

PREAMBLE

These Bylaws are adopted to provide a framework for self-government for the organization of the Medical Staff of Saint Joseph Hospital of Orange that permits the Medical Staff to discharge its responsibilities in matters involving the quality of patient care, treatment and services, to govern the orderly resolution of issues and the conduct of Medical Staff functions supportive of those purposes, and to account to the Governing Body for the effective performance of Medical Staff responsibilities. These Bylaws provide the professional and legal structure for Medical Staff operations, organized Medical Staff relations with the Governing Body, and relations with applicants to and Members of the Medical Staff.

DEFINITIONS

1. **ALLIED HEALTH PRACTITIONER OR AHP** means an individual, other than a licensed physician, dentist, psychologist (who meet appropriate criteria), or podiatrist, who exercises independent judgment within the areas of his professional competence and the limits established by the Governing Body, the Medical Staff and the applicable State Practice Acts; who is qualified to render direct or indirect medical, dental, or podiatric care under the supervision or direction of a Medical Staff member possessing privileges to provide such care in the Hospital; and who may be eligible to exercise practice privileges and prerogatives in conformity with the rules adopted by the Governing Body, these Bylaws, and the Medical Staff Rules. AHP's are not eligible for Medical Staff membership.
2. **AHP PRIVILEGES** means the permission granted to an Allied Health Practitioner to participate in the provision of certain patient care services.
3. **CHIEF EXECUTIVE OFFICER (CEO)** means the person appointed by the Governing Body to act on its behalf in the overall management of the Hospital, or his duly authorized representative.
4. **CHIEF OF STAFF** or **PRESIDENT** means the chief officer of the Medical Staff. An alternate designation is President of the Medical Staff.
5. **CLINICAL PRIVILEGES** or **PRIVILEGES** means the permission granted to a Medical Staff member to render specific diagnostic, therapeutic, medical, dental, podiatric, surgical, or psychological services.
6. **DATE OF RECEIPT** means the date any Notice, Special Notice or other communication was delivered personally, by facsimile or by electronic mail (e-mail); or if such Notice, Special Notice or communication was sent by mail, it shall mean 72 hours after the Notice, Special Notice or communication was deposited, postage prepaid, in the United States mail. (See also, the definitions of **NOTICE** and **SPECIAL NOTICE**, below.)
7. **EX OFFICIO** means service by virtue of office or position held. An Ex Officio appointment is without vote unless specified otherwise by the Bylaws or Rules.
8. **EXECUTIVE COMMITTEE** or **MEDICAL EXECUTIVE COMMITTEE** means the Executive Committee of the Medical Staff.
9. **GOVERNING BODY** means the hospital's Board of Trustees. As appropriate to the context and consistent with the corporate Bylaws, it may also mean any Governing Body committee or individual authorized to act on behalf of the Governing Body.
10. **HOSPITAL** means St. Joseph Hospital of Orange.
11. **LIMITED LICENSE PRACTITIONERS** means dentists, psychologists, and podiatrists.
12. **MEDICAL DIRECTOR** means a Practitioner appointed by the Chief Executive Officer to provide administrative support and leadership for the Medical Staff and serve as a liaison between the Medical Staff and the administration on particular issues.

13. **MEDICAL STAFF** means the organization of all physicians, dentists, psychologists and podiatrists who have been granted membership by the Governing Body.
14. **MEDICAL STAFF YEAR** means the period from January 1 to December 31.
15. **MEMBER** means any Practitioner who has been appointed to the Medical Staff.
16. **NOTICE** means a written or electronically transmitted communication delivered personally to the addressee or sent by United States mail, first-class postage prepaid, addressed to the addressee at the last address as it appears in the official records of the Medical Staff or the Hospital. (See also, the definitions of **DATE OF RECEIPT** above and **SPECIAL NOTICE** below.)
17. **PHYSICIAN** means an individual with a M.D. or D.O. degree who is licensed to practice medicine.
18. **PRACTITIONER** means, unless otherwise expressly limited, any currently licensed physician (M.D. or D.O.), dentist, psychologist, or podiatrist
19. **RULES** refers to the Medical Staff and/or Department Rules adopted in accordance with these Bylaws unless specified otherwise.
20. **SPECIAL NOTICE** means a Notice sent by certified or registered mail, return receipt requested. (See also, the definitions of **DATE OF RECEIPT** and **NOTICE** above.)

ARTICLE 1.0

NAME AND PURPOSES

1.1 Name

The name of this organization shall be the Medical Staff of St. Joseph Hospital of Orange.

1.2 Purpose

The purposes of this organization are:

- 1.2.1. To assure that all patients admitted to or treated in any of the Hospital's services will receive care of a quality and efficiency that is consistent with generally accepted standards attainable within the Hospital's means and circumstances.
- 1.2.2. To assure an appropriate level of professional performance that is consistent with generally accepted and uniform standards of care for all practitioners and AHP's authorized to practice in the Hospital through the appropriate delineation of the clinical privileges that each practitioner may exercise in the Hospital and of the practice privileges that each AHP may exercise in this Hospital; and through an ongoing review and evaluation of each practitioner's and AHP's performance in the Hospital;
- 1.2.3. To initiate and maintain Bylaws and Rules for the Medical Staff to carry out its responsibility to be self-governing with respect to the professional work performed in the Hospital, pursuant to the authority delegated by the Governing Body;
- 1.2.4. To provide means whereby issues concerning the Medical Staff and the Hospital may be discussed by the Medical Staff with the Governing Body and the CEO;
- 1.2.5. To provide an educational setting that will lead to the continuous advancement of professional knowledge and skill of its members, and trainees in various disciplines;
- 1.2.6. To encourage clinical research;
- 1.2.7. To provide for accountability of the Medical Staff to the Governing Body for the quality of the medical care, treatment and services provided to patients and for the effective performance of Medical Staff Responsibilities; and
- 1.2.8. To support the mission and vision of the Hospital.

1.3 Healthcare Entity Affiliation

The Hospital and its Medical Staff may affiliate with Children's Hospital of Orange County (CHOC), for the purpose of improving care in the community by establishing cooperative credentialing, peer review, corrective action, and procedural review programs. Such programs must be approved by the Executive Committee and provide for Practitioners to have the chance to opt out prospectively of any cooperative program and otherwise shall be carried out in accordance with the following guidelines;

1.3.1 Credentialing

The Medical Staff may enter into arrangements with Children's Hospital of Orange County (CHOC) to assist each other in credentialing activities by sharing information from credentials and peer review files and sharing medical or professional staff support resources to process or assist in processing applications for appointment and reappointment.

1.3.2 Peer Review

The Medical Staff may enter into arrangements with Children's Hospital of Orange County (CHOC) to assist each other in peer review activities. This may include, without limitation, sharing information from each other's credentials and peer review files, and utilizing each other's medical or professional staff support resources to conduct or assist in conducting peer review activities.

1.3.3 Corrective Action

The Medical Staff may work cooperatively with Children's Hospital of Orange County (CHOC) to develop and impose coordinated, cooperative, or joint corrective action measures as deemed appropriate to the circumstances. This may include, but is not limited to, giving timely notice of emerging or pending problems, as well as notice of corrective actions imposed and/or reciprocal effectiveness of such corrective actions as provided in these Bylaws and the Rules.

1.3.4 Joint Hearings and Appeals

The Medical Staff and Governing Body are authorized to participate in joint hearing and appeal associated with Children's Hospital of Orange County (CHOC), provided the applicable procedures are substantially comparable to the Hearing and Appellate Review Procedures established in these Bylaws.

ARTICLE 2.0

MEDICAL STAFF MEMBERSHIP

2.1 Nature Of Medical Staff Membership

Membership on the Medical Staff and/or Privileges shall be extended only to and maintained only by Practitioners who are professionally competent and continuously meet the qualifications, standards, and requirements set forth in these Bylaws and the Rules. A Practitioner, including one who is employed by and/or has a contract with the Hospital to provide medical-administrative services, may admit or provide services to patients in the Hospital only if the Practitioner is a Member of the Medical Staff or has been granted temporary privileges in accordance these Bylaws and the Rules. Appointment to the Medical Staff shall confer only such Privileges and prerogatives as have been granted by the Governing Body in accordance with these Bylaws.

2.2 Qualifications For Membership

2.2.1 General Qualifications

Medical Staff membership (except Emeritus Medical Staff) shall be limited to Practitioners who are currently licensed or qualified to practice medicine, podiatry, clinical psychology or dentistry in California.

2.2.2 Basic Qualifications

A Practitioner must demonstrate compliance with all the basic standards set forth in this section in order to have an application for Medical Staff membership accepted for review. The Practitioner must:

- a. Be licensed to practice medicine, dentistry, psychology, or podiatry in California or qualify under California law to practice with an out-of-state license.
- b. If practicing medicine, dentistry, psychology, or podiatry and having privileges to prescribe controlled substances, have a federal DEA number with full schedules excluding Schedule 1.
- c. Completed a residency approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association or the Council on Podiatric Medical Education that provided complete training in the specialty or subspecialty that the Practitioner will practice at the Hospital or can demonstrate exceptional qualifications or that they possess skills not otherwise available at the Hospital. Individual Department Rules may require board certification in particular specialties or subspecialties as prerequisites to assignment to the Department or to the granting of particular clinical privileges.
- d. Have professional liability insurance or equivalent coverage meeting the standards specified in the Rules.
- e. Be located close enough (office and residence) to the Hospital to provide the continuum of care to his or her patients according to the standards of St. Joseph Hospital. The distance to the Hospital may vary depending upon the Medical Staff category and Privileges which are involved and the feasibility of arranging alternative coverage and may be defined in the Rules.
- f. If requesting Privileges in a Department or service operated under an exclusive contract, be a member, employee, or subcontractor of the group or person that has the contract.

A Practitioner who does not meet these basic standards is ineligible to apply for Medical Staff membership, and the application shall not be accepted for review, except that applicants for the Emeritus Medical Staff need not comply with any of the basic standards. If it is determined during the processing that an applicant does not meet all of the basic qualifications, the review of the application shall be discontinued. An applicant who does not meet the basic standards is not entitled to the procedural rights set forth in these Bylaws and the Rules, but may submit comments and a request for reconsideration of the specific standards which adversely affected such Practitioner. Those comments and requests shall be reviewed by the Executive Committee and the Governing Body, which shall have sole discretion to decide whether to consider any changes in the basic standards or to grant a waiver as allowed by section 2.5 below.

2.2.3 Qualifications for Membership

In addition to meeting the basic qualifications, the Practitioner must:

- a. Document his or her (i) experience, education, and training in the requested Privileges; (ii) current professional competence; (iii) good judgment; and (iv) physical and mental health status (subject to any necessary reasonable accommodation) to demonstrate to the satisfaction of the Medical Staff that he or she is professionally and ethically competent so that patients can reasonably expect to receive the generally recognized high professional level of quality of care for this community; and
- b. Be determined (i) to adhere to the lawful ethics of his or her profession; (ii) to be able to work cooperatively with others in the Hospital setting so as not to adversely affect patient care or Hospital operations; and (iii) to be willing to participate in and properly discharge Medical Staff responsibilities.

2.3 Effect Of Other Affiliations

No practitioner shall be automatically entitled to Medical Staff membership or to exercise any particular clinical privileges because he holds a certain degree; is licensed to practice in California or any other state; is a member of any professional organization; is certified by any clinical board; or had Staff membership or privileges at this Hospital; or had or presently has membership or privileges at another health care facility. Medical Staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in a particular group, IPA, PPO, PHO, or other organization or in contracts with a third party which contracts with this Hospital.

2.4 Non-Discrimination

No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, national origin, or handicap or disability (except to the extent the handicap or disability prevents the practitioner from performing essential functions or poses a health or safety risk to the practitioner or others and the handicap or disability cannot be reasonably accommodated).

2.5 Waiver Of Qualifications

Insofar as is consistent with applicable laws, the Governing Body has the discretion to deem a Practitioner to have satisfied a qualification, after consulting with the Executive Committee, if it determines that the Practitioner has demonstrated he or she has substantially comparable qualifications and that this waiver is necessary to serve the best interests of the patients and of the Hospital. There is no obligation to grant any such waiver, and Practitioners have no right to have a waiver considered and/or granted. A Practitioner who is denied a waiver or consideration of a waiver shall not be entitled to any hearing and appeal rights under these Bylaws.

2.6 Administrative And Contract Practitioners

2.6.1 Contractors with No Clinical Duties

A Practitioner engaged in a purely administrative capacity with no clinical duties or Privileges is subject to the regular personnel policies and to the terms of his or her contract or other conditions of affiliation. These members shall be appointed to the Administrative Medical Staff.

2.6.2 Contractors Who Have Clinical Duties

- a. A Practitioner who is engaged as an independent contractor who will be providing specified clinical services pursuant to a contract or agreement with the Hospital (a "hospital contract physician") or who is engaged by the Hospital in a full or part time administrative capacity, whose activities include providing or supervising clinical care (a "medico-administrative officer") must be a Medical Staff Member, achieving this status by the procedures provided in the Bylaws and Rules.
- b. Provisions in the contracts or agreements between the physician and the hospital shall govern over these Medical Staff Bylaws in administrative matters, but not in issues relating to professional character, performance or competence or where any action is taken which must be reported under Business and Professions Code Section 805 to the Medical Board of California, the Osteopathic Medical Board of California, or the Federal National Practitioner Data Bank, in which case the hearing rights provided under Article 13 will prevail.

2.6.3 Subcontractors

All hospital contract physicians and medico-administrative officers shall provide in their contracts or agreements with their partners, employees, subcontractors and agents (hereinafter referred to as "subcontractors") that privileges granted in connection with or under an exclusive or semi-exclusive hospital contract will be automatically terminated if the hospital contract physician's or medico-administrative officer's agreement with the Hospital is terminated or the hospital contract physician or medico-administrative officer terminates his employment of, association with, or partnership with the subcontractor. The Hospital may enforce such an automatic termination even if the subcontractor's agreement failed to include such provision.

2.7 Basic Responsibilities Of Medical Staff Membership

Each Medical Staff Member and each Practitioner exercising temporary privileges shall continuously meet all of the following responsibilities:

- 2.7.1 Provide his or her patients with care of generally recognized professional level of quality and efficiency.
- 2.7.2 Actively help educate patients and families regarding the medical condition for which the patients are receiving care and their treatment.
- 2.7.3 Delegate responsibility for diagnosis or care of hospitalized patients only to a Practitioner, practitioner in training, or AHP who is qualified to undertake this responsibility and who is adequately supervised.
- 2.7.4 Coordinate care, treatment and services with other practitioners and Hospital staff, as relevant to the care, treatment and services for individual patients.
- 2.7.5 Seek consultation whenever warranted by the patient's condition or when required by the Rules.

- 2.7.6 Prepare and complete in an accurate, legible and timely manner the medical and other required records for all patients to whom the Practitioner in any way provides services in the Hospital.
- 2.7.7 Maintain confidentiality of patient-identifiable information.
- 2.7.8 Upon request, provide information from his or her office records or from outside sources as necessary to facilitate the care of or review of the care of specific patients.
- 2.7.9 Abide by the ethical principles of his or her profession.
- 2.7.10 Abide by the Medical Staff Bylaws and Rules and all other lawful standards, policies, and rules of the Medical Staff and the Hospital.
- 2.7.11 Abide by all applicable laws and regulations of governmental agencies.
- 2.7.12 Comply with applicable standards of the Joint Commission on Accreditation of Healthcare Organizations or other accrediting organizations with which the Hospital may be affiliated.
- 2.7.13 Refrain from unlawful fee splitting or unlawful inducements relating to patient referral.
- 2.7.14 Recognize the importance of communicating with appropriate Department officers and/or Medical Staff officers when he or she obtains credible information indicating that a fellow Medical Staff Member may have engaged in unprofessional or unethical conduct or may have a health condition which poses a significant risk to the well being or care of patients and then cooperate as reasonably necessary toward the appropriate resolution of any such matter.
- 2.7.15 Actively participate in and regularly cooperate with the Medical Staff in assisting the Hospital to fulfill its obligations related to patient care, including, but not limited to, continuous quality improvement, peer review, utilization management, quality evaluation and related monitoring activities required of the Medical Staff, and in discharging such other functions as may be required from time to time.
- 2.7.16 Discharge such Medical Staff, Department, committee, and service functions for which he or she is responsible by appointment, election, or otherwise.
- 2.7.17 Cooperate in peer review and quality improvement
- 2.7.18 Accept responsibility for participating in Medical Staff proctoring in accordance with the Rules.
- 2.7.19 Complete continuing medical education ("CME") that meets all licensing requirements and is appropriate to the Practitioner's specialty.
- 2.7.20 Participate in Emergency Department coverage and consultation panels as allowed and as required by the Rules.
- 2.7.21 Cooperate with the Medical Staff's reasonable requests to assist the Hospital to meet its uncompensated or partially compensated patient care obligations.
- 2.7.22 Continuously inform the Medical Staff of any significant changes in the information that was submitted in any applications for appointment and reappointment
- 2.7.23 Continuously meet the qualifications for membership as set forth in these Bylaws. A member may be required to demonstrate continuing satisfaction of any of the requirements of these Bylaws upon the reasonable request of the Executive Committee or Credentials Committee.

- 2.7.24 Work cooperatively with Members, nurses, Hospital administrative staff, and others so as not to adversely affect patient care or Hospital operations
- 2.7.25 Refrain from sexual innuendoes, sexual harassment, racial or ethnic slurs, threats of violence, threats of retribution, intimidating actions, foul language, rudeness, shouting, sarcasm, criticism in inappropriate forums, and any other behavior that may impair the functioning of the health care team or otherwise create a hostile or intimidating work environment.
- 2.7.26 Treat all staff and patients with courtesy, respect and dignity.
- 2.7.27 Communicate clearly, honestly and openly.
- 2.7.28 Respond to patient and staff requests appropriately. Respond to pages in a timely and suitable manner.
- 2.7.29 Refrain from any harassment or discrimination against any person (including any patient, hospital employee, hospital independent contractor, Medical Staff Member, volunteer or visitor) based upon the person's age, sex, religion, race, creed, color, national origin, health status, ability to pay or source of payment.

2.8 Duration Of Appointment

Initial appointments to the Medical Staff shall be for a period of no less than 12 months; thereafter, reappointments shall be based on the Medical Staff year, not to exceed 24 months.

ARTICLE 3.0

CATEGORIES OF MEMBERSHIP

3.1 Categories

Each Medical Staff Member shall be assigned to a Medical Staff category based upon the qualifications defined below. The Members of each Medical Staff category shall have the prerogatives and carry out the duties defined in the Bylaws and Rules. Action may be initiated to change the Medical Staff category or terminate the membership of any Member who fails to meet the qualifications or fulfill the duties described below. Changes in Medical Staff category shall not be grounds for a hearing unless they affect the Member's Privileges.

3.2 General Exceptions To Prerogatives

The prerogatives set forth under each Staff category are general in nature and may be limited by special conditions attached to a practitioner's staff appointment, by other sections of these Bylaws, by the Medical Staff rules, or by other Hospital policies.

Dentists, podiatrists, and clinical psychologists may not hold any general Medical Staff office (including serving as an officer or Department Chairman). The right of a dentist, podiatrist, or clinical psychologists to vote on Department matters shall be governed by the member's Staff category, applicable Department rules and any limitations imposed pursuant to this Section.

3.3 Prerogatives And Responsibilities

3.3.1 Prerogatives

The prerogatives available to a Medical Staff Member depending upon Staff Category enjoyed are:

- a. Admit patients consistent with approved privileges ("Admit Patients");
- b. Exercise clinical privileges which have been approved ("Eligible for Clinical Privileges");
- c. Vote on any Medical Staff matter including Bylaws amendments, officer selection, and other matters presented at any general or special Staff meetings and on matters presented at Department or Section meetings ("Vote");
- d. Hold office in the Medical Staff and Department and section to which he or she is assigned. ("Hold Office");
- e. Serve on Committees and vote on Committee matters ("Serve on Committees").

3.3.2 Responsibilities

The responsibilities Medical Staff Members will be expected to carry out in addition to the basic responsibilities set forth in the Bylaws, section 2.7 are to:

- a. Contribute to the organizational and administrative Medical Staff activities, including quality review, risk management and utilization management and serve in Medical Staff, Department and Section offices and on Hospital and Medical Staff committees. (Medical Staff Functions).
- b. Participate equitably in Staff functions, at the request of a Department or Section Chair or other Staff officer, including contributing to the Hospital's medical education programs; serving on the on-call roster and accepting responsibility for providing care to any patient requiring on-call coverage in his or her specialty and consulting with other Staff Members consistent with his or her delineated privileges; proctoring Practitioners and fulfilling such other Staff functions as may reasonably be required. ("Medical Staff Functions")
- c. Attend Medical Staff and Department meetings ("Attend Meetings").
- d. Pay Staff dues, application fees and assessments ("Pay Dues" and "Pay Application Fees").

3.3.3 Prerogatives and Obligations of Staff Categories:

The prerogatives and obligations of each Staff category are described in the table following:

	Active	Administrative Staff	Associate	Affiliate	Emeritus/
Admit Inpatients & Outpatients	Yes	No	Yes	No	No
Surgical Assists (Same Specialty as Surgeon) Inpatients Outpatients	Does Not Apply	No	Does Not Apply	Yes	NO
Eligible for Clinical Privileges	Yes	No	Yes	Yes	No
Vote	Yes	No	No	No	No
Hold Office	Yes	No	No	No	No
Serve on Committees	Yes	Yes	Yes	NO	Yes
Medical Staff Functions	Yes	No	Yes	No	No
Pay Dues	Yes	No	Yes	Yes	No
Pay Application Fee	N/A	No	Yes	Yes	No
Attend Meetings	Yes	Yes	Yes	No	No
Proctoring	Yes	No	Yes	No	No
Malpractice Insurance	Yes	No	Yes	Yes	No
File Application	Yes	Yes	Yes	Yes	No
Apply Reappointment	Yes	Yes	Yes	Yes	No

- Active:** Regularly admit/treat/refer/consult
Administrative: Non-clinical members who have administrative positions with the Hospital
Associate: Occasionally admit/treat patients. Includes new members.
Affiliate: H&P's and surgery assist privileges only
Emeritus: Members of the Staff retired from active practice or individuals of outstanding reputation whom the Medical Staff wishes to honor.

3.4 **Qualifications For Staff Category**

3.4.1 Assignment and Transfer in Staff Category

- a. Medical Staff Members shall be automatically assigned to the proper staff category based upon their activity and compliance with the qualifications for the staff category. Action shall be initiated to evaluate and possibly terminate the privileges and membership of any Staff Member who has failed to have any activity during the preceding appointment period.
- b. A "Patient Contact" includes each admission as an Attending Physician, Inpatient and Outpatient Surgery, Surgery Assisting, Consultation, and Primary Physician Referral.

- c. The Governing Body (on recommendation of the Executive Committee) may rescind an automatic transfer, but only if the Practitioner clearly demonstrates that unusual circumstances unlikely to occur again in his or her practice caused the failure to meet the minimum or maximum requirements.

3.4.1 Active Staff

The Active Staff shall consist of the Members who:

- a. Have 50 or more Patient Contacts in the two-year period preceding reappointment.
- b. Completed at least twelve months on the Associate Staff.
- c. Completed proctoring for the basic privileges.

3.4.2 Associate Staff

The Associate Staff shall consist of the Members who:

- a. Have fewer than 50 Patient Contacts in the 2 years preceding reappointment and therefore do not qualify for Active Status.
- b. Members who have had no patient contacts during the preceding two years shall be deemed to have resigned Medical Staff Membership and shall have no hearing rights.
- c. Have contacts with the hospital, which are adequate for appropriate evaluation of the quality of care provided in the exercise of privileges held.

3.4.3 Affiliate Staff

The Affiliate Staff shall consist of Practitioners who:

- a. Have limited privileges only to perform history and physical examinations and assist at surgery.
- b. May not admit or act as an attending or admitting physician.
- c. May not write orders.
- d. If assisting at surgery must be of the same specialty as the primary surgeon and may not act as a primary surgery.
- e. Members who have had no patient contacts during the preceding two years shall be deemed to have resigned Medical Staff membership and shall have no hearing rights.

3.4.4 Emeritus Staff

The Emeritus Staff shall consist of Practitioners who:

- a. Are former Medical Staff members who have provided notable service to the Hospital, or were members in good standing with twenty (20) years of service, and have retired from active practice.
- b. May be available when needed for advice concerning medical administrative and clinical matters.
- c. Are appointed at the recommendation of the Executive Committee.

3.4.5 Administrative Staff

The Administrative Staff shall consist of Practitioners who will not be caring for any patients, but who have administrative positions with the Hospital.

3.4.6 Interns, Residents and Fellows (See Article 6, Section 6.2.3)

ARTICLE 4.0

ALLIED HEALTH PRACTITIONERS

4.1 Qualifications For Allied Health Practitioners

Allied Health Practitioners (AHPs) are not eligible for Medical Staff membership. They may be granted practice Privileges if they hold a license, certificate, or other credentials in a category of AHPs that the Governing Body (after securing comments from the Interdisciplinary Practice Committee and Executive Committee) has identified as eligible to apply for practice Privileges, and only if the AHPs are professionally competent and continuously meet the qualifications, standards, and requirements set forth in the Medical Staff Bylaws and Rules.

4.2 Categories

The Governing Body shall determine, based upon comments of the Executive Committee and Interdisciplinary Practice Committee, and such other information as it has before it, those categories of AHPs that shall be eligible to exercise Privileges in the Hospital. Such AHPs shall be subject to the supervision requirements developed in each Department and approved by the Credentials Committee, the Executive Committee, and the Governing Body.

4.3 Privileges, Responsibilities, Prerogatives, and Procedural Rights

The privileges, responsibilities, and prerogatives of AHPs shall be established and reviewed as provided in the Rules. AHP Procedural Rights shall be those specified in the Rules.

ARTICLE 5.0

PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

5.1 General

The Medical Staff shall consider each application for appointment, reappointment, and Privileges, and each request for modification of Medical Staff category using the procedure and the standards set forth in the Bylaws and Rules. The Medical Staff shall investigate each applicant before recommending action to the Governing Body. The Governing Body shall ultimately be responsible for granting membership and Privileges. The Medical Staff shall perform this function also for Practitioners who seek temporary Privileges and for AHPs. By applying to the Medical Staff for appointment or reappointment (or by accepting Honorary/Emeritus Medical Staff appointment) the applicant agrees that regardless of whether he or she is appointed or granted the requested Privileges, he or she will comply with the responsibilities of Medical Staff membership and with the Medical Staff Bylaws and Rules as they exist and as they may be modified.

5.2 Applicant's Burden

An applicant for appointment, reappointment, advancement, transfer, and/or Privileges shall have the burden of producing accurate and adequate information for a thorough evaluation of the applicant's qualifications and suitability for the requested status or Privileges, resolving any reasonable doubts about these matters and satisfying requests for information. The provision of information containing significant misrepresentations or omissions and/or a failure to sustain the burden of producing information shall be grounds for denying an application or request. This burden may include submission to a medical or psychological examination as provided in the Bylaws or Rules.

5.3 Application For Initial Appointment And Reappointment

An applicant for appointment and reappointment shall complete written application forms that request information regarding the applicant and document the applicant's agreement to abide by the Medical Staff Bylaws and Rules (including the standards and procedures for evaluating applicants contained therein) and to release all persons and entities from any liability that might arise from their investigating and/or acting on the application. The information shall be verified and evaluated by the Medical Staff using the procedure and standards set forth in the Bylaws and Rules. Following its investigation, the Medical Executive Committee shall recommend to the Governing Body whether to appoint, reappoint, and/or grant specific Privileges.

5.4 Basis for Appointment And Reappointment

Recommendations for appointment and reappointment to the Medical Staff and for granting and renewal of Privileges shall be based upon the applicant's or Member's professional performance at this Hospital and in other settings, whether the applicant or Member meets the qualifications and can carry out all of the responsibilities specified in these Bylaws and the Rules, and upon the Hospital's patient care needs and ability to provide adequate support services and facilities for the Practitioner.

5.5 Failure To File Reappointment Application

Failure to file a complete application for reappointment within 75 days of the initial mailing of the reappointment application shall result in the automatic lapse of a Practitioner's Membership and privileges at the expiration of the Member's current term. Members whose membership automatically lapses will be processed as new applicants should they wish to reapply. In the

event membership lapses for the reasons set forth herein, the Member is not entitled to any hearing or review.

5.6 Leave Of Absence

- 5.6.1 Members may request a leave of absence, which must be approved by the Executive Committee and cannot exceed 12 months or the current appointment period, whichever comes first.
- 5.6.2 Reinstatement at the end of the leave must be approved in accordance with the standards and procedures set forth in the Rules for reappointment review. The Member must provide information regarding his or her professional activities during the leave of absence and his or her health status. During the period of the leave, the Member shall not exercise Privileges at the Hospital, and membership rights and responsibilities shall be inactive. The obligation to pay dues, if any, shall continue unless waived by the Executive Committee.
- 5.6.3 There shall be no extension or renewal for a leave of Absence past 12 months or the current appointment period, whichever comes first. Members may not apply for another Leave of Absence for at least two years after having their membership to the Medical Staff reinstated. (Exceptions will be made for active military service.)
- 5.6.4 Failure to request reinstatement at least 30 days prior to the expiration of the leave of absence, to submit a completed reappointment application, or provide the requested information concerning the Member's professional activities during the leave of absence and his or her health status shall be deemed a voluntary resignation from the Medical Staff and shall result in an automatic expiration of staff membership and privileges with no hearing right.
- 5.6.5 Who is Affected: A waiting period of 36 months shall apply to the following Practitioners:
- 5.6.5.1 An applicant who
 - 5.6.5.1.1 has received a final adverse decision regarding appointment or
 - 5.6.5.1.2 withdrew his or her application or request for membership or Privileges following an adverse recommendation by the Executive Committee or the Governing Body;
 - 5.6.5.2 A former Member who has
 - 5.6.5.2.1 received a final adverse decision resulting in termination of Medical Staff membership and/or Privileges or
 - 5.6.5.2.2 resigned from the Medical Staff or relinquished privileges while an investigation was pending or following the Executive Committee or Governing Body issuing an adverse recommendation; or
 - 5.6.5.3 A Member who has received a final adverse decision resulting in
 - 5.6.5.3.1 termination or restriction of his or her Privileges or
 - 5.6.5.3.2 denial of his or her request for additional Privileges.
- 5.6.6 Length of the Waiting Period. Ordinarily the waiting period shall be 36 months. However, for Practitioners whose adverse action included a specified period or conditions of retraining or additional experience, the Executive Committee may exercise its discretion to allow earlier reapplication upon completion of the specified conditions. Similarly, the Executive Committee may exercise its discretion, with approval of the Governing Body, to waive the 36 month period in other circumstances where it reasonably appears, by objective measures, that changed circumstances warrant earlier consideration of an application.
- 5.6.7 Actions Subject to Waiting Periods. An action is considered adverse only if it is based on the type of occurrences which might give rise to corrective action. An action is not

considered adverse if it is based upon reasons that do not pertain to medical or ethical conduct, such as actions based on a failure to maintain a practice in the area (which can be cured by a move), to pay dues (which can be cured by paying dues), or to maintain professional liability insurance (which can be cured by obtaining the insurance).

5.6.8 Date When The Action Becomes Final. The action is considered final on the latest date on which the application or request was withdrawn, a Member's resignation became effective, or upon completion of (a) all Medical Staff and Hospital hearings and appellate reviews and (b) all judicial proceedings pertinent to the action served within 24 months after the completion of the Hospital proceedings.

5.6.9 Effect Of The Waiting Period Except as otherwise allowed (per Section 5.7.2), Practitioners subject to waiting periods cannot reapply for Medical Staff membership or the Privileges affected by the adverse action for at least 36 months after the action became final. After the waiting period, the Practitioner may reapply. The application will be processed like an initial application or request, plus the Practitioner shall document that the basis for the adverse action no longer exists, that he or she has corrected any problems that prompted the adverse action, and/or he or she has complied with any specific training or other conditions that were imposed.

5.7 Confidentiality; Impartiality

To maintain confidentiality and to assure unbiased performance of appointment and reappointment functions, participants in the credentialing process shall limit their discussion of the matters involved to the formal avenues provided in the Bylaws and Rules for processing applications for appointment and reappointment.

ARTICLE 6.0

PRIVILEGES

6.1 Exercise Of Privileges

Except as otherwise provided in these Bylaws or the Rules, every Practitioner or AHP providing direct clinical services at this Hospital shall be entitled to exercise only those Privileges specifically granted to him or her. Privileges shall be reviewed for initial granting and renewal subject to the standards, and using the procedures set forth in the Rules.

6.2 Special Conditions

6.2.1 Podiatric and Dental Privileges

Surgical procedures performed by podiatrists and dentists shall be under the overall supervision of the Chairman of the Department of Orthopedics or the Chairman of the Department of Surgery or either's designee. All podiatric and dental patients shall be co-admitted by a physician Medical Staff member and receive the same basic medical appraisal as patients admitted to other surgical services. The co-admitting physician Medical Staff member shall be responsible for the care of any medical problems that may be present at the time of admission or that may arise during hospitalization and shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient.

6.2.2 Clinical Psychologist Privileges

Clinical psychologists may admit patients only to the psychiatry services and/or the Chemical Abuse program. All patients admitted by clinical psychologists shall be co-admitted by a physician Medical Staff member who has psychiatric privileges. The psychiatrist shall perform a psychiatric evaluation of the patient, be responsible for prescribing and managing any psychotropic medications that the patient needs, and direct the patient's care (and document this in progress notes entered at least weekly).

All patients admitted by a clinical psychologist shall also receive the same basic medical appraisal as patients admitted to any other service. A physician Medical Staff member shall be responsible for performing the history and physical examination, and caring for any medical problem that may be present at the time of admission or that may arise during hospitalization.

6.2.3 Interns, Residents, and Fellows

Interns, Residents and Fellows in formal approved training programs in the Hospital shall not hold appointments to the Medical Staff and shall not be granted specific clinical privileges in the training programs. Rather, they shall be permitted to perform only those clinical duties set out in training protocols developed by the Directors of Education, at the certifying training program, curriculum requirements, and/or affiliation agreements approved by the Hospital and Medical Executive Committee. Residents and fellows practicing independently of an approved training program must apply for and qualify for Medical Staff membership and privileges. Residents and Fellows who will train in a non-approved program for less than 3 months must apply for "Temporary Privileges for Training."

6.3 Telemedicine Privileges

6.3.1 Definition of Telemedicine, Privileges Required

Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Practitioners who render a diagnosis or otherwise provide clinical treatment to a patient by telemedicine are subject to the Medical Staff credentialing and privileging processes.

6.3.2 Services Provided By Telemedicine shall be identified by each specific department.

6.3.3 Qualification for Privileges to Provide Services Via Telemedicine

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

6.4 Emergency Privileges

In the event of an emergency, any Member of the Medical Staff or credentialed AHP shall be permitted to do everything reasonably possible to save the life of a patient or to save a patient from serious harm. The Member or AHP shall promptly yield such care to a qualified Member when one becomes available.

ARTICLE 7.0

GENERAL OFFICERS OF THE MEDICAL STAFF

7.1 General Officers Of The Medical Staff

7.1.1 Identification of the General Officers

The general officers of the Medical Staff shall be a Chief of Staff, a Vice Chief of Staff, Immediate Past Chief of Staff, a Secretary-Treasurer, and two Members-at-large (who shall be nominated and elected for a two-year term).

7.1.2 Qualifications

All General Officers of the Medical Staff shall:

- (a) understand the purposes and functions of the Medical Staff and demonstrate willingness to assure that patient welfare always takes precedence over other concerns;
- (b) understand and be willing to work towards attaining the Hospital's lawful and reasonable policies and requirements;
- (c) have administrative ability as applicable to the respective office;
- (d) Demonstrated leadership and/or training and/or formal leadership program.
- (e) be able to work with and motivate others to achieve the objectives of the Medical Staff and the Hospital;
- (f) demonstrate clinical competence in his or her field of practice;
- (g) be an Active Medical Staff member (and remain in good standing as an Active Medical Staff member while in office); and,

7.1.3 Disclosure Of Conflict Of Interest

All nominees for election or appointment to the Medical Staff offices (including those nominated by petition of the Medical Staff pursuant to the Bylaws and Rules) shall, at least 20 days prior to the date of election or appointment, disclose in writing to the Executive Committee those personal, professional, or financial affiliations or relationships of which they are reasonably aware that could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff. The Executive Committee shall evaluate the significance of such disclosures and discuss any significant conflicts with the nominee. If a nominee with a significant conflict remains on the ballot, the nature of his or her conflict shall be disclosed in writing and circulated with the ballot.

7.2 Method Of Selection General Officers

7.2.1 Nominations

- a. Nominating Committee: Medical Staff elections shall be every two years. A Nominating Committee shall be appointed by the Executive Committee no later than August of each election year or at least 45 days prior to an election. This Committee shall consist of three (3) available immediate past Chiefs of Staff, excluding the current Chief of Staff, plus two current members of the Executive Committee appointed by the Chief of Staff. The Nominating Committee shall

nominate one or more nominees for each office. The Nominating Committee recommendations shall be presented to the Executive Committee at its September meeting and shall be delivered or mailed to the voting members of the Medical Staff at least thirty days prior to the election.

- b. Additional Nominations: Further nominations may be made for any office by submitting the name of the candidate to the Chairman or the Nominating Committee together with a written petition which is signed by at least ten percent (10%) of the Active Staff members. These nominations shall be delivered to the Chairman of the Nominating Committee in care of the Medical Staff Office at least ten (10) days prior to the day of election for authentication.

7.2.2 Election

Officers shall be elected in November of each Medical Staff year. Only Active Staff members shall be eligible to vote. Voting shall be by mail ballot, as defined in Article 14, Section 14.6. Ballots shall be mailed to the voting members of the Medical Staff by November 1st and must be received in the Medical Staff Office not later than 4:00 p.m. - on the second Tuesday of November. A nominee shall be elected upon receiving a majority of the valid votes cast. In the event there are more than two nominees for an office, the nominee receiving a plurality of the votes cast shall be declared elected. In case of a tie, the majority vote of the Executive Committee at its next meeting or at a special meeting called for the purpose shall decide the election. This vote shall be by secret written ballot.

7.3 Immediate Past Chief of Staff Provisions

The Chief of Staff shall, upon completion of his term of office, immediately succeed to the office of Immediate Past Chief of Staff.

7.4 Term of Elected Officers

Each officer shall serve a two-year term, commencing on the first day of the Medical Staff year following his election. Each officer shall serve until the end of his term, unless he shall sooner resign or be removed from office. No officer may be elected to the same office for more than one term.

7.5 Removal of General Medical Staff Officers

A Medical Staff Officer may be removed from office for any valid cause, including, but not limited to, failure to meet the qualifications for office or to carry out the duties of his or her office. Removal of a general officer may be initiated by majority vote of the Executive Committee, a majority vote of the Governing Body, or upon the written request of 20 percent of the members eligible to vote for officers. Such removal will be effected by a two-thirds majority of the valid votes cast. Voting on removal of an elected officer shall be by secret ballot. The written mail ballots shall be sent to each voting member at least 14 days before the scheduled election date and the ballots shall be counted by the Secretary/Treasurer of the Medical Staff (except when he is the subject of the balloting, in which case the Chief of Staff shall count the ballots) and the Director of Medical Staff Services. The Executive Committee must consider whether to initiate removal of an officer whenever an officer has missed three consecutive meetings of the Executive Committee.

7.6 Vacancy in Office

Vacancies in office, other than that of Chief of Staff, shall be filled by the Executive Committee. If there is a vacancy in the office of Chief of Staff, the Vice Chief of Staff shall serve out the remaining term. A vacancy in the office of the Immediate Past Chief of Staff need not be filled.

7.7 Duties Of Officers

7.7.1 Chief of Staff

The Chief of Staff shall serve as the chief executive officer of the Medical Staff. He shall:

- a. Represent the views, policies, needs, and grievances of the Medical Staff to the Governing Body and to the CEO.
- b. Serve as Chairman of the Executive Committee.
- c. Be responsible for the enforcement of the Medical Staff Bylaws and Rules, for the implementation of sanctions where indicated, and for the Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.
- d. Act in coordination and cooperation with the CEO in all matters of mutual concern within the Hospital.
- e. Call, preside at, and be responsible for the agenda of all general staff meetings of the Medical Staff.
- f. Serve as an ex-officio member of all other staff committees without vote, unless his membership in a particular Committee is required by these Bylaws.
- g. Appoint, with Executive Committee approval, committee members to all standing and special Medical Staff committees, except where otherwise provided by these Bylaws or by Medical Staff Rules.
- h. Serve as a member of the Governing Body in such capacity as may be permitted or required by the Hospital's Corporate Bylaws.
- i. Interpret the policies of the Governing Body to the Medical Staff.
- j. Be a spokesman for the Medical Staff in external professional public relations.
- k. Perform such other functions as may be assigned to him by these Bylaws, by the membership, by the Executive Committee or by the Governing Body.

7.7.2 Vice Chief of Staff

The Vice Chief of Staff, in the absence of the Chief of Staff, shall assume all duties and authority of the Chief of Staff; perform such other supervisory duties as the Chief of Staff may assign to him; and carry out such other functions as may be delegated to him by these bylaws, by the membership, by the Executive Committee, or by the Governing Body. He shall automatically succeed the Chief of Staff as outlined in Section 7.6.

7.7.3 Immediate Past Chief of Staff

The Immediate Past Chief of Staff shall be a member of the Executive Committee; and the Staff Officers Committee perform such supervisory duties as the Chief of Staff may assign him; and carry out such other functions as may be delegated to him by these Bylaws, by the membership, by the Executive Committee or by the Governing Body.

7.7.4 Secretary-Treasurer

The Secretary/Treasurer shall be a member of the Executive Committee and is the Chairman of the Quality Enhancement Committee. He will assure the following duties are fulfilled: maintaining a roster of members; keeping accurate and complete minutes of all Executive Committee and Medical Staff meetings; calling meetings on the order of the Chief of Staff; attending to all correspondence; receiving, safeguarding, and being accountable for all funds of the Medical Staff; excusing absences from meetings on behalf of the Executive Committee; assuming duties of the Chief of Staff when the Chief of Staff and Vice Chief of Staff are absent; and performing such other duties as ordinarily pertain to his office or as may be assigned to him.

7.7.5 Members at Large:

Members at large are representatives of the Medical Staff on the Medical Executive committee and are available at the request of the Chief of Staff.

7.7.6 Vice President For Medical Affairs

The Vice President for Medical Affairs shall:

- a. Help the Medical Staff to develop, implement, and evaluate quality improvement, peer review, and education programs.
- b. Assist the Medical Staff, whenever requested, in reviewing and investigating applicants or members.
- c. Serve as an *Ex Officio* member, without vote, of all of all medical staff committees..
- d.
- e. In cooperation and close consultation with the Chief of Staff and the Executive Committee, supervise the day-to-day performance of the Medical Staff Office and the Hospital's quality improvement personnel and assist with quality improvement, utilization management, and corrective action investigations and actions.

7.7.7 Medical Directors

- a. Appointments of

Medical Directors for special units (such as the intensive care unit), Departments or other directorship programs may be appointed by the Chief Executive Officer after consulting with the Executive Committee.

- b. Responsibilities

- i. The duties of Medical Directors shall be delineated by the Chief Executive Officer in keeping with the general provisions set forth in paragraph "ii" below. The Executive Committee shall approve any Medical Director duties that relate to authority to perform functions on behalf of the Medical Staff or directly effect the performance or activities of the Medical Staff.
- ii. In keeping with the foregoing, the Medical Directors may serve as administrative liaison among Hospital administration, the Governing Body, outside agencies, and the Medical Staff and may assist the Medical Staff in performing its assigned functions and coordinating such functions with the responsibilities and programs of the Hospital.

ARTICLE 8.0

CLINICAL DEPARTMENTS AND SECTIONS

8.1 Organization of Departments And Sections

Each Department and Section shall be organized as an integral unit of the Medical Staff and have leaders who are selected and have the authority, duties, and responsibilities specified in the Rules. Additionally, each Department Chair shall appoint a Department committee and each Section Chair may appoint a Section Committee and each Department Chair and each Section Chair may appoint such other standing or ad hoc committees as he or she deems appropriate to perform the required functions. The composition and responsibilities of each standing Department or Section committee shall be specified in the Rules.

8.2 Designation

8.2.1 The current Departments are:

- 8.2.1.1** Anesthesia
- 8.2.1.2** Behavioral Sciences
- 8.2.1.3** Emergency Medicine
- 8.2.1.4** Family Practice
- 8.2.1.5** Medicine
- 8.2.1.6** Obstetrics/Gynecology
- 8.2.1.7** Ophthalmology and Otorhinolaryngology
- 8.2.1.8** Orthopedic
- 8.2.1.9** Pathology
- 8.2.1.10** Pediatric
- 8.2.1.11** Radiology
- 8.2.1.12** Surgery

Sections and subsections are as listed or specified in the Rules of each Department.

8.3 Assignment To Departments And Sections

Each Member shall be assigned membership in at least one Department and one Section within the Department (if the Department has Sections), but may be granted membership and/or privileges in other Departments (and Sections).

8.4 Functions Of Departments

8.4.1 The Departments and Sections shall fulfill the clinical, administrative, quality improvement risk management, utilization management, and collegial and education functions described below. Each Department and Section, through its officers and any established committees, is responsible for the quality of care within the Department and Section and for the effective performance of the following as relates to the Members of the Department and Section and AHPs practicing within the Department and Section:

- b. Patient care evaluation, observation, and monitoring (including periodic demonstrations of ability), consistent with guidelines developed by the committees responsible for quality improvement, utilization management, education, and medical records, and by the Executive Committee.
- c. Credentials review, consistent with guidelines developed by the Credentials Committee and the Executive Committee.
- d. Corrective action, when indicated, in accordance with the Bylaws and Rules.

- e. Continuing education, consistent with guidelines developed by the Continuing Medical Education Committee and the Executive Committee.
- f. Planning and budget review, consistent with guidelines developed by the Executive Committee.

8.4.2 When the Department or Section or any Department or Section committee meets to carry out the duties described below, the meeting body shall constitute a peer review committee, which is subject to the standards and entitled to the protections and immunities afforded by federal and state law for peer review committees. Each Department, Section, Department Committee, and Section Committee shall meet when and if necessary to carry out its duties, at the request of the Chair.

8.5 Department and Section Officers

8.5.1 Qualifications

Each Department and Section Officer shall:

- 8.5.1.1 Be willing and able to faithfully discharge the functions of his or her office.
- 8.5.1.2 Be board certified in his or her appropriate specialty.
- 8.5.1.3 Have demonstrated clinical competence in his or her field of practice sufficient to maintain the respect of the Members of his or her Department or Section.
- 8.5.1.4 Have an understanding of the purposes and functions of the Staff organization and a demonstrated willingness to promote patient safety over all other concerns.
- 8.5.1.5 Have an understanding of and willingness to work towards the Hospital's attaining its lawful and reasonable goals.
- 8.5.1.6 Have an ability to work with and motivate others to achieve the objectives of the Medical Staff organization in the context of the Hospital's lawful and reasonable objectives.
- 8.5.1.7 Be (and remain during tenure in office) a member of the Active Medical Staff in good standing.
- 8.5.1.8 Not have any significant conflict of interest that would prevent him or her from fulfilling the duties of his or her office.
- 8.5.1.9 Not concurrently serve as an officer of the Medical Staff.

8.5.2 Selection

The Department and Section Chair and Vice Chair shall be elected by mail ballot by the Active Staff members of the Department and Section. Each Department Chair shall appoint a Nominating Committee consisting of at least three (3) Active staff members who are members of the Department including at least one member who has not previously been a Department Chair but who is presently a member of the Department Committee and at least two members who have served as the Department Committee Chair. If it is not possible to comply with these Nominating Committee requirements, the Department Chair or the Chief of Staff may appoint the Nominating Committee for the Department). Each Section Chair shall appoint a Nominating Committee comprised of at

least three members of the Section. The Nominating Committees shall be appointed not later than September 1st of each election year.

The Nominating Committee's recommendations for one or more nominees for Chair and Vice Chair shall be circulated to the voting members of each Department and Section by October 1. The voting members of the Department and Section may submit additional nominations by submitting the name of the candidate together with a petition signed by twenty (20) percent of the Active Department or Section members by October 21.

Voting shall be by mail ballot, as defined in Article 14, Section 14.6. All Ballots shall be mailed on November 1, and must be received in the Medical Staff Office by 4:00 p.m. on November 14. A nominee shall be elected upon receiving a majority of the valid votes cast. In the event there are more than two nominees for an office, the nominee receiving a plurality of the votes cast shall be declared elected. In case of a tie, the majority vote of the Department or Section at its next meeting or at a special meeting called for the purpose shall decide the election. This vote shall be by secret written ballot.

8.5.3 Term of Office

Each Department Chair and Vice Chairman and each Section Chair and Vice Chair shall serve a two-year term commencing on his election with the beginning of the next medical staff year. He shall serve until the end of the Medical Staff year and until his successor is chosen, unless he shall sooner resign or be removed from office. Department and Section leaders are eligible to succeed themselves.

8.5.4 Removal

A Department or Section Chair or Vice Chair may be removed from office for any valid cause, including, but not limited to, failure to meet the qualifications for office or to carry out the duties of his or her office. Removal of a Department or Section Chair or Vice Chair from office may be initiated by a majority vote of the Executive Committee or by written request from twenty percent (20%) of the members of the Chair or Vice Chair Department or Section who are eligible to vote. Such removal may be effected by a majority vote of the Executive Committee members or by a majority vote of the Active Department or Section members. All voting shall be conducted by written secret mail ballot, as defined in Article 14, Section 14.6, which shall be sent to those eligible to vote within 45 days after the initiation of removal pursuant to this section. The ballots must be received no later than 14 days after they are mailed and shall be counted by the Chief of Staff, Secretary/Treasurer, and Medical Staff Coordinator.

8.5.5 Filling Vacancies

A vacancy in a Department or Section leader position shall be filled by a special election to be held using mail ballots. The Chair of the Department shall secure nominations from the voting members of the Department or Section at a regular meeting or by mail ballot and thereafter shall send a mail ballot with all nominations to each voting member of the Department or Section where there was the vacancy. The Member who is elected to fill the vacancy shall serve until the end of the term of the leader he or she was replacing.

8.6 Responsibilities of Department and Section Leaders

8.6.1 Each Department Chair shall be responsible for:

- 8.6.1.1 All Department clinical activities.
- 8.6.1.2 All administrative activities of the Department (unless otherwise provided for by the Hospital), including regular attendance at the Medical Executive Committee.

- 8.6.1.3 Working with the Hospital Administration on matters that affect the Department.
- 8.6.1.4 Integrating the Department into the primary functions of the organization.
- 8.6.1.5 Coordinating and integrating interdepartmental and intradepartmental services.
- 8.6.1.6 Developing and implementing policies and procedures that guide and support the provision of services in the Department.
- 8.6.1.7 Recommending a sufficient number of qualified and competent persons to provide care/service in the Department.
- 8.6.1.8 Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Department.
- 8.6.1.9 Recommending rules that set forth the criteria for clinical privileges in the Department.
- 8.6.1.10 Recommending clinical privileges for each Member of the Department and each Staff Member desiring to exercise privileges in the Department.
- 8.6.1.11 Evaluating the qualifications and competence of AHPs who provide patient care services within the purview of the Department.
- 8.6.1.12 Continuously assessing and improving the quality of care and services provided in the Department.
- 8.6.1.13 Investigating, when necessary, professional conduct of Department members and/or cases that may require corrective action.
- 8.6.1.14 Maintaining quality control programs, as appropriate and in coordination with the Quality Enhancement Committee.
- 8.6.1.15 Overseeing the orientation and continuing education of all persons in the Department, in coordination with the Medical Staff committee(s) responsible for continuing medical education.
- 8.6.1.16 Making recommendations regarding space and other resources needed by the Department.
- 8.6.1.17 Making recommendations to the relevant Hospital authority with respect to off-site sources needed for patient care services not provided by the Department or the Hospital.
- 8.6.1.18 Deciding when to convene Department meetings and chairing those meetings.
- 8.6.1.19 Serving as an Ex Officio member of all committees of his or her Department and attending such committee meetings as deemed necessary.
- 8.6.1.20 Assuring that records of performance are maintained and updated for all Members of his or her Department.
- 8.6.1.21 Reporting on activities of the Medical Staff to the Governing Body when called upon to do so by the Chief of Staff or the Chief Executive Officer.
- 8.6.1.22 Performing such additional responsibilities as may be delegated to him or her by the Executive Committee, the Chief of Staff.

8.6.2 Each Section Chair shall be responsible for:

- a. All Section clinical activities.
- b. All administrative activities of the Section (unless otherwise provided for by the Hospital).
- c. Working with the Hospital Administration on matters that affect the Section.
- c. Integrating the Section into the primary functions of the organization.
- d. Coordinating and integrating interdepartmental and intradepartmental services.
- e. Developing and implementing policies and procedures that guide and support the provision of services in the Section.
- f. Recommending a sufficient number of qualified and competent persons to provide care/service in the Section.
- g. Continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the Section.
- h. Recommending rules that set forth the criteria for clinical privileges in the Section.

- i. Recommending clinical privileges for each Member of the Section and each Staff Member desiring to exercise privileges in the Section.
- j. Each section chair will be a member of the Department Committee, ex-officio with a vote.
- k. Evaluating the qualifications and competence of AHPs who provide patient care services within the purview of the Section.
- l. Continuously assessing and improving the quality of care and services provided in the Section.
- m. Investigating, when necessary, professional conduct of Section members and/or cases that may require corrective action.
- n. Maintaining quality control programs, as appropriate and in coordination with the Quality Enhancement Committee.
- o. Overseeing the orientation and continuing education of all persons in the Section, in coordination with the Medical Staff committee(s) responsible for continuing medical education.
- p. Making recommendations regarding space and other resources needed by the Section.
- q. Making recommendations to the relevant Hospital authority with respect to off-site sources needed for patient care services not provided by the Section or the Hospital.
- r. Deciding when to convene Section meetings and chairing those meetings.
- s. Serving as an Ex Officio member of all committees of his or her Section and attending such committee meetings as deemed necessary.
- t. Assuring that records of performance are maintained and updated for all Members of his or her Section.
- u. Reporting on activities of the Medical Staff to the Governing Body when called upon to do so by the Chief of Staff or the Chief Executive Officer.
- v. Performing such additional responsibilities as may be delegated to him or her by the Executive Committee, the Chief of Staff, or the Department Chair.

ARTICLE 9.0

COMMITTEES

9.1 General

9.1.1 Designation

The Executive Committee and the other committees described in these Bylaws, and the Rules, shall be the standing committees of the Medical Staff. Special or ad hoc committees may be created by the Executive Committee, by any standing committee, or by a Department Chair to perform specified tasks. Any committee, whether Medical Staff-wide or department or other clinical unit, or standing or ad hoc, that is carrying out all or any portion of a function or activity required by these Bylaws is deemed a duly appointed and authorized committee of the Medical Staff.

9.1.2 Appointment of Members and Conduct of Business:

The chair and members of all committees shall be appointed as provided in the Rules. The business of committees shall be conducted as provided in the Rules.

9.2 Executive Committee

9.2.1 Composition

The Executive Committee shall be composed of the general Medical Staff officers the Department Chairs; the Vice Chairs of the Surgery and Medicine Departments; Chief Executive Officer and the Vice President of Medical Affairs shall serve as ex-officio members without vote. The Chief of Staff shall chair the Executive Committee. The Vice Chief of Staff shall chair the committee if the Chief of Staff is absent. The Chair of the Governing Body may attend the meeting, without vote.

a. Officers

The Chief of Staff, Vice Chief of Staff, and Secretary/Treasurer shall serve as Chairman, Vice Chairman, and Secretary-Treasurer of the Executive Committee, respectively.

9.2.2 Duties

With the assistance from the Chief of Staff, the Executive Committee shall:

- a. Supervise the performance of all Medical Staff functions, which shall include:
 - i. Requiring regular reports and recommendations from the Medical Staff officers, Hospital Officers, Department and Section leaders, and committees concerning discharge of assigned functions;
 - ii. Issuing such directives as appropriate to assure effective performance of all Medical Staff functions; an
 - iii. Following up to assure implementation of all directives.
- b. Coordinate the activities of the committees and Department and Section leaders.
- c. Based upon input from the Department and Section leaders and Credentials Committee, make recommendations regarding all applications for Medical Staff or AHP appointment, reappointment, and privileges.

- d. When indicated, initiate and/or pursue disciplinary or corrective actions affecting Medical Staff Members or AHPs.
- e. With the assistance of the Chief of Staff, supervise the Medical Staff's compliance with:
 - i. Medical Staff Bylaws, Rules, and policies;
 - ii. Hospital's Bylaws, Rules, and policies;
 - iii. State and federal laws and regulations; and
 - iv. Joint Commission for Accreditation of Healthcare Organization accreditation requirements.
- f. Oversee the development of Medical Staff policies, approve (or amend) all such policies, and oversee the implementation of all such policies.
- g. Implement, as it relates to the Medical Staff, the approved policies of the Hospital.
- h. With the Department and Section leaders, set Department and Section objectives for establishing, maintaining and enforcing professional standards within the Hospital, and for the continuing improvement of the quality of care rendered in the Hospital, and assist in developing programs to achieve these objectives.
- i. Regularly report to the Governing Body through the Chief of Staff and the Chief Executive Officer on at least the following:
 - i. The outcomes of quality improvement programs with sufficient background and detail to assure the Governing Body that quality of care is consistent with professional standards, and
 - ii. The general status of any Medical Staff or AHP disciplinary or corrective actions in progress.
- j. Make recommendations to the Governing Body regarding the structure of the Medical Staff, the mechanism used to review credentials and to delineate individual Privileges, the organization of the quality assessment and improvement activities of the Medical Staff as well as the mechanism used to conduct, evaluate, and revise such activities, the mechanism by which membership on the Medical Staff may be terminated, and the mechanism for hearing procedures. (This responsibility may be satisfied by way of Medical Staff Bylaws and Rules addressing these issues.)
- k. Review and make recommendations to the Chief Executive Officer regarding quality of care issues related to exclusive contract arrangements for professional medical services. In addition, the Executive Committee shall cooperate in providing relevant input to notice-and-comment proceedings or other mechanisms that may be implemented by Hospital administration in making exclusive contracting decisions.
- l. Establish, as necessary, such ad hoc committees that will fulfill particular functions for a limited time and will report directly to the Executive Committee.
- m. Establish the date, place, time, and program of the regular meetings of the Medical Staff Committees.
- n. In cooperation with the Secretary/Treasurer, develop a budget and act upon matters of expenditure or investment of Medical Staff funds.

- o. Review and make recommendations concerning budget requests for capital expenditures in all areas where the purchase of new equipment will have an effect on the overall care of patients treated by this Medical Staff.
- p. Fulfill the Medical Staff's responsibility of accountability to the Governing Body for the medical care rendered to patients in the Hospital.
- q. Act on behalf of the Medical Staff in the intervals between meetings.

9.2.3 Meetings

The Executive Committee shall meet at least quarterly.

ARTICLE 10.0

MEETINGS

10.1 Medical Staff Meetings

Meetings of the Medical Staff may be called at any time by the Chief of Staff and shall be called at the request of the Executive Committee or Governing Body, or upon the written request of (20) percent of the Active Staff voting members. The Medical Staff meeting must be called held within (30) days after receipt of such request. No business shall be transacted at any Medical Staff meeting except that stated in the Notice calling the meeting.

10.1.1 Communication

The Medical Staff shall be informed about significant issues by means of regularly published newsletters, memoranda, and all department meetings. Medical Staff members shall be encouraged to participate and comment on matters of interest to the Medical Staff at department meetings, as well as through elected representatives.

10.1.2 Combined or Joint Medical Staff Meetings

The Medical Staff may participate in combined or joint Medical Staff meetings with staff members from other hospitals, healthcare entities, or the County Medical Society; however, precautions shall be taken to assure that confidential Medical Staff information is not inappropriately disclosed, and to assure that this Medical Staff (through its authorized representative) maintains access to and approval authority of all minutes prepared in conjunction with any such meetings.

10.2 Department, Section And Committee Meetings

10.2.1 Regular Meetings

Departments, Sections and committees, by resolution, may provide the time for holding regular meetings and no notice other than such resolution shall then be required. Each Department and Section shall meet at the request of the Chair as necessary, to review and discuss patient care activities and to fulfill other Departmental and Section responsibilities.

10.2.2 Special Meetings

A special meeting of any Department, Section or Committee may be called by, or at the request of, the Chairman thereof, the Executive Committee, the Chief of Staff or by 33-1/3 percent of the group's current members, but not less than three members. No business shall be transacted at any special meeting except that stated in the Notice calling the meeting.

10.2.3 Combined or Joint Department, Section or Committee Meetings

Each Department, Section and committee may participate in combined or joint Department, Section or committee meetings with staff members from other hospitals, healthcare entities, or the County Medical Society; however, precautions shall be taken to assure that confidential Medical Staff information is not inappropriately disclosed, and to assure that this Medical Staff (through its authorized representative) maintains access to and approval authority of all minutes prepared in conjunction with any such meetings.

10.3 Notice Of Meetings

Written Notice stating the place, day, and hour of any regular or special Medical Staff meeting or of any regular or special Department, Section or Committee meeting not held pursuant to resolution shall be delivered either personally, by mail, by facsimile, or by e-mail to each person entitled to be present not less than 2 working days before the date of such meeting. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

10.4 Quorum

10.4.1 General Medical Staff Meetings

There shall be no quorum requirements for general Medical Staff meetings.

10.4.2 Quorum: The presence of 50 percent of the voting members shall be required for:

- a. Executive Committee
- b. Credentials Committee and
- c. Quality Enhancement Committee meetings.

For other committees, a quorum shall consist of the greater of 30 percent of the voting committee members or 3 voting committee members.

Department and Section Committee Meetings

For Department or Section meetings, a quorum shall consist of the greater of 30 percent of the voting members or 3 voting members.

10.5 Manner Of Action

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be required by these Bylaws Committee action may be conducted by telephone conference, which shall be deemed to constitute a meeting for the matters discussed in that telephone conference. Valid action may be taken without a meeting if it is acknowledged in writing setting forth the action so taken which is signed by at least 66-2/3 percent of the members entitled to vote. Proxy votes will not be accepted and a member who is present may not delegate his vote to another member.

10.6 Minutes

Minutes of all meetings shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be reviewed and approved at the next meeting and forwarded to the Executive Committee or other designated committee, department or Section and to the Governing Body. Each Committee and Department shall maintain a permanent file of the minutes of each meeting. When meetings are held with outside entities, access to minutes shall be limited as necessary to preserve the protections from discovery as provided under California law.

10.7 Attendance Requirements

Medical Staff members are encouraged, but are not required to attend Medical Staff meetings. Members who are required to attend meetings must attend the number of meetings as specified in the Rules. Committee members who fail to attend may be removed from the Committee.

10.7.1 Special Appearance

A committee, department, or section, at its discretion, may require a Practitioner to respond to specific questions concerning the care of a patient or professional behavior, either in writing or by appearing at a meeting. If appearance at a meeting is requested but not mandated, the chair of the meeting should try to give the Practitioner at least 10 days' advance written Notice of the time and place of the meeting. In addition, whenever an written response or an appearance is requested because of an apparent or suspected deviation from standard clinical practice, Special Notice shall be given and shall include a statement of the issue involved and that the Practitioner's response or appearance is mandatory. Failure of a Practitioner to respond in writing by the deadline date or to appear at any meeting with respect to which he or she was given Special Notice shall be cause for the Executive Committee to impose an automatic suspension of the Practitioner's Privileges until an appearance is made or other action is taken by the Executive Committee. The Practitioner shall be entitled to the procedural rights described in these Bylaws and the Rules.

10.8 Conduct Of Meetings

Unless otherwise specified, meetings shall be conducted according to Robert's Rules of Order. However, technical failures to follow such rules shall not invalidate action taken at such a meeting.

ARTICLE 11.0

CONFIDENTIALITY, IMMUNITY, AND RELEASES

11.1 General

Medical Staff, Department, Section, or committee minutes, files and records, including information regarding any Member or applicant to this Medical Staff shall, to the fullest extent permitted by law, be confidential. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall become a part of the Medical Staff committee files and shall not become part of any particular patient's file or of the general Hospital records. Dissemination of such information and records shall be made only where expressly required by law, pursuant to officially adopted policies of the Medical Staff, or, where no officially adopted policy exists, only with the express approval of the Executive Committee or its designee and the Chief Executive Officer.

11.2 Breach Of Confidentiality

Inasmuch as effective credentialing, quality improvement, peer review, and consideration of the qualifications of Medical Staff Members and applicants to perform specific procedures must be based on free and candid discussions and inasmuch as Practitioners and others participate in credentialing, quality improvement, and peer review activities with the reasonable expectations that this confidentiality will be preserved and maintained, any breach of confidentiality of the discussions or deliberations of Medical Staff, departments, sections, or committees, except in conjunction with Children's Hospital of Orange County (CHOC), health facility, professional society, or licensing authority peer review activities, is outside appropriate standards of conduct for this Medical Staff and will be deemed disruptive to the operations of the Hospital. If it is determined that such a breach has occurred, the Executive Committee may undertake such corrective active as it deems appropriate, up to and including. termination of Medical Staff membership and clinical privileges.

11.3 Immunity And Releases

11.3.1 Immunity from Liability for Providing Information or Taking Action

a. For Communications

The Hospital, the Medical Staff, each representative of the Medical Staff and Hospital, and all third parties shall be immune, from liability to an applicant, member, or Practitioner for damages or other relief by reason of providing information to the Hospital, Medical Staff, a representative of the Medical Staff, Hospital, or any other health-related organization concerning such person who is, or has been, an applicant to or Member of the Medical Staff or who did, or does, exercise Privileges or provide services at the Hospital or by reason of otherwise participating in a Medical Staff or Hospital credentialing, quality improvement or peer review activities.

b. For Actions:

The Hospital, the Medical Staff, each representative of the Medical Staff and Hospital and all third parties shall be immune from liability, to the fullest extent permitted by law, to a health practitioner for damages or other relief for any action taken pursuant these Bylaws and the Rules.

11.4. Activities and Information Covered

11.4.1 Activities

The immunity provided by this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health related institution's or organization's activities concerning, but not limited to:

- b. Applications for appointment, privileges or specified services
- c. Periodic reappraisals for reappointment, privileges or specified services
- d. Corrective action
- e. Hearings and appellate reviews
- f. Quality improvement review, including patient care audit
- g. Peer review
- h. Utilization reviews
- i. Morbidity and mortality conferences; and
- j. Other Hospital, Department, Section, or committee activities related to monitoring and improving the quality of patient care and appropriate professional conduct.

11.4.2. Information

The acts, communications, reports, recommendations, disclosures, and other information referred to in this Article may relate to a Practitioner's professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or other matter that might directly or indirectly affect patient care.

11.5 Releases

Each health practitioner shall, upon request of the Medical Staff execute general and specific releases in accordance with the, tenor and import of this Article, however, execution of such releases shall not, be deemed a prerequisite to the effectiveness of this Article.

11.6 Cumulative Effect

Provisions in these Bylaws and in Medical Staff application forms relating to authorizations, confidentiality of information, and immunities from liability shall be in addition to other protections provided by law and not in limitation thereof.

11.7 Insurance Coverage

The hospital shall maintain insurance coverage, including the provision of appropriate legal defense, which covers Medical Staff members acting on behalf of the Hospital and within the course and scope of their responsibilities as defined in these Medical Staff Bylaws and Rules.

Article 12.0
ROUTINE MONITORING, EDUCATION AND FOCUSED REVIEW

12.1 Routine Monitoring and Education

- 12.1.1 The Departments, Sections, and committees are responsible for carrying out delegated review and quality improvement functions. They may be assisted by the Medical Directors, Medical Staff Office and Department and Section Leaders.
- 12.1.2 They may counsel, educate, issue letters of warning or censure, or institute retrospective or concurrent monitoring (so long as the Practitioner is only required to provide reasonable notice of admissions and procedures) in the course of carrying out their duties without initiating formal corrective action. Comments, suggestions, and warnings may be issued orally or in writing.
- 12.1.3 The Practitioner shall be given an opportunity to respond in writing and may be given an opportunity to meet with the Department or committee.
- 12.1.4 Any informal actions, monitoring, or counseling shall be documented in the Member's file.
- 12.1.5 Neither Credentials Committee nor Executive Committee approval is required for such actions, although the actions shall be reported to the Credentials Committee.
- 12.1.6 The actions shall not constitute a restriction of Privileges or grounds for any formal hearing or appeal rights under the Bylaws or Rules.

12.2 Focused Review

- 12.2.1 A focused review should generally be initiated in the following instances:
 - a. Unexpected deaths, deaths within 24 hours of hospital admission, deaths during an operation and within 12 hours post-operatively, and all unexpected deaths of full term babies.
 - b. Unexpected complications in patient condition and/or care or treatment, including those that result in major permanent loss of function, not related to the natural course of the patient's illness or underlying condition.
 - c. Postoperative complications identified for special study by all Department with surgical and invasive procedure privileges.
 - d. Severe drug reactions.
 - e. Severe transfusion reactions (hemolytic, febrile, allergic).
 - f. Sentinel Events.
 - g. Potentially compensable events identified by the Risk Manager and all cases in which a letter of intent has been filed.
 - h. Written patient complaints concerning a medical staff member or allied health professional, including complaints about the care the member or Allied Health Practitioners provided and/or about the member or Allied Health Practitioner's conduct.
 - i. Staff reports of concerns about a medical staff member or allied health professional, including reports of concerns about the care the member or allied

health practitioner provided and/or about the member or allied health practitioner's conduct.

- j. Utilization issues (e.g., excessive delay in discharge, prolonged length of stay, unsafe transfer or discharge of patient related to clinical stability).
- k. Iatrogenic complications.
- l. Cases for a specific Medical Staff member or allied health practitioners, when indicators suggest there have been a pattern of problems or a particular need for the review that is documented by the Department or Committee that will review the cases. For example, a specific study may be warranted if a member has had problems elsewhere or if a few problems suggest there may be more that are not being picked up by the screening criteria.
- m. Service specific defined performance indicators, which have been established and approved by the Departments and/or the appropriate Medical Staff Committee.
- n. Criteria set by the appropriate Medical Staff Committee for selecting cases for focused review to assess:
 - 1 Appropriate use of blood and blood components.
 - 2 Appropriate use of medications.
 - 3 Appropriate use of nutritional products.
 - 4 Appropriate medical record documentation, including assessment of whether the documentation is timely, complete, and legible.

12.2.3 Reviewers

- a. Generally cases involving medical management and clinical care issues will be referred initially to the Department for review, and other cases will be referred to the appropriate Medical Staff Committee for review. The Chief of Staff and/or the Vice President of Medical Affairs (or his/her designee) shall be responsible for determining where to refer a case for review and where and he or she may confer with Department and Committee chairs when it is not clear where a case should be referred.
- b. The Department Chair or the Committee Chair will delegate the initial review to a member who is licensed and is in the same medical specialty (when possible) as the individual whose case is under review, or when the care involves an Allied Health Professional to an Allied Health Practitioner from the same or related medical specialties whenever possible. Opinions from Medical Staff members and Allied Health Practitioners who are not licensed or certified in the same specialty as the individual whose case is under review may also be offered and considered.
- c. A person who participated in caring for a patient should not serve as a Peer Reviewer regarding the case, although opinions and information may be obtained from such a person.
- d. Ad Hoc Peer Review Panels may also be set up when additional expertise may be necessary to adequately review a specific case. Panelists may be selected for their expertise in a given subject of medicine or in a specific medical specialty.
- e. External peer review should be considered in the following circumstances

1. When no other Medical Staff Members provide the services that are under review.
2. A peer review committee cannot make a determination and requests external review or would like a second opinion from an external reviewer;
3. The individual whose case is under review requests external peer review, although in such cases the individual who requests the outside review must be solely responsible for paying the cost of the external review.

12.2.4 Participation In The Peer Review Process By The Practitioner Whose Performance Is Under Review.

- a. If, after initial review, there remain questions or concerns regarding a case or cases, the practitioner should be advised of these questions or concerns in writing by the Department. The practitioner should be advised of the name, medical record number and date(s) of services of the case(s) to be discussed.
- b. Every effort will be made to provide the practitioner with an opportunity to present information or opinions concerning the issues under consideration. The Department may request a written response from the practitioner, or may request that the practitioner appear in person before the Department Committee or delegated Subcommittee.
 1. If a written reply is requested, notice should include the date by which a response is required.
 2. If the practitioner is requested to appear in person, the notice should include the date, time, and place of the meeting.
 3. However, if a Medical Staff Member or Allied Health practitioner fails to respond in a timely fashion to a written request, or fails to appear before the Committee as requested, the committee may proceed and may act on the available information.

12.2.5 Time Frame for Review

- a. Cases forwarded to medical staff committees for peer review should be reviewed within one quarter of referral.
- b. Cases requiring immediate action in the opinion of the Chief of Staff and/or VPMA or designee will be referred to the Department Chair or the appropriate committee chair, for immediate attention. When necessary, the review will be completed without waiting for the medical record to be completed. Such review should be completed and a preliminary assessment prepared within 30 days after the receipt of the referral.

12.3 Routine Monitoring And Education

The Departments, Sections, and Committees are responsible for carrying out delegated review and quality improvement functions. They may be assisted by the Medical Directors, Medical Staff Officers and Department and Section Leaders. They may counsel, educate, issue letters of warning or censure, or institute retrospective or concurrent monitoring (so long as the Practitioner is only required to provide reasonable notice of admissions and procedures) in the course of carrying out their duties without initiating formal corrective action. Comments, suggestions, and warnings may be issued orally or in writing. The Practitioner shall be given an opportunity to respond in writing and may be given an opportunity to meet with the Department, or Committee. Any informal actions, monitoring, or counseling shall be documented in the Member's file. Neither Credentials Committee nor Executive Committee approval is required for such actions, although the actions shall be reported to the Credentials Committee. The actions shall not constitute a

restriction of Privileges or grounds for any formal hearing or appeal rights under the Bylaws or Rules

12.4 Corrective Action – Harassment/Assault

Notwithstanding any other provision of these bylaws, investigation and corrective action pertaining to any allegation of harassment or assault by a member of the Medical or Affiliate Staff shall be conducted pursuant to the Medical Staff Rules for Investigation and Corrective Action Pertaining to Discrimination and Harassment Allegations. (See Rules on Investigation and Corrective Action Pertaining to Discrimination and Harassment Allegations.)

ARTICLE 13
CORRECTIVE ACTION

13.1 Criteria For Initiation

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

- detrimental to patient safety or to the delivery of quality patient care within the Hospital;
- unethical;
- contrary to the Medical Staff Bylaws or Rules;
- below applicable professional standards;
- disruptive of Medical Staff or Hospital operations; or
- an improper use of Hospital resources.

13.2 Initiation

- a. Any person who believes that corrective action may be warranted may provide information to the Chief of Staff, VPMA or any Medical Staff officer, any Department Chair, any Section Chair, any Medical Staff Committee, the Chair of any Medical Staff Committee, the Governing Body, or the Chief Executive Officer.
- b. If the Chief of Staff, VPMA or any Medical Staff officer, any Department Chair, any Section Chair, any Medical Staff Committee, the Chair of any Medical Staff Committee, the Governing Body, or the Chief Executive Officer determines that corrective action may be warranted under Bylaws Section 13.1 or 13.2, that person, entity, or Committee may request the initiation of a formal investigation or may recommend particular corrective action. Such requests may be conveyed to the Executive Committee orally or in writing.
- c. The Chief of Staff or his/her designee or VPMA shall notify the Chief Executive Officer and shall continue to keep him or her fully informed of all action taken. In addition, the Chief of Staff shall immediately forward all necessary information to the Committee or person that will conduct any investigation provided, however, that the Chief of Staff or the Executive Committee may dispense with further investigation of matters deemed to have been adequately investigated by a Committee pursuant to Section 13.1 through 13.5 or otherwise.

13.3 Expedited Initial Review

- a. Whenever information suggests that corrective action may be warranted, the Chief of Staff, VPMA or their designee, may, on behalf of the Executive Committee, immediately investigate and conduct whatever interviews may be indicated. The information developed during this initial review shall be presented to the Executive Committee, which may decide whether or not to initiate a corrective action investigation or recommend corrective action.
- b. If the complaint of harassment or discrimination that involve a patient or patient visitor, the Chief of Staff or his or her designee, together with representatives of administration, and/or an attorney for the Hospital shall conducted an initial expedited review on behalf of the Executive Committee. In cases of complaints of harassment or discrimination where the alleged harasser is a Medical Staff member and the complainant is not a patient or patient visitor, an expedited initial review shall be conducted by the Chief of Staff and the Hospital's Human Resources Director or their designee, or by an attorney for the Hospital. The interviews of the practitioner shall be interviewed by the Chief of Staff or his designees and the physician shall be informed of the nature of the allegations. If the Chief of Staff does not conduct the review, he or she shall be kept apprised of the status of the initial review. The information gathered from an expedited initial review shall be referred to the Executive

Committee if it is determined that corrective action may be indicated against a Medical Staff Member.

13.4 Formal Investigation

- a. If the Executive Committee concludes a corrective action is warranted, it shall direct an investigation to be undertaken. The Executive Committee may conduct the investigation itself or may assign the task to an appropriate officer, or standing or ad hoc Committee. If the investigation is delegated to an officer or Committee other than the Executive Committee, such officer or Committee shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the Executive Committee as soon as practicable.
- b. The report may include recommendations for appropriate corrective action. If the Executive Committee concludes action is indicated but no further investigation is necessary, it may proceed to recommend action.
- c. Prior to any adverse action being approved, the Executive Committee shall assure that the Member was given an opportunity to provide information in a manner and upon such terms as the Executive Committee, investigating body, or reviewing Committee deems appropriate. The investigating body or reviewing body may, but is not obligated to, interview persons involved; however, such an interview shall not constitute a "hearing" as that term is used in the Bylaws and Rules nor shall the hearings or appeals rules apply.
- d. Despite the status of any investigation, at all times the Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary action.

13.5 Executive Committee Action

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

- a. Determining no corrective action should be taken and, if the Executive Committee determines there was no credible evidence for the complaint in the first instance, clearly documenting those findings in the Member's file;
- b. Deferring action for a reasonable time;
- c. Issuing letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude, Department or Committee Chairs from issuing informal written or oral warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected Member may make a written response which shall be placed in the Member's file;
- d. Recommending the imposition of terms of probation or special limitation upon continued Medical Staff membership or exercise of Privileges, including, without limitation, requirements for co-admissions, mandatory consultation, or monitoring;
- e. Recommending reduction, modification, suspension, or revocation of Privileges. If suspension is recommended, the terms and duration of the suspension and the conditions that must be met before the suspension is ended shall be stated;
- f. Recommending reductions of membership status or limitation of any prerogatives directly related to the Member's delivery of patient care;
- g. Recommending suspension, revocation, or probation of Medical Staff membership. If suspension or probation is recommended, the terms and duration of the suspension or probation and the conditions that must be met before the suspension or probation is ended shall be stated; and
- h. Taking other actions deemed appropriate under the circumstances, including the levy of fines.

13.6 Procedural Rights

- a. If the Executive Committee determines that no corrective action is required or only a letter of warning, admonition, reprimand, or censure should be issued, the decision shall be forwarded to the Governing Body. The decision shall become final if the Governing Body affirms it or takes no action on it within 70 days after receiving the Notice of decision.
- b. If the Executive Committee recommends an action that is a ground for a hearing under the Bylaws or Rules, the Chief of Staff shall give the Practitioner Special Notice of the adverse recommendation and of the right to request a hearing. The Governing Body may be informed of the recommendation, but shall take no action until the Member has either waived his or her right to a hearing or completed the hearing.

13.7 Initiation by Governing Body

If the Executive Committee fails to investigate or take disciplinary action, the Governing Body may direct the Executive Committee to initiate an investigation or disciplinary action, after consulting with the Executive Committee. If the Executive Committee fails to act in response to that Governing Body direction, the Governing Body may initiate corrective action, but must comply with applicable hearing and appeal provisions of these Bylaws and the Rules. The Governing Body shall inform the Executive Committee in writing of what it has done.

13.8 Summary Restriction or Suspension

13.8.1 Criteria for Initiation

- a. Whenever a Practitioner's conduct is such that a failure to take action may result in an imminent danger to the health of any individual, the Chief of Staff or the Executive Committee may summarily restrict or suspend the Medical Staff membership or Privileges of such Member.
- b. If the Chief of Staff or Executive Committee is not available after reasonable efforts are made to contact him or her or it, the Chief Executive Officer, or his or her designee, may summarily suspend a Practitioner. In such cases, if the summary suspension is not ratified by the Chief of Staff or Executive Committee within two working days, excluding weekends and holidays, after the suspension was imposed, the summary suspension shall terminate automatically.
- c. Unless otherwise stated, such summary restriction or suspension ("summary action") shall become effective immediately upon imposition, and the person or body responsible shall promptly give Special Notice to the Member and written Notice to the Governing Body, the Executive Committee, and the Chief Executive Officer. The Notice shall generally describe the reasons for the action.
- d. The summary action may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary action, the Member's patients shall be promptly assigned to another Member by the Department Chair or by the Chief of Staff considering, where feasible, the wishes of the patient and the affected Practitioner in the choice of a substitute Member.
- e. The Notice of the summary action given to the Executive Committee shall constitute a request to initiate corrective action and the procedures set forth in Section 13.2 shall be followed.

13.8.2 Executive Committee Action

A Practitioner who has been summarily suspended may request an interview with the Executive Committee. The interview shall be convened as soon as reasonably possible under all circumstances not to exceed ten days and shall be informal and not constitute a hearing, as that term is used in the Bylaws. The Executive Committee may thereafter continue, modify, or terminate the terms of the summary action. It shall give the

Practitioner Special Notice of its decision, which shall include the information specified in Section 13.5 if the action is adverse.

13.8.3 Procedural Rights

Unless the Executive Committee terminates the summary action, it shall remain in effect during the pendency and completion of the corrective action process and of the hearing and Appellate Review process.

When a summary action is continued, the affected Practitioner shall be entitled to the procedural rights afforded by the Bylaws and Rules, but the hearing may be consolidated with the hearing on any corrective action that is recommended so long as the hearing commences within 60 days after the hearing on the summary action was requested.

13.9 Automatic Suspension Or Limitation

In the following instances, the Member's Privileges or membership may be suspended or limited as described:

13.9.1 Licensure

- a. Revocation, Suspension, Expiration, Surrender or Relinquishment: Whenever a Member's license or other legal credential authorizing practice in this state is revoked, suspended, expired, surrendered or relinquished without an application pending for renewal, Medical Staff membership and Privileges shall be automatically revoked as of the date such action becomes effective.
- b. Restriction: Whenever a Member's license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any Privileges which are within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.
- c. Probation: Whenever a Member is placed on probation by the applicable licensing or certifying authority, his or her membership status and Privileges, shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

13.9.2 DEA Certificate

- a. Revocation, Suspension, and Expiration: Whenever a Member's DEA certificate is revoked, limited, suspended, or expired, the Member shall automatically and correspondingly be divested of the right to prescribe medications that are not covered by the certificate as of the date such action becomes effective and throughout its term so that his or her privileges comport with the scope of his or her DEA certificate.
- b. Probation: Whenever a Member's DEA certificate is subject to probation, the Member's right to prescribe such medications shall automatically become subject to the same terms of the probation as of the date such action becomes effective and throughout its term.
- c. All Medical Staff members are required to maintain DEA Schedules 2-5 with the exception of Pathologists. Physicians who do not have Schedules 2-5 must provide documentation of the reason which will be reviewed by the Credentials Committee for action.

13.9.3 Failure to Pay Dues

Members will be billed for dues annually. They must pay their dues within 45 calendar days from the date of mailing.

13.9.4 Failure to Satisfy Special Appearance Requirement

A Member who fails without good cause to appear and satisfy the requirements of Bylaws Section 10.8 shall automatically be suspended from exercising all or such portion of Privileges as the Executive Committee specifies.

13.9.5 Medical Records

- a. Medical Staff Members are required to complete medical records no later than 14 days after the patient is discharged.
- b. If a record remains incomplete 10 days after the patient was discharged, the practitioner(s) who need to complete the record will be given notice that they must complete the record by the 14th day after discharge or face an automatic suspension of their privileges. If the record is not completed by the 14th day after discharge, the Practitioner shall be given a second written notice informing him or her that the record remains incomplete and that his or her privileges will be automatically suspended commencing the 15th day after the patient's discharge and will remain automatically suspended until the records are completed.
- c. The automatic suspension may not be imposed until the Practitioner has been sent at least 2 written notices, which are at least 4 days apart. The notices shall be sent by facsimile or e-mail to the Practitioner's office.
- d. The suspension shall continue until all incomplete medical records are completed.
- e. While suspended, the physician may not admit new patients, perform or assist in surgery, schedule operative procedures, perform consultations, or write orders or attend patients admitted by an associate. In the interest of patient care, the physician may continue treating any of his own patients in the Hospital when the suspension was imposed. If physician has a patient requiring emergency admission during the period of suspension, the physician must call in another physician to admit and care for the patient until the physician is off suspension. In emergent situations, the Chief of Staff may authorize an override of the suspension on a case by case basis.
- f. Physicians who remain on suspension 5 or more days after suspension was imposed for medical record deficiency will be required to pay a fee as required in the Medical Staff Clinical Rules and Regulations 9.3.1(c).
- g. Physicians who remain on suspension for medical record delinquency for 90 or more consecutive days will be considered to have voluntarily resigned from the Medical Staff. The physician may reapply for Medical Staff membership after three months following the voluntary resignation.

13.9.6 Cancellation of Professional Liability Insurance

Failure to maintain professional liability insurance, including prior acts coverage, as required by the Bylaws and these Rules shall be grounds for automatic suspension of a Member's Privileges. Failure to maintain professional liability insurance for certain procedures shall result in the automatic suspension of Privileges to perform those procedures. The suspension shall be effective until appropriate coverage is reinstated, including coverage of any acts or potential liabilities that may have occurred or arisen during the period of any lapse in coverage.

13.9.7 Exclusion or Suspension from Federal Programs; Failure to Comply With Government and Other Third Party Payor Requirements

Any Practitioner who has been excluded or suspended from the Medicare, Medi-Cal or other federal government programs shall promptly notify the Executive Committee of the exclusion or suspension and shall be automatically suspended from the Medical Staff until the exclusion or suspension is ended.

The Executive Committee shall be empowered to determine that compliance with any other specific third party payor, government agency, and professional review organization rules or policies is essential to Hospital and/or Medical Staff operations and that compliance with such requirements can be objectively determined. Any Practitioner who fails to comply with a policy that has been deemed essential shall be automatically suspended. The suspension shall be effective until the Practitioner complies with such requirements

13.9.8 Automatic Termination

If a Practitioner remains suspended under an automatic suspension provision for more than 90 days, his or her membership (or the affected Privileges, if the suspension is a partial suspension) shall be automatically terminated.

13.9.9 Executive Committee Deliberation and Procedural Rights

- a. As soon as practicable after action is taken or warranted as described in Bylaws Section 13.5.1 (licensure revocation, suspension, expiration, restriction, or probation), Bylaws Section 13.5.2 (DEA certificate revocation, suspension, limitation, expiration, or probation), or 13.5.4 (failure to satisfy a special appearance), the Executive Committee shall review and consider the facts and may recommend such further corrective action as it may deem appropriate following the procedure generally set forth commencing at Bylaws Section 13. There is no need for the Executive Committee to act on automatic suspensions for failures to pay dues (Bylaws Section 13.5.3) complete medical records (Bylaws Section 13.5.5), maintain professional liability insurance (Bylaws Section 13.5.6), or comply with government and other third party payor rules and policies (Bylaws Section 13.5.7). The Executive Committee review and any subsequent hearings and reviews shall not address the propriety of the licensure or DEA action, but instead shall address what action should be taken by the Medical Staff and Hospital.
- b. Practitioners whose Privileges are automatically suspended and/or who have been deemed to have automatically resigned their Medical Staff membership shall be entitled to a hearing only if the suspension is reportable to the Medical Board of California, the Osteopathic Medical Board, or the federal National Practitioner Data Bank.

13.9.10 Notice of Automatic Suspension or Action

Notice of an automatic suspension or action shall be given to the affected individual, and Chief of Staff and the VPMA, but such Notice shall not be required for the suspension to become effective. Patients affected by an automatic suspension shall be assigned to another Member by the Department Chair or Chief of Staff. The wishes of the patient and affected Practitioner shall be considered, where feasible, in choosing a substitute Member.

13.9.11 Automatic Action Based Upon Actions Taken by Another Peer Review Body

- a. The Executive Committee shall be empowered to automatically impose any adverse action that has been taken by another peer review body (as that term is used in the federal or California laws) after a hearing that meets the requirement of the federal and state laws. Such an adverse action may be any action taken by the original peer review body, including but not limited to denying membership and/or privileges; restricting privileges, or terminating membership and/or privileges. The action may be taken automatically only if the original hospital took action based upon standards that were essentially the same as those in effect at this Hospital at the time the

automatic action will be taken. Also, the action that will be the basis of the automatic action must have become final within the past 36 months. The action may be taken once the Practitioner has completed the hearing and any appeal. It is not necessary to await a final disposition in any judicial proceeding that may be brought challenging the action.

- b. The Practitioner shall not be entitled to any hearing or appeal unless the Executive Committee takes an action that is more restrictive than the final action taken by the original peer review body. Any hearing and appeal that is requested by the Practitioner shall not address the merits of the action taken by the original peer review body, which were already reviewed at the original peer review body's hearing, and shall be limited to only the question of whether the automatic action is more restrictive than the original peer review body's action. The Practitioner shall not be entitled to challenge the automatic peer review action unless he or she successfully overturns the original peer review action in court.
- c. Nothing in this Article shall preclude the Medical Staff or Governing Body from taking a more restrictive action than another peer review body based upon the same facts or circumstances.

13.10 Interview

Interviews shall neither constitute nor be deemed a "hearing" as described in the Bylaws and Rules, shall be preliminary in nature, and shall not be conducted according to the procedural rules applicable with respect to hearings. The Executive Committee shall be required, at the Practitioner's request, to grant an interview only when so specified in this Article. When an interview is granted, the Practitioner shall be informed of the general nature of the reasons for the interview and may present information relevant thereto. The Practitioner may not be represented by an attorney at the interview. A record of the matters discussed and the findings resulting from an interview shall be made.

13.11 Confidentiality

To maintain confidentiality, participants in the corrective action process shall limit their discussion of the matters involved to the formal avenues provided in these Bylaws for peer review and discipline.

13.12 Coordinated Corrective Action

13.12.1 Notice Of Pending Investigations/Joint Investigations

- a. The Chief of Staff and the Chief Executive Officer each shall have the discretion to notify their counterpart officers at Children's Hospital of Orange County ("CHOC") whenever a request for corrective action has been received.
- b. In addition, the Executive Committee may authorize a coordinated investigation and may appoint other CHOC Medical Staff Members to assist in the coordinated investigation.
- c. The Chief of Staff and the Chief Executive Officer are authorized to disclose to CHOC's peer review body (or an authorized representative of that body) information from Hospital and Medical Staff records to assist in CHOC's independent or joint investigation of any Practitioner.
- d. The results of any joint investigation shall be reported to CHOC's peer review body for its independent determination of what, if any, corrective action should be taken.

13.12.2 Notice of Actions

- a. In addition to the discretionary reporting and joint investigation provisions set forth at Bylaws Section 13.8.1, the Chief of Staff and the Chief Executive Officer are

authorized to inform their counterpart officer at CHOC, if the Practitioner is known to hold privileges there, whenever any of the following actions has been taken:

- i. Summary suspension of Clinical Privileges should be reported promptly upon imposition (other than automatic suspensions for failure to complete medical records or pay dues).
 - ii. Other corrective actions may be reported at any time the Chief of Staff or Chief Executive Officer determines such a report to be appropriate, and should be reported promptly upon final action by the Governing Body.
- b. The effect of such action on the involved Practitioner's Privileges at CHOC shall be determined by the medical staff bylaws or other applicable policies of CHOC.
 - c. The Chief of Staff and Chief Executive Officer are authorized to disclose to CHOC's peer review body (or an authorized representative of that body) information from the Hospital and Medical Staff records regarding such a Practitioner or AHP.

13.12.3 Effect of Actions Taken by Other Entities

Except as provided in Bylaws Section 13.8.1, whenever the Chief of Staff or Executive Committee receives information about an action taken at CHOC and involving a Practitioner or AHP holding Privileges at the Hospital, the Chief of Staff or Executive Committee shall, if time permits, independently assess the facts and circumstances to ascertain whether to take comparable action. However, when the Practitioner or AHP was summarily suspended or restricted at CHOC, any person authorized under Bylaws Section 13.3 to impose a summary action is authorized to immediately impose a comparable suspension or restriction at this Hospital, subject to review in accordance with the provisions of Bylaws Section 13.4.

Article 14.0

Hearings and Appellate Reviews

14.1 General Provisions

14.1.1 Review Philosophy

The intent in adopting these hearing and appellate review procedures is to provide for a fair review of decisions that adversely affect Practitioners (as defined below) and at the same time to protect the peer review participants from liability. It is further the intent to establish flexible procedures which do not create burdens that will discourage the Medical Staff and Governing Body from carrying out peer review.

Accordingly, discretion is granted to the Medical Staff and Governing Body to create a hearing process which provides for the least burdensome level of formality in the process and yet still provides a fair review and to interpret the Bylaws and these Rules in that light. The Medical Staff, the Governing Body, and their officers, Committees, and agents hereby constitute themselves as peer review bodies under the federal Health Care Quality Improvement Act of 1986 and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

14.1.2 Exhaustion of Remedies

If an adverse action as described in Bylaws Section 14.2 is taken or recommended, the Practitioner must exhaust the remedies afforded by these Bylaws before resorting to legal action.

14.1.3 Intra-Organizational Remedies

The hearing and appeal rights established in the Bylaws are strictly "judicial" rather than "legislative" in structure and function. The Hearing Committees have no authority to adopt or modify rules and standards or to decide questions about the merits or substantive validity of Bylaws, Rules, or policies. However, the Governing Body may, in its discretion, entertain challenges to the merits or substantive validity of Bylaws, Rules, or policies and decide those questions. If the only issue in a case is whether a Bylaw, Rule, or policy is lawful or meritorious, the Practitioner is not entitled to a hearing or Appellate Review. In such cases, the Practitioner must submit his challenges first to the Governing Body and only thereafter may he or she seek judicial intervention.

14.1.4 Joint Hearings and Appeals

The Medical Staff and Governing Body are authorized to participate in joint hearings and appeals in accordance with Bylaws Section 14.9 of these Bylaws.

14.1.5 Definitions

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

- a. "Body whose decision prompted the hearing" refers to the Executive Committee in all cases where the Executive Committee or authorized Medical Staff officers, Members, or Committees took the action or rendered the decision that resulted in a hearing being requested. It refers to the Governing Body in all cases where the Governing Body or its

authorized officers, directors, or Committees took the action or rendered the decision that resulted in a hearing being requested.

- b. "Practitioner," as used in this Article, refers to the Practitioner who has requested a hearing pursuant to Section 14.3 below.

14.1.6 Substantial Compliance

Technical, insignificant, or non-prejudicial deviations from the procedures set forth in these Bylaws shall not be grounds for invalidating the action taken.

14.2 Grounds for Hearing

Except as otherwise specified in these Bylaws, (including those Exceptions to Hearing Rights specified in Bylaws Section 14.10) any one or more of the following actions or recommended actions shall be deemed actual or potential adverse action and constitute grounds for a hearing.

14.2.1 Denial of Medical Staff membership, reappointment, and/or Privileges.

14.2.2 Revocation, suspension, restriction, involuntary reduction of Medical Staff membership and/or Privileges.

14.2.3 Involuntary imposition of significant consultation or proctoring requirements (excluding proctoring incidental to provisional staff status, or the granting of new Privileges, or imposed because of insufficient activity, or proctoring or consultation that does not restrict the Practitioner's Privileges).

14.2.4 Summary suspension of Medical Staff membership and/or Privileges during the pendency of corrective action and hearings and appeals procedures.

14.2.5 Any other disciplinary action or recommendation that must be reported to the Medical Board of California.

14.3 Requests for Hearing

14.3.1 Notice of Action or Proposed Action

In all cases in which action has been taken or a recommendation made as set forth in Bylaws Section 14.2, the Practitioner shall be given Special Notice of the recommendation or action and of the right to request a hearing. The Notice must state:

- a. What action has been proposed against the Practitioner;
- b. A brief indication of the reasons for the action or proposed action;
- c. That the Practitioner may request a hearing;
- d. That a hearing must be requested within 30 calendar days; and
- e. That the Practitioner has the hearing rights described in the Medical Staff Bylaws, including those specified in this Article.

14.3.2 Request for Hearing

- a. The Practitioner shall have 30 days following the documented date of the Special Notice of such action to request a hearing. The request shall be in writing addressed to the Chief of Staff with a copy to the Chief Executive Officer. If the Practitioner does not request a hearing within the time and in the manner described, the Practitioner shall be deemed to have waived any right to a hearing and accepted the recommendation or action involved. Such final recommendation shall be considered by the Governing Body within 70 days and shall be given great weight by the Governing Body although it is not binding on the Governing Body.

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

14.4 Hearing Procedure

14.4.1 Hearings Prompted by Governing Body Action

If the hearing is based upon an adverse action by the Governing Body, the Chair of the Governing Body shall fulfill the functions assigned in this Rule to the Chief of Staff.

14.4.2 Time and Place for Hearing

Upon receipt of a request for hearing, the Chief of Staff shall schedule a hearing and, within 30 calendar days from the date he or she received the request for a hearing, give Special Notice to the Practitioner of the time, place, and date of the hearing. The date of the commencement of the hearing shall be not less than 30 calendar days nor more than 60 days from the date the Chief of Staff received the request for a hearing.

14.4.3 Notice of Charges

Together with the Notice stating the place, time, and date of the hearing, the Chief of Staff shall state clearly and concisely in writing the reasons for the adverse proposed action taken or recommended, including the acts or omissions with which the Practitioner is charged and a list of the charts in question, where applicable. A supplemental Notice may be issued at any time, provided the Practitioner is given sufficient time to prepare to respond.

14.4.4 Hearing Committee

- a. When a hearing is requested, the Chief of Staff shall appoint a Hearing Committee which shall be composed of not less than 3 Members who shall gain no direct financial benefit from the outcome and who have not acted as accuser, investigator, fact finder, initial decision-maker, or otherwise have not actively participated in the consideration of the matter leading up to the recommendation or action. Alternates should be appointed when feasible. Knowledge of the matter involved shall not preclude a Member of the Medical Staff from serving as a member of the Hearing Committee. In the event that it is not feasible to appoint a Hearing Committee from the active Medical Staff, the Chief of Staff may appoint Members from other Medical Staff categories or Practitioners who are not Medical Staff Members. Such appointment shall include designation of the Chair. When feasible, the Hearing Committee shall include at least 1 Member who has the same healing arts licensure as the Practitioner and who practices the same specialty as the Practitioner. The Chief of Staff may appoint alternates who meet the standards described above and who can serve if a Hearing Committee member becomes unavailable.
- b. Alternatively, an arbitrator may be used who is selected using a process mutually accepted by the body whose decision prompted the hearing and the Practitioner. The arbitrator need not be either a health professional or an attorney. The arbitrator shall carry out all of the duties assigned to the Hearing Officer and to the Hearing Committee.
- c. The Hearing Committee, or the arbitrator, if one is used, shall have such powers as are necessary to discharge its or his or her responsibilities.

14.4.5 The Hearing Officer

The Chief of Staff shall appoint a Hearing Officer to preside at the hearing. The Hearing Officer shall be an attorney at law qualified to preside over a quasi-judicial hearing. The Hearing Officer shall not be biased for or against any party, shall gain no direct financial benefit from the outcome, and must not act as a prosecuting officer or as an advocate. The Hearing Officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The Hearing Officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure, or the admissibility of evidence that are raised prior to, during, or after the hearing, including deciding when evidence may not be introduced, granting continuances, ruling on disputed discovery requests, and ruling on challenges to Hearing Committee members or himself or herself serving as the Hearing Officer.

If the Hearing Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary action as seems warranted by the circumstances. The Hearing Officer should participate in the deliberations of the Hearing Committee and be a legal advisor to it, but the Hearing Officer shall not be entitled to vote.

14.4.6 Representation

The hearings provided for in these Bylaws are for the purpose of intra-professional resolution of matters bearing on conduct or professional competency. Accordingly, neither the practitioner nor the body whose decision prompted the hearing shall be represented at the judicial hearing unless the Hearing Officer, in his discretion, permits both sides to be represented by legal counsel. The foregoing shall not be deemed to deprive any party of its right to the assistance of legal counsel for the purpose of preparing for the hearing.

If the Practitioner elects not to be represented by an attorney in the hearing, then the body whose decision prompted the hearing shall not be represented by an attorney in the hearing. When attorneys are not allowed, the Practitioner and the body whose decision prompted the hearing may be represented at the hearing only by a Practitioner licensed to practice in the state of California who preferably is a member of the Hospital's Medical staff and who is not also an attorney at law.

14.4.7 Failure to Appear or Proceed

Failure without good cause of the Practitioner to personally attend and proceed at a hearing in an efficient and orderly manner shall be deemed to constitute voluntary acceptance of the recommendations or actions involved.

14.4.8 Postponements and Extensions

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted by the Hearing Officer within his or her discretion.

14.4.9 Discovery

a. Rights of Inspection and Copying

The Practitioner may inspect and copy (at his or her expense) any documentary information relevant to the charges that the Medical Staff has in its possession or under its control. The body whose decision prompted the hearing may inspect and copy (at its expense) any documentary information relevant to the charges that the Practitioner has in his or her possession or under his or her control. The requests for discovery shall be fulfilled as soon as practicable. Failures to comply with reasonable discovery requests at least 20 days prior to the hearing shall be good cause for a continuance of the hearing.

b. Limits on Discovery

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

c. Objections to Introduction of Evidence Previously Not Produced for the Medical Staff

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

14.4.10 Pre-Hearing Document Exchange

At the request of either party, the parties must exchange all documents that will be introduced at the hearing. The documents must be exchanged at least 10 days prior to the hearing. A failure to comply with this rule is good cause for the Hearing Officer to grant a continuance. Repeated failures to comply shall be good cause for the Hearing Officer to limit the introduction of any documents not provided to the other side in a timely manner.

14.4.11 Witness Lists

Not less than 10 days prior to the hearing, each party shall furnish to the other a written list of the names and addresses of the individuals, so far as is then reasonably known or anticipated, who are expected to give testimony or evidence in support of that party at the hearing. Nothing in the foregoing shall preclude the testimony of additional witnesses whose possible participation was not reasonably anticipated. The parties shall notify each other as soon as they become aware of the possible participation of such additional witnesses. The failure to have provided the name of any witness at least 10 days prior to the hearing date at which the witness is to appear shall constitute good cause for a continuance or for the Hearing Officer to exclude the witnesses' testimony.

14.4.12 Procedural Disputes

- a. It shall be the duty of the parties to exercise reasonable diligence in notifying the Hearing Officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible in order that decisions concerning such matters may be made expeditiously in advance of the hearing. Objections to any pre-hearing decisions may be succinctly made at the hearing.

- b. The parties shall be entitled to file motions as deemed necessary to give full effect to rights established by the Bylaws and to resolve such procedural matters as the Hearing Officer determines may properly be resolved outside the presence of the full Hearing Committee. Such motions shall be in writing and shall specifically state the motion, all relevant factual information, and any supporting authority for the motion. The moving party shall deliver a copy of the motion to the opposing party, who shall have 5 working days to submit a written response to the Hearing Officer, with a copy to the moving party. The Hearing Officer shall determine whether to allow oral argument on any such motions. The Hearing Officer's ruling shall be in writing and shall be provided to the parties promptly upon its rendering. All motions, responses, and rulings thereon shall be entered into the hearing record by the Hearing Officer.

14.4.13 Record of the Hearing

A court reporter shall be present to make a record of the hearing proceedings and the pre-hearing proceedings if deemed appropriate by the Hearing Officer. The cost of attendance of the court reporter shall be borne by the Hospital, but the cost of the transcript, if any, shall be borne by the party requesting it. The Practitioner is entitled to receive a copy of the transcript upon paying the reasonable cost for preparing the record. Oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

14.4.14 Rights of the Parties

Within reasonable limitations, both sides at the hearing may ask the Hearing Committee members and Hearing Officer questions which are directly related to evaluating their qualifications to serve and for challenging such members or the Hearing Officer, call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witness who shall have testified orally on any matter relevant to the issues, and otherwise rebut evidence, receive all information made available to the Hearing Committee, and to submit a written statement at the close of the hearing, as long as these rights are exercised in an efficient and expeditious manner. The Practitioner may be called by the body whose decision prompted the hearing or the Hearing Committee and examined as if under cross-examination. The Hearing Committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate.

14.4.15 Rules of Evidence

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this Article. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

14.4.16 Burdens of Presenting Evidence and Proof

- a. At the hearing, the body whose decision prompted the hearing shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The Practitioner shall be obligated to present evidence in response.
- b. An applicant for Membership and/or Clinical privileges shall bear the burden of persuading the Hearing Committee, by a preponderance of the evidence, that he or she is qualified for membership and/or the denied Privileges. The Practitioner must produce information, which allows for adequate evaluation and resolution of

reasonable doubts concerning his or her current qualifications for membership and Privileges.

- c. Except as provided above for initial applicants, the body whose decision prompted the hearing shall bear the burden of persuading the Hearing Committee by a preponderance of the evidence that the recommended action is reasonable and warranted.

14.4.17 Adjournment and Conclusion

The Hearing Officer may adjourn the hearing and reconvene the same without Special Notice at such times and intervals as may be reasonable and warranted with due consideration for reaching an expeditious conclusion to the hearing.

14.4.18 Basis for Decision

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

14.4.19 Presence of Hearing Committee Members and Vote

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

14.4.20 Decision of the Hearing Committee

Within 30 days after final adjournment of the hearing, the Hearing Committee shall render a written decision prepared by the Hearing Officer. If the Practitioner is currently under suspension, however, the time for the decision and report shall be 15 days after final adjournment. Final adjournment shall be when the Hearing Committee has concluded its deliberations. A copy of the decision shall be forwarded to the Chief Executive Officer, the Executive Committee, the Governing Body, and to the Practitioner. The report shall contain the Hearing Committee's findings of fact and a conclusion articulating its connection between the evidence produced at the hearing and the decision reached. Both the Practitioner and the body whose decision prompted the hearing shall be provided a written explanation of the procedure for appealing the decision. The decision of the Hearing Committee shall be considered final, subject only to such rights of appeal or Governing Body review as described in these Bylaws.

14.5 Appeal

14.5.1 Time for Appeal

Within 40 days after receiving the decision of the Hearing Committee, either the Practitioner or the Executive Committee may request an Appellate Review. A written request for such review shall be delivered to the Chief of Staff, the Chief Executive Officer, and the other side in the hearing. If Appellate Review is not requested within such period, that action or recommendation shall thereupon become the final action of the Medical Staff. The Governing Body shall consider the decision within 70 days, and shall give it great weight.

14.5.2 Time, Place, and Notice

If an Appellate Review is to be conducted, the Appeal Board shall, within 30 days after receiving a Notice of appeal, schedule a review date and cause each side to be given Notice (with Special Notice to the Practitioner) of the time, place, and date of the Appellate Review.

The Appellate Review shall commence within 60 days from the date of such Notice provided, however, when a request for Appellate Review concerns a Member who is under suspension, which is then in effect, the Appellate Review should commence within 45 days from the date the request for Appellate Review was received. The time for Appellate Review may be extended by the Appeal Board for good cause.

14.5.3 Appeal Board

The Governing Body may sit as the Appeal Board, or it may appoint an Appeal Board which shall be composed of not less than 3 members of the Governing Body. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board, so long as that person did not take part in a prior hearing on the same matter. The Appeal Board may select an attorney to assist it in the proceeding who will act as an appellate Hearing Officer and have all of the authority of and carry out all of the duties assigned to a Hearing Officer as described in this Article 14. The Hearing Officer shall not be entitled to vote with respect to the appeal. The Appeal Board shall have such powers as are necessary to discharge its responsibilities.

14.5.4 Appeal Procedure

The proceeding by the Appeal Board shall, in the discretion of the Appeal Board, either be a de novo hearing or an appellate hearing based upon the record of the hearing before the Hearing Committee, provided that the Appeal Board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the hearing; or the Appeal Board may remand the matter to the Hearing Committee for the taking of further evidence and for decision. Each party shall have the right to be represented by legal counsel or any other representative designated by that party in connection with the appeal. Each party shall have the right to present a written statement in support of his, her, or its position on appeal. The appellate Hearing Officer may establish reasonable time frames for the appealing party to submit a written statement and for the responding party to respond. Each party has the right to personally appear and make oral argument. The Appeal Board may then, at a time convenient to itself, deliberate outside the presence of the parties.

14.5.5 Decision

- a. Within 30 days after the adjournment of the Appellate Review proceeding, the Appeal Board shall render a final decision in writing. Final adjournment shall not occur until the Appeal Board has completed its deliberations.
- b. The Appeal Board may affirm, modify, reverse the decision, or remand the matter for further review by the Hearing Committee or any other body designated by the Appeal Board.
- c. The Appeal Board shall give great weight to the Hearing Committee recommendation, and shall not act arbitrarily or capriciously. The Appeal Board may, however, exercise its independent judgment in determining whether a Practitioner was afforded a fair hearing, whether the decision is reasonable and warranted, and whether any Bylaw, Rule, or policy relied upon by the Hearing Committee is unreasonable or unwarranted.
- d. The decision shall specify the reasons for the action taken and provide findings of fact and conclusions articulating the connection between the evidence produced at the

hearing and the appeal (if any), and the decision reached, if such findings and conclusions differ from those of the Hearing Committee.

- e. The Appeal Board shall forward copies of the decision to each side involved in the hearing.
- f. The Appeal Board may remand the matter to the Hearing Committee or any other body the Appeal Board designates for reconsideration or may refer the matter to the full Governing Body for review. If the matter is remanded for further review and recommendation, the further review shall be completed within 60 days unless the parties agree otherwise or for good cause as determined by the Appeal Board.

14.5.6 Right to One Hearing

No Practitioner shall be entitled to more than 1 evidentiary hearing and 1 Appellate Review on any matter that shall have been the subject of adverse action or recommendation.

14.6 Confidentiality

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

14.7 Release

By requesting a hearing or Appellate Review under these Bylaws, a Practitioner agrees to be bound by the provisions in the Medical Staff Bylaws relating to immunity from liability for the participants in the hearing process.

14.8 Governing Body Committees

In the event the Governing Body should delegate some or all of its responsibilities described in this Article 14 to its Committees, the Governing Body shall nonetheless retain ultimate authority to accept, reject, modify, or return for further action or hearing the recommendations of its Committee.

14.9 Exceptions to Hearing Rights

14.9.1 Exclusive Use Departments, Hospital Contract Practitioners

a. Exclusive Use Departments

The hearing rights of Article 14 do not apply to a Practitioner whose application for Medical Staff membership and Privileges was denied or whose Privileges were terminated on the basis the Privileges he or she seeks are granted only pursuant to a contract or an exclusive use policy.

Such Practitioners shall have the right, however, to request that the Governing Body review the denial and the Governing Body shall have the discretion to determine whether to review such a request and, if it decides to review the request, to determine whether the Practitioner may personally appear before and/or submit a statement in support of his or her position to the Governing Body.

b. Hospital Contract Practitioners

The hearing rights of Article 14 do not apply to Practitioners who have contracted with the Hospital to provide clinical services. Removal of these Practitioners from office and of any

exclusive Privileges shall instead be governed by the terms of their individual contracts and agreements with the Hospital. The hearing rights of this Article 14 shall apply if an action is taken which must be reported under the federal or California law and/or the Practitioner's Medical Staff membership status or Privileges which are independent of the Practitioner's contract are removed or suspended for medical disciplinary cause or reason.

14.9.2 Allied Health Practitioners

Allied Health Practitioners (AHPs) are not entitled to the hearing rights as set forth in this Article. (See the Medical Staff Rules & Regulations, Rule 14 for a description of AHP procedural rights.)

14.9.3 Denial of Applications for Failure to Meet the Minimum Qualifications

Practitioners shall not be entitled to any hearing or Appellate Review if their membership, Privileges, applications, or requests are denied because of their failure to have a current California license to practice medicine, dentistry, clinical psychology, or podiatry; to maintain an unrestricted Drug Enforcement Administration certificate (Schedules 2-5) (when it is required); to maintain the required professional liability insurance; to meet any of the other basic standards specified in Article 2, Section 2.3 or to file a complete application.

14.9.4 Automatic Suspension or Limitation of Privileges

Practitioners are not entitled under Bylaws Section 12.5.9 to any hearing or Appellate Rights if their privileges are automatically suspended for any of the following reasons:

- a. Failure to pay medical staff dues
- b. Failure to pay fines imposed by the Medical Executive Committee
- c. Failure to satisfy a special appearance without good cause
- d. Failure to complete medical records
- e. Failure to maintain professional liability insurance including prior acts
- f. Exclusion or suspension from federal programs (Medicare, MediCal or other Federal government programs)

14.10 Joint Hearings And Appeals

14.10.1 Joint Hearings

- a. Whenever a Practitioner is entitled to a hearing because a coordinated, cooperative, or joint credentialing or corrective action has been taken or recommended pursuant to Bylaws Section 13.8, a single joint hearing may be conducted in accordance with hearing procedures that have been jointly adopted by the involved entities, provided such procedures are substantially comparable to those set forth in Bylaws Section 14 and further provided at least 1 member of the Hearing Committee is a Member of this Hospital's Medical Staff.
- b. In the event there is such a joint hearing, the recommendation of the Hearing Committee shall be reported to this Hospital's Governing Body for final action.

14.10.2 Joint Appeals

The procedures may also call for joint appeal rights, provided such procedures are substantially comparable to those set forth in Bylaws Section 14.9 and, further, provided that at least 1 member of the Appeal Board is a representative of this Hospital's Governing Body.

14.10.3 Effect of Joint Hearings/Appeals

A joint hearing and/or appeal in accordance with the foregoing shall be deemed to satisfy procedural rights afforded to the Practitioner pursuant to federal and state law.

14.10.4 Provision for Separate Hearing

Notwithstanding the foregoing, if a Practitioner can demonstrate to the Executive Committee (in the case of a hearing based on a recommendation of the Executive Committee) or the Governing Body (in the case of a hearing based on a recommendation of the Governing Body or in the case of an appeal) prior to the initiation of a joint hearing and/or appeal that the benefits of quasi-judicial economy and efficiency are outweighed by particular burdens or unfairness unique to the individual Practitioner's circumstances, the Executive Committee or Governing Body may, in its sole discretion, order that a separate hearing and/or appeal be conducted solely with respect to Privileges at this Hospital, in accordance with this Hospital's Hearing and Appellate Review Provisions. (Examples of such unique burdens or unfairness would include unavailability of witnesses or documents to the joint proceeding; but the mere fact that the outcome would affect Privileges at more than 1 facility would not ordinarily be deemed sufficient to preclude a joint hearing.)

ARTICLE 15.0

GENERAL PROVISIONS

15.1 General Medical Staff Rules

The Medical Staff shall initiate and adopt such Rules as it may deem necessary and shall periodically review and revise its Rules to comply with current Medical Staff practice.

Recommended changes to the Rules shall be submitted to the Executive Committee for review and approval by a two-thirds (2/3) majority of the Executive Committee voting members.

Following approval by the Executive Committee, a Rule shall become effective following approval of the Governing Body, which approval shall not be withheld unreasonably,

IF THERE IS A CONFLICT BETWEEN THE BYLAWS AND THE RULES, THE BYLAWS SHALL PREVAIL. THE RULES SHALL BE INCORPORATED HEREIN BY REFERENCE AND BE DEEMED AN INTEGRAL PART OF THE MEDICAL STAFF BYLAWS.

15.2 Department Rules

Each clinical department of the Medical Staff shall initiate and adopt such rules as it may deem necessary and shall periodically review and revise these rules to comply with current practice in that Department. Recommended changes to the Department Rules shall be submitted to the Department Committee for review and approved by a two-thirds majority of Department Committee voting members present. Following approval by the Department Committee and Executive Committee, a Department Rule shall become effective following approval of the Governing Body, which approval shall not be withheld unreasonably. If there is a conflict between the Department Rules and the Medical Staff Bylaws or Rules, the Medical Staff Bylaws or Rules shall prevail. The Department Rules shall be incorporated herein by reference and be deemed an integral part of the Medical Staff Bylaws.

15.3 Section Rules

Subject to the approval of the committee of the Department that oversees the Section, the Executive Committee, and the Governing Body, each Section may formulate its own Rules for conducting its affairs and discharging its responsibilities. Such Rules shall not be inconsistent with the Medical Staff or Hospital Bylaws, Rules, or policies. If there is a conflict between the Department and Section rules, the Department Rules shall prevail. The Section Rules shall be incorporated herein by reference and be deemed an integral part of the Medical Staff Bylaws.

15.4 Dues And Application Fees

The amount of dues and application fees for appointment and reappointment to each category of Medical Staff member shall be specified in the Rules. The Executive Committee shall determine the manner of expenditure of the funds that are received provided, however, that such expenditures shall not jeopardize the nonprofit status of the Hospital.

15.5 Forms

Application forms and any other prescribed forms required by these Bylaws for use in connection with Medical Staff appointments, re-appointments, delineation of Privileges, corrective action, notices, recommendations, reports, and other matters shall be approved by the Executive Committee and the Governing Body. Upon adoption, they shall be incorporated herein by reference and shall be deemed part of the Medical Staff Bylaws and Rules. They may be amended by approval of the Executive Committee and the Governing Body.

15.6 Notices

Except where specific notice provisions are otherwise provided in these Bylaws, any and all notices, demands, requests, and other communications required or permitted to be served on or given to a party or parties by another, pursuant to these Bylaws, shall be in writing and shall be delivered personally or by United States Postal Service, first-class postage prepaid, certified or registered, return receipt requested. In the case of notice to Hospital, Governing Body, Medical Staff or officers or committee thereof, the notice shall be addressed as follows:

St. Joseph Hospital
1100 W. Stewart Drive
Orange, California 92868 (92863-5600)

In case of a notice to a practitioner, AHP, or other party, the notice shall be addressed to the address as it appears in the records of the Hospital. If personally delivered, such notice shall be effective upon delivery. If mailed, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each practitioner at his address as it appears on the records of the Hospital. Any party may change its address as indicated above, by giving written notice of such change to the other party in the manner as above indicated.

15.7 Written Ballot

Whenever these bylaws require voting by written ballot, the following procedures shall be observed:

- 15.7.1 Mail ballots for election of general staff officers and department chairs shall be returned in a specially marked ballot envelope on which the Staff member has printed and signed his or her name. The Staff member's name shall be verified against the Medical Staff records.
- 15.7.2 Mail ballots for approval of Bylaws changes shall be returned in a single envelope with the name of the voting member printed on the outside of the return envelope.
- 15.7.3 Written ballots that may be required by the Executive Committee at a committee or general meeting shall be folded, collected and counted at said meeting, under the direction of the Secretary/Treasurer or a designated representative.

15.8 Non-Contractual Nature Of Bylaws

- 15.8.1 These Bylaws shall not be deemed to be a contract of any kind between the Governing Body, the Hospital, the Medical Staff and/or any individual (including any Medical Staff member, applicant, or allied health professional ["AHP"]). Application for, the conditions of, and the duration of appointment to the Medical Staff, or the granting of privileges to a practitioner or to an AHP shall not be deemed contractual in nature.
- 15.8.2 The consideration of applications and the granting and continuance of any privileges at this Hospital are based solely upon a practitioner's or AHP's continued ability to justify the exercise of privileges. The granting of privileges does not obligate the practitioner or AHP to practice at the Hospital.
- 15.8.3 The Governing Body and Medical Staff are obligated to use essential fairness in dealing with Medical Staff members, allied health professionals and applicants for those positions and may fulfill that obligation by following the procedures specified in these Bylaws or any other procedures which are fair in the circumstances.

ARTICLE 16.0

ADOPTION AND AMENDMENT OF BYLAWS

16.1 Medical Staff Responsibility and Authority

The Medical Staff shall have the initial responsibility and delegated authority to formulate, adopt, and recommend Medical Staff Bylaws and amendments which shall be effective when approved by the Governing Body. Such responsibility and authority shall be exercised in good faith and in a reasonable, timely, and responsible manner, reflecting the interests of providing patient care of the generally recognized level of quality and efficiency, and maintaining a harmony of purpose and effort with the Governing Body.

16.1.1 Amendments to these Bylaws shall be submitted for vote upon the request of the Executive Committee or upon receipt of a petition signed by at least twenty percent (20%) of the Active Medical Staff members.

16.1.2 Proposed amendments shall be submitted to the Governing Body for comments before they are distributed to the Medical Staff for a vote. The Governing Body has the right to have its comments regarding the proposed Amendments circulated with the proposed amendments.

16.2 Methodology

Medical Staff Bylaws may be adopted, amended, or repealed by the following combined actions:

16.2.1 The affirmative vote of a two-thirds (2/3) majority of the Active Medical Staff Members voting on the matter by mailed ballot, provided at least fourteen (14) days' advance written Notice, accompanied by the proposed Bylaws and/or alterations, has been given; and

16.2.2 The approval of the Governing Body, which shall not be unreasonably withheld. If approval is withheld, the reasons for doing so shall be specified by the Governing Body in writing, and shall be forwarded to the Chief of Staff, the Executive Committee, and the Bylaws Committee.

16.3 Technical and Editorial Amendments

The Executive Committee shall have the power to adopt such amendments to the Bylaws as are, in its judgment, technical modifications or clarifications, reorganization or renumbering of the Bylaws, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression, or inaccurate cross-references. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Governing Body within (90) days after adoption by the Executive Committee. The action to amend may be taken by motion and acted upon in the same manner as any other motion before the Executive Committee. After approval, such amendments shall be communicated in writing to the Medical Staff and to the Governing Body.

Approved by: Medical Executive Committee: 01/16/03; 09/23/04; 11/15/04; 3/2005; 8/2005; 9/2007
Board of Trustees: 03/27/03; 09/30/04; 12/09/04; 3/2005; 8/2005; 9/2007

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