discrepancy between the pre-operative
2750 and post-operative (including pathologic) diagnosis.
- 2751 ix. Develop and propose policies and procedures for selecting
2752 and monitoring the appropriate procedures, preparing the
2753 patient, performing the procedures, monitoring the
2754 patient, and post procedure care.
- 2755 C. Meetings: The Committee shall meet at least quarterly, and
2756 shall maintain a permanent record of its proceedings and
2757 actions, and the chair or his/her designee shall present a
2758 written (meeting minutes will suffice for this purpose) and
2759 oral shall submit at least a quarterly report at least
2760 quarterly to the Executive Committee on its activities.

2761 **Section 134. Bioethics Committee**

- 2762 A. Composition: The Bioethics Committee shall be
2763 multidisciplinary and consist of at least two (2) members
2764 of the Association and one (1) representative from each of the
2765 following: Nursing, Hospital Administration, Medical
2766 Social Services, and clergy; and ~~such other persons as from
2767 time to time may be deemed necessary by the President~~
2768 additional members as needed. Members shall be employees
2769 or volunteers of the Hospital. The Medical Director, the
2770 Director of Nursing Chief Nursing Officer, and the Hospital
2771 Administrator shall be ex-officio members.

- 2772 B. Duties:
- 2773 ~~i. Provide a needed framework for impartial and sensitive~~
2774 ~~review of patient care decisions in cases with~~
2775 ~~bioethical implications.~~
- 2776 ~~ii. Serve as an educational vehicle regarding bioethical~~
2777 ~~issues.~~
- 2778 ~~iii. Serve in an advisory capacity and/or as a resource to~~
2779 ~~persons involved in bioethical decision making.~~

2780 i. Help assure that there is appropriate consideration of
2781 ethical issues which may be associated with decisions
2782 relating to patient care.

2783 ii. Review and advise concerning ethical patient care and
2784 policy issues referred to it by other Association
2785 committees, Hospital staff, or other involved parties.

2786 iii. Educate themselves and offer education to other Hospital
2787 staff concerning ethical issues (e.g., as they relate to
2788 patient care related policies, procedures, and clinical
2789 practices).

2790 iv. Offer consultation to all Hospital departments. In
2791 this function, the Committee shall serve as an
2792 advisory group but shall not make specific decisions
2793 related to patient care. Rather, patient care
2794 decisions will be made by the applicable practitioner.

2795 v. Provide a twenty-four hour on-call consultation
2796 availability.

2797 C. Meetings: The Committee shall meet as necessary, but not
2798 less than annually, and shall maintain a permanent record of
2799 its proceedings and actions, and the chair or his/her
2800 designee shall present a written (meeting minutes will suffice
2801 for this purpose) and oral shall submit at least an annual
2802 report at least annually to the Executive Committee on its
2803 activities.

2804 **Section 145. Well Being of Practitioners Committee**

2805 A. Composition: The Well Being of Practitioners Committee
2806 shall consist of at least five (5) members selected from any
2807 of the departments, and additional members as needed.

2808 B. Duties: The Committee shall recommend policies and procedures
2809 for recognizing practitioners who have problems with

2810 substance abuse and/or physical or mental illness which may
2811 impair their ability to practice safely and effectively, and
2812 for assisting such practitioners to obtain necessary
2813 rehabilitation services.

2814 The Committee may receive reports related to the health, well-
2815 being, or impairment, including, but not limited to, substance
2816 abuse and physical or mental illness, of Association members
2817 and, as it deems appropriate, may investigate such reports and
2818 evaluate compliance by a practitioner with a mutually agreed
2819 monitoring agreement. These activities are separate from any
2820 attending staff corrective action functions. The Committee
2821 may, on a voluntary basis, provide such advice, counseling, or
2822 referrals to Association members as may seem appropriate.
2823 Such activities shall be confidential; however, in the event
2824 that any information received by the Committee clearly
2825 demonstrates that the health or known impairment of an
2826 Association member may pose an unreasonable risk of harm to
2827 patients, that information may be referred to the Executive
2828 Committee for corrective action pursuant to Article VI.

2829 C. Meetings: The Committee shall meet as necessary, but not
2830 less than annually, and shall maintain a permanent record of
2831 its proceedings and actions, and the chair or his/her
2832 designee shall present a written (meeting minutes will suffice
2833 for this purpose) and oral ~~shall submit a report~~ at least
2834 annually to the Executive Committee on its activities.

2835 **Section 156. Interdisciplinary Practice Committee**

2836 A. Composition: The Interdisciplinary Practice Committee shall
2837 consist of at least the Chief Nursing Officer, the Hospital
2838 Administrator or designee, an equal number of physician
2839 members appointed by the President and of registered nurses
2840 appointed by the Chief Nursing Officer, one or more ~~and if~~
2841 ~~needed as determined by the President,~~ licensed or certified
2842 health professionals other than registered nurses who perform
2843 functions requiring standardized procedures, and additional
2844 members as needed.

2845 B. Duties:

2846 i. Standardized Procedures

2847 a. Consistent with the requirements of law and
2848 regulation, the Committee shall assist in
2849 developing and shall review standardized procedures
2850 that apply to nurses or allied health
2851 professionals; identify functions that are
2852 appropriate for standardized procedures; and review
2853 and approve standardized procedures, subject to
2854

- 2855 review and approval by the Executive Committee.
- 2856 b. Standardized procedures can only be approved after
2857 consultation with the department involved and by
2858 affirmative vote of (i) a majority of
2859 administrative members, (ii) a majority of
2860 physician members, and (iii) a majority of nurse
2861 members.
- 2862 ii. Credentialing Allied Health Professionals
- 2863 a. The Committee shall review and recommend policies
2864 and procedures for the expanded role ~~privileges for~~
2865 related to assessing, planning and directing the
2866 patient's diagnostic and therapeutic care.
- 2867 b. The Committee shall review allied health
2868 professionals' applications and forward its
2869 recommendations and the applications on to the
2870 appropriate department.
- 2871 c. The Committee shall review ~~on an annual basis~~ all
2872 allied health professionals ~~competency~~ peer review
2873 and performance improvement data.
- 2874 d. The Committee shall serve as liaison between allied
2875 health professionals and the Association.
- 2876 C. Meetings: The Committee shall meet at least two (2) times a
2877 year, and shall maintain a permanent record of its proceedings
2878 and actions, and the chair or his/her designee shall present
2879 a written (meeting minutes will suffice for this purpose) and
2880 oral ~~shall submit at least an annual report~~ at least annually
2881 to the Executive Committee on its activities.

2882
2883

Section 167. Mortality and Morbidity Committee

- 2884 A. Composition: The Mortality and Morbidity Committee shall
2885 consist of at least five (5) Association members, and one
2886 (1) representative from Hospital Administration and
2887 Quality/Risk Management; and additional members as needed.
- 2888 B. Duties: The Committee shall conduct multi disciplinary
2889 medical review of difficult or academically interesting cases
2890 and chart review of acute service deaths.
- 2891 C. Meetings: The Committee shall meet at least quarterly, and
2892 shall maintain a permanent record of its proceedings and
2893 actions, and the chair or his/her designee shall present a
2894 written (meeting minutes will suffice for this purpose) and

2895 oral shall ~~submit at least a quarterly~~ report at least
2896 quarterly to the Executive Committee on its activities.

2897 **Section 178. Code Blue Committee**

2898 A. Composition: The Code Blue Committee shall consist of ~~the~~
2899 ~~Director of Intensive Care Unit (ICU),~~ at least two (2) three
2900 (3) other Association members, ~~ICU Nurse Manager,~~ and at
2901 least one (1) representative from Respiratory Therapy,
2902 Quality/Risk Management, and Nursing Administration, and
2903 Hospital Administration; and additional members as necessary.

2904 B. Duties:

2905 i. To collect and analyze data on the incidence, quality of
2906 management and outcomes of Code Blue events.

2907 ii. Ensure consistent response to Code Blue ~~codes~~ events in
2908 the Hospital by defining roles, duties and equipment, and
2909 by performing audits of all Code Blue events.

2910 iii. Recommend and ensure appropriate education and training.

2911 C. Meetings: The Committee shall meet ~~at least two (2) times a~~
2912 ~~year~~ as needed at the request of the chair, but not less than
2913 annually and, shall maintain a permanent record of its
2914 proceedings and actions, and the chair or his/her designee
2915 shall present a written (meeting minutes will suffice for this
2916 purpose) and oral shall ~~submit a report~~ at least annually to
2917 the Executive Committee on its activities.

2918 **Section 189. Other Committees**

2919 The President, in consultation with the Medical Director, may
2920 establish and appoint special or ad hoc committees when deemed
2921 necessary. The appointment of such committees shall include
2922 the following:

2923 A. The members of the committee and its chairman.

2924 B. The exact charge for which the committee is formed.

2925 C. To whom and when the committee shall report concerning its
2926 deliberations and/or actions.

2927 D. The duration of service of the committee.

2928 **ARTICLE XI**

2929

MEETINGS

2930

Section 1. Annual Association Meetings

2931 There shall be an annual meeting of the members of the
2932 Association. This meeting shall be held in May or June. The
2933 election of officers ~~and of the~~ Association Members at Large
2934 shall take place at this meeting. ~~The President of the~~
2935 ~~Association shall present a report on actions taken by the~~
2936 ~~Executive Committee during the preceding year and on other matters~~
2937 ~~believed to be of interest and value to the membership of the~~
2938 ~~Association and the Hospital.~~

2939 The agenda for the annual meeting shall be:

2940 A. Administrative:

2941 i. Call to order.

2942 ii. Acceptance of the minutes, as amended if needed, of the
2943 last annual and of all intervening special meetings.

2944 iii. Unfinished business.

2945 ~~iv. Communications.~~

2946 iv. Report from the Medical Director.

2947 v. Report from the President.

2948 vi. Reports of departments.

2949 vii. Reports of committees.

2950 viii. New business.

2951 ix. Election of officers and the Association Member at Large
2952 when required by these bylaws.

2953 B. Professional:

2954 i. Review and analysis of the clinical work of the
2955 Hospital.

2956 ii. Reports of departments.

2957 iii. Reports of ~~the~~ committees.

2958 iv. Discussion and recommendations for improvement of the
2959 professional work of the Hospital.

2960 v. Adjournment.

2961 **Section 2. Special Association Meetings**

2962 Special meetings of the Association may be called at any time by
2963 the President or by the Executive Committee. The President shall
2964 call a special meeting within thirty (30) days after receipt by
2965 him/her of a written request for same, signed by at least
2966 fifteen (15) Active Staff members of the Association addressed to
2967 the President and stating the purpose for such meeting. No
2968 business shall be transacted at any special meeting except that
2969 stated in the notice calling the meeting.

2970 The agenda at a special meeting shall be:

- 2971 A. Reading of the notice calling the meeting.
- 2972 B. Transaction of business for which the meeting was called.
- 2973
- 2974 C. Adjournment.

2975 **Section 3. Committee, Department, and Division Meetings**

2976 A. Regular Meetings:

2977 Committees, departments, and divisions may, by resolution,
2978 provide the time for holding regular meetings and no notice
2979 other than such resolution shall then be required. Departments
2980 shall hold regular meetings at least quarterly to review and
2981 evaluate the clinical activities of the department.

2982 B. Special Meetings:

2983 A special meeting of any committee, department, or division
2984 may be called by, or at the request of, the chairman or
2985 chief thereof, the President of the Association, or by one-
2986 third of the group's current members but not less than two
2987 (2) members.

2988 **Section 4. Notice of Meetings**

2989 Written or printed notice stating the place, day, and hour of any
2990 Association meeting or of any regular committee, department, or
2991 division meeting not held pursuant to resolution shall be
2992 delivered either personally or by United States mail or County
2993 mail to each person entitled to be present no less than seven
2994 (7) days nor more than twenty (20) days before the date of such
2995 meeting, except that notice of the annual Association meeting shall
2996 be delivered at least ten (10) days prior to the meeting. Notice
2997 of special committee, department, or division meetings may be
2998 given orally. If mailed, by United States mail, the notice of the

2999 meeting shall be deemed delivered when deposited, postage
3000 prepaid, in the United States mail addressed to each person
3001 entitled to such notice at his/her address as it appears on the
3002 records of the Hospital. If mailed by County mail, the notice of
3003 the meeting shall be deemed delivered when deposited in the
3004 Hospital Mail Distribution Center addressed to each person entitled
3005 to such notice at his/her address as it appears on the records of
3006 the Hospital. Personal attendance at a meeting shall constitute a
3007 waiver of the notice of any meeting.

3008 **Section 5. Quorum**

3009 ~~The number of voting members present at~~ For any Association,
3010 committee, department, or division meeting for which notice has
3011 been given, the number of voting members present, but not less
3012 than ~~two (2)~~ three (3) such members, shall constitute a quorum for
3013 the transaction of any business, including amendment of these
3014 bylaws.

3015 **Section 6. Conduct of Meetings**

3016 All meetings shall be conducted according to these bylaws. Where
3017 not otherwise specified, the latest edition of Roberts' Rules of
3018 Order shall prevail, provided that any technical departure from
3019 such rules, as determined in the sole judgment of the presiding
3020 officer of the meeting, shall not invalidate any action taken at a
3021 meeting.

3022 **Section 7. Manner of Action**

3023 Except as otherwise specified, the action of a majority of the
3024 voting members present and voting at any meeting at which a
3025 quorum ~~is present~~ exists shall be the action of the group. Action
3026 may be taken without a meeting by the Association or any
3027 committee, department, or division by written notice setting
3028 forth the action so taken signed by each member entitled to vote
3029 thereat.

3030 **Section 8. Minutes**

3031 Minutes of all meetings shall be prepared and maintained in a
3032 permanent record and shall include a record of attendance and the
3033 vote taken on each matter. The minutes shall be signed by the
3034 presiding officer. The Association Executive Secretary shall
3035 maintain a permanent file of the minutes of Association and
3036 committee meetings, and each department shall maintain a permanent
3037 file of the minutes of department and division meetings.

3038 **Section 9. Attendance Requirements**

3039 A. Regular Attendance:

3040 i. ~~Each department chairman and division chief shall be~~
3041 ~~required to attend:~~

3042 ~~— The annual Association meeting.~~

3043 ~~— At least fifty (50) percent of all special~~
3044 ~~Association meetings.~~

3045 ~~— At least fifty (50) percent of all meetings of each~~
3046 ~~committee, department and division of which he is a~~
3047 ~~member.~~

3048 ~~ii. Each Active Staff member shall be required to attend:~~

3049 ~~— At least fifty (50) percent of all special~~
3050 ~~Association meetings.~~

3051 ~~— At least fifty (50) percent of all meetings of~~
3052 ~~each committee, department and division of which~~
3053 ~~he is a member.~~

3054 ~~iii. Medical Director:~~

3055 ~~The Medical Director shall be required to attend:~~

3056 ~~— The annual Association meeting.~~

3057 ~~— At least fifty (50) percent of all special~~
3058 ~~Association meetings.~~

3059 ~~The Medical Director is encouraged to attend all meetings~~
3060 ~~of each committee, department and division of which he is~~
3061 ~~a member.~~

3062 ~~iv. All other Association members are encouraged to attend~~
3063 ~~all annual and special Association meetings and all~~
3064 ~~meetings of each committee, department and division of~~
3065 ~~which they are a member.~~

3066 Each member of a membership category required to attend
3067 meetings under Article III shall be required to attend:

3068 i. Association Meetings: The representative(s) of each
3069 department, as appointed pursuant to Article IX, Section
3070 3 (O), or the representative's designee shall attend all
3071 annual and special Association meetings during his/her
3072 term as representative. The representatives shall report
3073 to their departments the proceedings and actions of such
3074 meetings. All other Association members are encouraged

3075 to attend all annual and special Association meetings.
3076 Other interested persons may attend the annual and
3077 special Association meetings at the discretion of the
3078 President of the Association.

3079 ii. Committee, Department and Division Meetings: Each member
3080 in the Active Staff shall be required to attend not less
3081 than fifty (50) percent of all meetings of each
3082 committee, department or division of which he/she is a
3083 member in each Association Year.

3084 B. Absence From Meetings:

3085 Any member who is compelled to be absent from any
3086 Association, committee, department, or division meeting
3087 shall promptly provide to the regular presiding officer
3088 thereof, the reason for such absence. Unless excused for good
3089 cause by such presiding officer, failure to meet the
3090 attendance requirements of Subsection A above may be grounds
3091 for any of the corrective actions specified in Article VI, and
3092 including, in addition, removal from such committee,
3093 department, or division. Committee or department chairmen
3094 or division chiefs shall report all such failures to the
3095 Executive Committee. Reinstatement of an Association
3096 member whose membership has been revoked because of absence
3097 from meetings shall be made only on application, and any such
3098 application shall be processed in the same manner as an
3099 application for initial appointment.

3100 C. Special Appearance

3101 A member whose patient's clinical course of treatment is
3102 scheduled for discussion at a committee, department, or
3103 division meeting shall be so notified by the committee or
3104 department chairman or division chief and shall be ~~expected~~
3105 required to attend. Whenever apparent or suspected deviation
3106 from standard clinical practice is involved, the notice to
3107 the member shall so state, shall state the time and place of
3108 the meeting, shall be given by certified or registered
3109 mail, return receipt requested, at least seven (7) days prior
3110 to the meeting, and shall include a statement that his/her
3111 attendance at the meeting at which the alleged deviation is
3112 to be discussed is mandatory. Failure of a member to
3113 attend any meeting with respect to which he/she was given
3114 notice that attendance is mandatory, unless excused by
3115 the Medical Director upon a showing of good cause, may
3116 result in a summary suspension of all or any portion of the
3117 member's clinical privileges. If the practitioner makes a
3118 written request for postponement, which is received by the
3119 Medical Director within five (5) days after the date of the
3120 notice and which is supported by an adequate showing that

3121 his/her absence will be unavoidable, his/her attendance and
3122 presentation may be excused and postponed by the committee or
3123 department chairman or division chief, or by the Medical
3124 Director if the chairman or chief is the practitioner
3125 involved, until not later than the next regular committee,
3126 department or division meeting; otherwise, the pertinent
3127 clinical information shall be presented and discussed as
3128 scheduled.

3129 **Section 10. Confidentiality**

3130 All members and attendees shall agree, in writing, to keep the
3131 proceedings and activities of the Association, committees,
3132 departments, and divisions confidential.

3133 **ARTICLE XII**
3134 **CONFIDENTIALITY, IMMUNITY AND RELEASES**

3135 **Section 1. Special Definitions**

3136 For the purposes of this Article, the following definitions shall
3137 apply:

3138 A. **INFORMATION** means records of proceedings, minutes, records,
3139 files, communications, reports, memoranda, statements,
3140 recommendations, data and other disclosures, whether in
3141 written or oral form, relating to professional
3142 qualifications, clinical ability, judgment, character,
3143 physical and mental health status, emotional stability,
3144 professional ethics, or any other matter that might
3145 directly or indirectly affect patient care.

3146 B. **REPRESENTATIVE** means Los Angeles County and any officer,
3147 employee or agent thereof; the Association and any member,
3148 officer, department, service, division, board, or committee
3149 thereof; any other medical staff organization and any member,
3150 officer, department, service, division, board, or committee
3151 thereof; any other health care facility or organization and
3152 any officer, department, service, division, board, or
3153 committee thereof; and any person authorized by any of the
3154 foregoing to perform specific information gathering or
3155 disseminating functions.

3156 C. **THIRD PARTY** means any person or organization providing
3157 information to any representative.

3158 **Section 2. Authorizations and Conditions**

3159 By applying for, or exercising, clinical privileges or providing
3160 specified patient care services within the Hospital, a
3161 practitioner:

3162 A. Authorizes representatives of the County of Los Angeles, the
3163 Hospital, and the Association to solicit, provide and act
3164 upon any information bearing upon, or reasonably believed to
3165 bear upon, his/her professional ability and qualifications.

3166 B. Authorizes representatives and third parties to provide
3167 any information, including otherwise privileged or
3168 confidential information, concerning the practitioner, to
3169 the Hospital and the Association.

3170 C. Agrees to be bound by the provisions of this Article and to
3171 waive all legal claims against any representative or third
3172 party who acts in accordance with the provisions of this
3173 Article.

3174 D. Acknowledges that the provisions of this Article are express
3175 conditions to his/her application for, and acceptance of,
3176 Association membership and the continuation of such
3177 membership, and/or to his/her application and exercise of
3178 clinical privileges or provision of specified patient care
3179 services at the Hospital.

3180
3181 **Section 3. Confidentiality of Information**

3182 Information with respect to any practitioner submitted, collected,
3183 prepared, or maintained by any representative for the purpose of
3184 achieving and maintaining quality patient care, reducing
3185 morbidity and mortality, or contributing to clinical research, as
3186 well as any other information with respect to any Association,
3187 committee or department meetings, shall, to the fullest extent
3188 permitted by law, be confidential and shall not be disseminated
3189 to anyone other than a duly authorized person nor be used in any
3190 way except as provided herein or except as otherwise required
3191 by law. Dissemination of such information shall be made only
3192 where expressly required by law, pursuant to officially adopted
3193 policies of the Association, or, where no official policy
3194 exists, only with the express approval of the Executive
3195 Committee. Such confidentiality shall extend also to any
3196 information submitted, collected, prepared, or maintained by any
3197 practitioner or any third party. This information shall not
3198 become part of any particular patient's file or of the general
3199 Hospital records.

3200 Inasmuch as effective peer review, the consideration of the
3201 qualifications of Association members and applicants to perform
3202 specific procedures, and the evaluation and improvement of the
3203 quality of care rendered in the Hospital, must be based on free

3204 and candid discussion, any breach of confidentiality of the
3205 discussions or deliberations of the Association, departments,
3206 divisions, or committees, except in conjunction with any other
3207 medical staff organization or health care facility or
3208 organization or any licensing authority, is outside appropriate
3209 standards of conduct for the Association and shall be deemed
3210 disruptive to the operations of the Association and the
3211 Hospital. If it is determined that such a breach has occurred or
3212 is likely to occur, the Hospital or the Executive Committee may
3213 undertake such corrective action as deemed appropriate.

3214 It shall be the responsibility of each practitioner to obtain the
3215 release of any information requested by the Association or the
3216 Hospital.

3217 Notwithstanding any other provision of these bylaws, the
3218 Association, the Hospital, and the County of Los Angeles, and
3219 their officers, employees, and agents, shall, to the fullest
3220 extent permitted by law, be entitled to utilize any information
3221 submitted, collected, prepared, or maintained by any
3222 practitioner, representative, or third party, in defense of any
3223 suit or claim brought against any or all of them relating to any
3224 act or omission of any practitioner.

3225 **Section 4. Immunity From Liability**

3226 A. For Action Taken:

3227 Each representative of the County of Los Angeles, the
3228 Hospital, or the Association, and all third parties, shall,
3229 to the fullest extent permitted by law, be exempt from any
3230 liability to any practitioner for any damages or other
3231 relief for any action taken or statements or
3232 recommendations made within the scope of his/her duties.

3233 B. For Providing Information:

3234 Each representative of the County of Los Angeles, the
3235 Hospital, or the Association, and all third parties, shall,
3236 to the fullest extent permitted by law, be exempt from any
3237 liability to any practitioner for any damages or other relief
3238 by reason of providing information to a representative of
3239 the County of Los Angeles, the Hospital, or the Association,
3240 or to any other health care facility or organization or
3241 medical staff organization concerning any practitioner who
3242 is, or has been, an applicant to or member of the
3243 Association or who did, or does, exercise clinical
3244 privileges, or provide specified patient care services at
3245 the Hospital.

3246 **Section 5. Activities and Information Covered**

3247 The provisions of this Article shall apply to all acts,
3248 communications, reports, recommendations, and disclosures of any
3249 kind performed or made in connection with the activities of the
3250 Hospital, the Association or any other health care facility or
3251 organization or medical staff organization, concerning, but not
3252 limited to:

3253 A. Applications for appointment, clinical privileges or
3254 specified patient care services.

3255 B. Periodic reappraisals for reappointment, clinical privileges
3256 or specified patient care services.

3257 C. Corrective action.

3258 D. Hearings and appellate reviews.

3259 E. ~~Patient care audits.~~ Performance data from the performance
3260 improvement program.

3261 F. Utilization reviews.

3262 G. Other Hospital, Association, department, division, or
3263 committee activities related to monitoring and/or maintaining
3264 quality patient care and appropriate professional conduct.

3265 H. National Practitioner Data Bank, peer review organizations,
3266 Medical Board of California, and similar reports.

3267 **Section 6. Releases**

3268 Each practitioner shall, upon request of the Hospital or the
3269 Association, execute general and specific releases in accordance
3270 with the express provisions and general intent of this Article.
3271 However, execution of such releases shall not be deemed a
3272 prerequisite to the effectiveness of this Article.

3273 **ARTICLE XIII** 3274 **RULES AND REGULATIONS**

3275 **Section 1. Association Rules and Regulations**

3276 Subject to the approval of the Director, the Executive Committee
3277 shall adopt, amend, or repeal, such rules and regulations of the
3278 Association as may be necessary to implement more specifically
3279 the general principles found within these bylaws. Such rules and
3280 regulations shall not be inconsistent with these bylaws or ~~other~~
3281 the policies of the Hospital. Following Executive Committee
3282 action, such rules and regulations shall become effective only upon

3283 approval by the Director, which approval shall not be withheld
3284 unreasonably. Such rules and regulations shall be reviewed, and
3285 may be revised if necessary, at least every two (2) years. If
3286 there is any conflict between these bylaws and such rules and
3287 regulations, the bylaws shall govern. If significant changes are
3288 made in ~~the~~ such rules and regulations, as determined by the
3289 Executive Committee, then the Association members and other persons
3290 with clinical privileges shall be provided with revised texts.

3291 **Section 2. Departmental Rules and Regulations**

3292 Subject to the approval of the Executive Committee and Director,
3293 each department shall adopt, amend, or repeal its own rules and
3294 regulations for the conduct of its affairs and the discharge of
3295 its responsibilities. Such rules and regulations shall not be
3296 inconsistent with these bylaws, the rules and regulations of the
3297 Association, or ~~other~~ the policies of the Hospital. If there is
3298 any conflict between these bylaws and such rules and regulations,
3299 the bylaws shall govern.

3300 **ARTICLE XIV**
3301 **FEES AND PROFITS**

3302 **Section 1.**

3303 Except as otherwise provided by County contract, no member of the
3304 Association shall bill, accept, or receive any fee or gratuity
3305 for any type of service rendered to any patient under the
3306 jurisdiction of the Hospital, except as to those patients who
3307 are designated as private patients of that member upon admission,
3308 or where that member is called as a consultant for a private
3309 patient of another member.

3310 **Section 2.**

3311 The practice of the division of fees under any guise whatsoever
3312 is forbidden, and any such division of fees shall be cause for
3313 exclusion from the Association.

3314 **Section 3.**

3315 No member of the Association shall receive any direct pecuniary

3316 gain from any patient or sources on behalf of any patient as the
3317 result of any research conducted in the Hospital.

3318 **ARTICLE XV**
3319 **INDEMNIFICATION AND INSURANCE**

3320 Notwithstanding any other provision of these bylaws, each
3321 practitioner who renders services to and bills patients in the
3322 Hospital shall provide and maintain the following programs of
3323 insurance with the terms, conditions, endorsements and limits as
3324 may be determined by the County's Chief Administrative Office.
3325 Such programs of insurance shall be primary to and not contributing
3326 with any other insurance maintained by the County and secured
3327 through carrier(s) satisfactory to the County and evidence of such
3328 coverage satisfactory to the County shall be delivered to the
3329 Hospital prior to the rendering of such services in the Hospital.
3330 Such evidence shall specifically identify the practitioner and
3331 contain express conditions that the County is to be given written
3332 notice at least thirty (30) days in advance of any modification or
3333 termination of any program of insurance.

3334 **A. GENERAL LIABILITY**

3335
3336 ~~Such insurance shall be endorsed naming the County of Los~~
3337 ~~Angeles as an additional insured and shall be written on a~~
3338 ~~commercial general liability form or on a comprehensive~~
3339 ~~general liability form covering the hazards of~~
3340 ~~premises/operations, contractual, independent contractors,~~
3341 ~~products/completed operations, broad form property damage, and~~
3342 ~~personal and advertising injury with a combined single limit~~
3343 ~~of not less than \$1,000,000 per occurrence.~~

3344 ~~1. If written with an annual aggregate limit, the~~
3345 ~~policy limit shall be three times the occurrence~~
3346 ~~limit.~~

3347 ~~2. If written on a claims made form, practitioner~~
3348 ~~shall provide an extended two (2) year reporting~~
3349 ~~period commencing upon termination or cancellation~~
3350 ~~of clinical privileges.~~

3351 **B. PROFESSIONAL LIABILITY**

3352 ~~A program of professional liability insurance covering~~
3353 ~~liability arising from any error, omission, or negligent act~~
3354 ~~of the practitioner or his agents or employees with a limit of~~
3355 ~~liability of at least One Million Dollars (\$1,000,000) per~~
3356 ~~claim.~~

3357 ~~If written on a claims made form, practitioner shall provide~~
3358 ~~an extended two (2) year reporting period commencing upon~~
3359 ~~termination or cancellation of clinical privileges.~~

3360 ~~C. **WORKERS' COMPENSATION**~~

3361 ~~A program of Workers' Compensation insurance in an amount and~~
3362 ~~form to meet all applicable requirements of the Labor Code of~~
3363 ~~the State of California, including Employers Liability with a~~
3364 ~~One Million Dollars (\$1,000,000) limit, covering all persons~~
3365 ~~providing services on behalf of practitioner and all risks to~~
3366 ~~such persons.~~

3367 ~~D. **INDEMNIFICATION**~~

3368 ~~Each such practitioner shall defend, indemnify and hold~~
3369 ~~harmless the County, its officers, employees, and agents, from~~
3370 ~~and against any and all liability, suits, expense, including~~
3371 ~~defense costs and legal fees, and claims for damages of any~~
3372 ~~nature whatsoever, including, but not limited to, bodily~~
3373 ~~injury, death, personal injury, or property damage arising~~
3374 ~~from or connected with the practitioner's rendering of such~~
3375 ~~services, including any worker's compensation suits,~~
3376 ~~liability, or expense arising from or connected with services~~
3377 ~~performed by or on behalf of any such practitioner pursuant to~~
3378 ~~his Association membership.~~

3380 ~~Each such practitioner shall notify the County, or its~~
3381 ~~authorized claims representative, by Department of Health~~
3382 ~~Services incident report of any occurrence of injury, disease,~~
3383 ~~illness, death, injury to or destruction of property, or any~~
3384 ~~malpractice, error, or event that is potentially compensable~~
3385 ~~(e.g., any adverse event related to hospitalization or~~
3386 ~~treatment, any deviation from expected outcomes). If a claim~~
3387 ~~is made or suit is brought against the practitioner and/or the~~
3388 ~~County, the practitioner shall immediately forward to the~~
3389 ~~County, or its authorized claims representative, copies of~~
3390 ~~every demand, notice, summons or other process received by him~~
3391 ~~or his representative.~~

3392 ~~Each such practitioner shall cooperate with and assist the~~
3393 ~~County, or its authorized claims representative, by attending~~
3394 ~~hearings and trials, securing and giving evidence as may be~~
3395 ~~required.~~

3396 ~~All notices and other communications shall be submitted to~~
3397 ~~the County, or its authorized claims representative, in~~
3398 ~~accordance with Hospital procedures.~~

3399 **Section 1. Indemnification**

3400 Notwithstanding any other provision of these bylaws, each
3401 practitioner (other than a practitioner who (1) provides health
3402 services to a patient at the Hospital within the scope of his/her
3403 employment as a County Civil Service employee, whether classified
3404 or unclassified, (2) provides health services to a patient at the
3405 Hospital within the scope of a contract which he/she has entered
3406 into with the County and which has been approved by the Governing
3407 Body, or (3) provides health services to a patient at the Hospital
3408 within the scope of a contract which has been entered into between
3409 a non-County entity and the County and which has been approved by
3410 the Governing Body) who renders services to and bills patients in
3411 the Hospital shall indemnify, defend and hold harmless County, and
3412 its Special Districts, elected and appointed officers, employees,
3413 and agents from and against any and all liability, including, but
3414 not limited to, demands, claims, actions, fees, costs, and expenses
3415 (including attorney and expert witness fees), arising from or
3416 connected with practitioner's acts and/or omissions arising from
3417 and/or relating to the services provided to such patients by such
3418 practitioner.

3419 **Section 2. General Insurance Requirements**

3420 Without limiting any such practitioner's indemnification of County,
3421 each such practitioner shall provide and maintain the programs of
3422 insurance specified in this Article XVII. Such insurance shall be
3423 primary to and not contributing with any other insurance or self-
3424 insurance programs maintained by County, and such coverage shall be
3425 provided and maintained at the practitioner's own expense.

3426 A. Evidence of Insurance: Certificate(s) or other evidence of
3427 coverage satisfactory to County shall be delivered to the
3428 Medical Director prior to any such practitioner rendering any
3429 services to any patient at the Hospital. Such certificates or
3430 other evidence shall:

3431 1. Specifically reference these bylaws.

3432 2. Clearly evidence all required coverages.

3433 3. Contain the express condition that County is to be given
3434 written notice by mail at least thirty (30) days in
3435 advance of cancellation for all policies evidenced on the
3436 certificate of insurance.

3437 4. Include copies of the additional insured endorsement to
3438 the commercial general liability policy, adding the
3439 County of Los Angeles, its Special Districts, its
3440 officials, officers and employees as additional insureds
3441 for all activities arising from and/or relating to the
3442 services provided by the practitioner.

3443 5. Identify any deductibles or self-insured retentions for
3444 County's approval. The County retains the right to
3445 require the practitioner to reduce or eliminate such
3446 deductibles or self-insured retentions as they apply to
3447 County, or, require the practitioner to provide a bond
3448 guaranteeing payment of all such retained losses and
3449 related costs, including, but not limited to, expenses or
3450 fees, or both, related to investigations, claims
3451 administrations, and legal defense. Such bond shall be
3452 executed by a corporate surety licensed to transact
3453 business in the State of California.

3454 B. Insurer Financial Ratings: Insurance shall be provided by an
3455 insurance company acceptable to the County with an A.M. Best
3456 rating of not less than A:VII, unless otherwise approved by
3457 County.

3458 C. Failure to Maintain Coverage: Any failure by any such
3459 practitioner to provide and maintain the required insurance,
3460 or to provide evidence of insurance coverage acceptable to
3461 County, shall constitute a material violation of these bylaws
3462 and shall result in the immediate and automatic suspension of
3463 the practitioner's Association membership and clinical
3464 privileges as provided in Section 3 of Article VI. County, at
3465 its sole option, may obtain damages from the practitioner
3466 resulting from such breach.

3467 D. Notification of Incidents, Claims or Suits: Each such
3468 practitioner shall notify the County, or its authorized claims
3469 representative, by Department of Health Services incident
3470 report of any occurrence of disease, illness, death, injury to
3471 persons or destruction of property, or any malpractice, error,
3472 or event that is potentially compensable (e.g., any adverse
3473 event related to hospitalization or treatment, any deviation
3474 from expected outcomes). If a claim is made or suit is
3475 brought against the practitioner and/or the County, the
3476 practitioner shall immediately forward to the County, or its
3477 authorized claims representative, copies of every demand,
3478 notice, summons or other process received by him/her or
3479 his/her representative. In addition, each such practitioner
3480 shall cooperate with and assist the County, or its authorized
3481 representatives, in accordance with County and Medical Center
3482 procedures.

3483 E. Compensation for County Costs: In the event that any such
3484 practitioner fails to comply with any of the indemnification
3485 or insurance requirements of these bylaws, and such failure to
3486 comply results in any costs to County, the practitioner shall
3487 pay full compensation to County for all costs incurred by
3488 County.

3489 **Section 3. Insurance Coverage Requirements**

3490 A. General Liability insurance (written on ISO policy form CG 00
3491 01 or its equivalent) with limits of not less than the
3492 following:

3493 General Aggregate: \$2 million
3494 Products/Completed Operations Aggregate: \$1 million
3495 Personal and Advertising Injury: \$1 million
3496 Each Occurrence: \$1 million

3497 B. Automobile Liability insurance (written on ISO policy form CA
3498 00 01 or its equivalent) with a limit of liability of not less
3499 than \$1 million for each accident. Such insurance shall
3500 include coverage for all "owned", "hired" and "non-owned"
3501 vehicles, or coverage for "any auto."

3502 C. Workers' Compensation and Employers' Liability insurance
3503 providing workers' compensation benefits, as required by the
3504 Labor Code of the State of California or by any other state,
3505 and for which such practitioner is responsible. This
3506 insurance also shall include Employers' Liability coverage
3507 with limits of not less than the following:

3508 Each Accident: \$1 million
3509 Disease - policy limit: \$1 million
3510 Disease - each employee: \$1 million

3511 D. Professional Liability insurance covering liability arising
3512 from any error, omission, negligent or wrongful act of the
3513 practitioner, its officers or employees with limits of not
3514 less than \$1 million per occurrence and \$3 million aggregate.
3515 The coverage also shall provide an extended two year reporting
3516 period commencing upon termination or cancellation of clinical
3517 privileges.

3518 **ARTICLE XVI**
3519 **GENERAL PROVISIONS**

3520 **Section 1. Construction of Terms and Headings**

3521 Words used in these bylaws shall be read as the masculine or
3522 feminine gender and as the singular or plural, as the context
3523 requires. The captions or headings in these bylaws are for
3524 convenience only and are not intended to limit or define the
3525 scope or effect of any provision of these bylaws.

3526 **Section 2. Executive Committee Action**

3527 Whenever these bylaws require or authorize action by the

3528 Executive Committee, such action may be taken by a subcommittee of
3529 the Executive Committee to which the Executive Committee has
3530 delegated the responsibility and authority to act for it on the
3531 particular subject matter, activity or function involved.

3532 **Section 3. Authority to Act**

3533 Action of the Association in relation to any person other than
3534 the members thereof shall be expressed only through the President
3535 or the Executive Committee or his/her or its designee, and they
3536 shall first confer with the Administrator. Any member who acts in
3537 the name of the Association without proper authority shall be
3538 subject to such disciplinary action as the Executive Committee
3539 or the Administrator may deem appropriate.

3540 **Section 4. Acceptance of Principles**

3541 All members of whatever category do by application for membership
3542 in the Association agree to be bound by the provisions of these
3543 bylaws, a copy of which shall be delivered to each member on his
3544 /her initial appointment and a copy of each amendment thereto
3545 which shall be promptly delivered after adoption. Any
3546 violation of these bylaws shall subject the applicant or member
3547 to such disciplinary action as the Executive Committee or the
3548 Administrator may deem appropriate.

3549 **ARTICLE XVII**
3550 **CONFLICT OF INTERESTS**

3551 Notwithstanding any other provision of these bylaws, no person
3552 who is in any way involved in an application for, or the conduct
3553 of, any medical research project which is or may be performed
3554 in whole or in part at a Los Angeles County facility shall in
3555 any way participate in the County's approval or ongoing evaluation
3556 of such project or in any way attempt unlawfully to influence
3557 the County's approval or ongoing evaluation of such project.
3558

3559 **ARTICLE XVIII**
3560 **AUTHORITY OF DIRECTOR OF HEALTH SERVICES**

3561 **Section 1.**

3562 ~~Notwithstanding any other provision~~ In accordance with the
3563 provisions of these bylaws, no appointment or reappointment to
3564 membership or grant of clinical privileges shall be effective
3565 unless and until approved by the Director, and no suspension or
3566 termination (including, without limitation, any denial of
3567 reappointment, but not including any automatic suspension or

3568 termination) of the membership or all or any portion of the
3569 clinical privileges of any person shall be effective unless and
3570 until approved by the Director; provided, that in cases of
3571 emergency where there is a likelihood of direct and immediate
3572 danger to the health or safety of any person, the Medical
3573 Director, or his/her authorized representative in his/her absence,
3574 may temporarily suspend all or any portion of the clinical
3575 privileges of any person for a period not to exceed three (3)
3576 working days (excluding weekends and holidays) pending
3577 investigation and action by the Director.

3578 **Section 2.**

3579 Notwithstanding any other provision of these bylaws, the Director,
3580 ~~shall, in the interest of patient care and in his/her sole~~
3581 ~~discretion, after considering the recommendations, if any, of the~~
3582 ~~Executive Committee (except that the Director shall not consider~~
3583 ~~the recommendations of the Executive Committee in instances where~~
3584 ~~these bylaws authorize the Director to take action without such~~
3585 ~~recommendations) and in the interest of patient care, shall~~ have
3586 the authority to grant clinical privileges ~~other than those~~
3587 ~~requested~~ as well as modify, suspend, or terminate the
3588 membership and/or all or any portion of the clinical privileges
3589 of any person in the attending staff.

3590 **Section 3.**

3591 Notwithstanding any other provision of these bylaws, the Director,
3592 after considering the recommendations, if any, of the Executive
3593 Committee, shall have the authority to take such action as he
3594 deems necessary and appropriate relative to all aspects of the
3595 membership and/or clinical privileges of any person in order to
3596 accommodate and carry out orders of the County Civil Service
3597 Commission or other Civil Service requirements.

3598 **ARTICLE XIX**
3599 **AMENDMENT OF BYLAWS**

3600 These bylaws may be amended at any annual or special meeting of
3601 the Association, provided that notice of such business is sent to
3602 all members no later than ten (10) days before such meeting. The
3603 notice shall include the exact wording of the proposed amendment
3604 and the time and place of the meeting. To be adopted, an
3605 amendment shall require an affirmative two-thirds vote of
3606 those present and eligible to vote, provided that a quorum exists.
3607 Amendments shall be effective only if and when approved by the
3608 Governing Body, which approval shall not be withheld unreasonable.
3609 Neither the Association nor the Governing Body may unilaterally
3610 amend these bylaws.

3611
3612

ARTICLE XX
CONFLICTS

3613 In the event of any conflict between the provisions of these
3614 bylaws and of any County ordinance or State or Federal law or
3615 regulation, the provisions of the latter shall govern.
3616 /
3617 /
3618 /

3619 HIGH DESERT HOSPITAL - PROFESSIONAL STAFF ASSOCIATION BYLAWS

3620 APPROVED by the Professional Staff
3621 Association on

3622 _____
3623 _____
3624 ~~Ramani Lakshman, M.D.,~~
3625 Clayton L. Reynolds, M.D.
3626 President, Professional
3627 Staff Association
3628 Los Angeles County
3629 High Desert Hospital

3630 APPROVED by the Hospital
3631 Administrator on

3632 _____
3633 ~~Mel Grussing,~~
3634 Beryl Brooks
3635 Acting Hospital Administrator,
3636 Los Angeles County
3637 High Desert Hospital

3638
3639 APPROVED by the Associate
3640 Director Chief Medical Officer
3641 of Health Services, on
3642 ~~Clinical and Medical Affairs~~

3643 _____
3644 _____
3645 ~~Donald C. Thomas III, M.D.~~
3646 ~~Associate Director of Health~~
3647 ~~Services, Clinical and Medical~~
3648 ~~Affairs~~
3649 Thomas L. Garthwaite, M.D.
3650 Chief Medical Officer
3651 of Health Services
3652 Los Angeles County
3653 Department of Health Services

3654 APPROVED by the Director of
3655 Health Services on _____

3656 _____
3657 _____
3658 ~~Mark Finucane,~~
3659 Thomas L. Garthwaite, M.D.
3660 Director of Health Services,
3661 Los Angeles County
3662 Department of Health Services

3663 APPROVED AS TO FORM:
3664 Lloyd W. Pellman
3665 County Counsel

3666 by
3667 James Kashian
3668 Principal Deputy County Counsel

3669 APPROVED by the Governing Body on _____
3670 _____
3671 Chair of the Board of
3672 Supervisors of
3673 Los Angeles County

3674 ~~APPROVED AS TO FORM:~~

3675 ~~LLOYD W. PELLMAN~~
3676 ~~County Counsel~~

3677 By _____
3678 ~~JAMES KASHIAN~~
3679 ~~Principal Deputy County Counsel~~
3680 ~~Management Services Division~~

3681 ~~2684 (1/21/00)~~

3682 Draft #5, 12/17/02