

**Bylaws  
of the Medical Staff  
of  
Providence Saint John's Health Center**

Saint John's  
Health Center  
 Providence

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# Providence Saint John's Health Center: Medical Staff Bylaws

## Preamble

BECAUSE Providence Saint John's Health Center ("Health Center") is a non-profit corporation organized under the laws of the State of California; and BECAUSE its purpose is to serve as a general health center providing patient care, medical education, and research; and BECAUSE it is recognized that the Medical Staff is responsible for the quality of medical care in the Health Center, subject to the ultimate authority of the Health Center's Board of Directors, and that the cooperative efforts of the Medical Staff, the Chief Executive Officer, and the Board of Directors are necessary to fulfill the Health Center's obligation to its patients; THEREFORE, the physicians, dentists, and podiatrists practicing in this Health Center hereby organize themselves into a Medical Staff in conformity with these Bylaws.

## Definitions

1. **"Advanced Practice Providers"** means psychologists, physician assistants, nurse practitioners, certified nurse midwives, and similar persons who are qualified and if necessary, appropriately licensed, to provide limited care to patients and who have been granted privileges to provide their services in the Health Center, as independent practitioners or dependent practitioners under the overall supervision of the Medical Staff.
2. **"Approved Fellowship"** means a post-residency training program which meets the requirements of the Medical Staff as established and approved by the Medical Executive Committee.
3. **"Board of Directors"** means the Board of Directors responsible for conducting the affairs of Providence Saint John's Health Center, which for purposes of these Bylaws and except as the context otherwise requires shall be deemed to act through the authorized actions of the Providence Saint John' Health Center Community Ministry Board, the officers of the corporation and through the Chief Executive of the Health Center.
4. **"Chair"** of a Department or Section means a member of the Medical Staff appointed by the President of the Medical Staff with the approval of the Chief Executive Officer to provide supervision of a Department or Section of the Medical Staff, and to serve as chair of their Departmental or Sectional committee.
5. **"Chief Executive Officer"** means the individual appointed by the Board of Directors to act in its behalf in the overall management of the Health Center.
6. **"Director"** of a department or unit means the member of the Medical Staff appointed by the Chief Executive Officer in consultation with the President of the Medical Staff to provide overall planning and professional or technical supervision for a department or special care unit of the Health Center.
7. **"Medical Executive Committee"** means the Medical Executive Committee of the Medical Staff.
8. **"Fellow"** means a physician, dentist, or podiatrist who is in a post-residency training program and who meets the minimum requirements for Medical Staff membership and who has been accepted to a fellowship program approved by Providence Saint John's Health Center.
9. **"General Staff Meeting"** means a meeting of all members of the Medical Staff.
10. **"Intern"** means a physician or dentist-in-training who holds an MD, DO, or DDS degree or their equivalent from an accredited allopathic, osteopathic, or dental school and is currently in their first post-graduate year (PGY 1).

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11. **"Chief Medical Officer"** means the physician appointed by the Board of Directors to serve as the chief medical administrative officer for the Health Center and provides liaison between the Medical Staff and the Health Center's administration and Board of Directors. The Chief Medical Officer must be a member of the medical staff.
12. **"Medical Staff"** means those physicians, dentists, and podiatrists, licensed by the State of California, who have been appointed to the Medical Staff.
13. **"Medical Student"** means a student in good standing at and sponsored by an accredited, United States school of allopathy or osteopathy.
14. **"Member"** means a physician, dentist, or podiatrist who has been appointed to the Medical Staff.
15. **"Physician"** means an individual with an MD or DO degree or equivalent who is licensed by the State of California to practice medicine.
16. **"Practitioner"** means a member of the advanced practice provider staff.
17. **"President of the Medical Staff"** means the member of the Medical Staff elected by the Medical Staff and approved by the Board of Directors to serve as President of the Medical Staff organization.
18. **"Resident"** means a physician, dentist, or podiatrist in training who holds an MD, DO, DDS, or DPM, or equivalent degree from an accredited allopathic, osteopathic, dental, or podiatric school and is licensed to practice by the State of California.
19. **"Special Notice"** means written notification sent, in all cases, by personal delivery, special messenger, or certified mail, return receipt requested. Such notification sent by certified mail shall be deemed to be received on the date indicated by the return receipt or four business days after mailing, whichever comes first.

### Article I: Name

The name of this organization shall be the Providence Saint John's Medical Staff.

### Article II: Purposes

The purposes of this organization are:

1. To assure that all patients admitted or treated in any of the facilities, departments, or services of the Health Center shall receive appropriate care;
2. To promote a high level of professional performance of all practitioners authorized to practice in the Health Center through the appropriate delineation of the clinical privileges that each practitioner may exercise in the Health Center and through an ongoing review and evaluation of each practitioner's performance in the Health Center;
3. To provide an educational setting that will promote scientific standards and that will lead to the continuous advancement of members' professional knowledge and skill.
4. To participate in Health Center planning, policy-making, and budgeting processes;

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5. To propose and to enforce approved rules and regulations, polices, and procedures for the Medical Staff;
6. To provide a means whereby issues concerning the Medical Staff and the Health Center may be discussed by the Medical Staff and the Board of Directors, the Chief Executive Officer, and the Chief Medical Officer.

### Article III: Membership in the Medical Staff

#### Section 1: Nature of Medical Staff Membership

Membership in the Medical Staff of Providence Saint John's Health Center is a privilege which shall be extended only to professionally competent physicians, dentists, and podiatrists who initially and continuously meet the qualifications, standards, and requirements set forth in these Bylaws.

#### Section 2: Qualification for Membership

- a. Every qualified person is eligible for membership on the Medical Staff without discrimination on account of the person's creed (or lack thereof), race, color, sex, or national origin.
- b. To be eligible for appointment to the Medical Staff, an applicant must have completed the formal training (e.g., residency and/or fellowship) required by any applicable specialty or sub-specialty American Board within the area in which the applicant seeks privileges. Only physicians, dentists, and podiatrists, with an unencumbered, unsuspended, unrestricted, non-probationary license to practice by the State of California, identified by a National Practice Identified (NPI) and not excluded for just cause from any health care program funded, in whole or in part, by the federal government, who can satisfactorily document their identity, background, professional experience, training, education and competence, their adherence to the ethics of their profession, their good reputation, their current and adequate physical and mental health status to exercise requested clinical privileges, and their ability to work with others in a health center environment with sufficient adequacy to assure the Medical Staff and the Board of Directors that any patient treated by them in the Health Center will be given appropriate medical care, shall be qualified for membership on the Medical Staff. No physician, dentist, or podiatrist shall be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges in the Health Center merely by virtue of the fact that they are duly licensed to practice medicine, dentistry, or podiatry, by this or by any other state, or that they are a member of some professional organization, or that they had in the past, or presently have, such privileges at another health center, or had such privileges at this Health Center in the past.
- c. Each candidate or member must provide information about their professional liability experience and insurance coverage and provide evidence of current professional liability insurance coverage which meets or exceeds the minimal level required by the Board of Directors and is issues by a carried approved by the Board of Directors. Each candidate or member must ensure that his/her professional liability insurance policy includes coverage for the scope of clinical privileges requested/approved. Upon expiration or termination of Medical Staff membership, the member is required to obtain and maintain extended reporting period (i.e., "tail") coverage for a minimum of seven years in the amounts and terms as required by the Board of Directors. Such extended reporting coverage shall be maintained for claims which arise from professional services provided by the member at the Health Center during membership on the Medical Staff of the Health Center.

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## Section 3: Conditions and Duration of Appointment

- a. Acceptance of membership on the Medical Staff shall constitute the member's agreement that they will strictly abide by the ethical principles and guidelines adopted by the Board of Directors, including the Sexual Harassment Policy and the Ethical Standards of Business Conduct and Conflict of Interest Disclosure Policy, and that they will support the philosophy of Providence Health & Services which recognizes of the human person and the worth of the individual. These principles and philosophy are stated in the Bylaws of Saint John's Health Center which are available from the Chief Executive Officer. All members of the medical staff are required to abide by the terms of the Notice of Privacy Practices prepared and distributed to patients as required by the deferral patient privacy regulations. All members agree that they will abide by all Federal and State Laws and Regulations.
- b. Initial appointments and reappointments to the Medical Staff, resignations, and administrative terminations shall be approved by the Board of Directors. The Board of Directors shall act on appointments, reappointments, revocation of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws, provided that in the event of delay on the part of the Medical Staff, the Board of Directors may act without such recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualifications obtained from reliable sources.
- c. Appointments and reappointments shall be made for a period of not more than two years. The Medical Executive Committee shall have the authority to establish policies and procedures defining the manner in which appointments and reappointments are staggered within the two year constraint.
- d. Appointments or reappointments to the Medical Staff shall confer on the appointee only such clinical privileges as are specified in the notice of appointment or reappointment respectively, in accordance with these Bylaws.
- e. Every application for staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgement of every Medical Staff member's obligation to provide continuous care and supervision of their patients, to abide by the Medical Staff Bylaws, Rules and Regulations, to accept committee assignments, to accept consultation assignments, and to participate in staffing the outpatient and special care units or services, to complete medical records in a timely fashion (as set forth in the Rules and Regulations), to notify the Medical Staff Services Department of any professional liability settlements and judgments within 30 days, to notify the Medical Staff Services Department of all formal investigations and/or disciplinary actions taken against their medical license or by another health center within seven days of notification, to notify the Medical Staff Services Department of any proposed or actual exclusion of the member from any health care program funded, in whole or in part, by the Federal government within seven days of notification, and to notify the Medical Staff Services Department of any felony charge filed or conviction obtained within seven days of filing or conviction, respectively.
- f. A physician, dentist, or podiatrist, other than the Chief Medical Officer, employed by the Health Center in a purely administrative capacity with no clinical duties or privileges, is subject to the regular personnel policies of the Health Center and to the terms of their contract or other conditions of employment, and need not be a member of the Medical Staff.
- g. A medico-administrative officer, i.e., a physician, dentist, podiatrist, with administrative and clinical responsibilities, or physician, dentist, or podiatrist who contracts with the Health Center to provide clinical services, must be a member of the Medical Staff. Their clinical privileges must be delineated in accordance with these Bylaws. The Medical Staff membership and clinical privileges of any medico-administrative officer shall not be terminated without due process as provided in these Bylaws, unless otherwise provided in their contract.



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- h. Coverage of the Emergency Department on a rotational basis is an obligation which may be imposed by each of the Departments. Service in this coverage is at the discretion of the Health Center and is not a clinical privilege or right of membership on the Medical Staff.
- i. Compliance with the Emergency Medical Treatment and Active Labor Act ("EMTALA") including, but not limited to, the requirement that physician who are providing on-call coverage for the Emergency Department must come to the Health Center, if so requested, within a reasonable time following initial contact by the Emergency Department and providing any necessary stabilizing treatment to patients regardless of the patient's ability to pay.
- j. A medical history and physical examination must be completed and documented by a physician, an oral and maxillofacial surgeon or other qualified licensed individual in accordance with state law and the Medical Staff and Health Center Bylaws, Rules and Regulations, and policies, no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.
- i. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.
- k. Members of the Medical Staff must obtain, continuously maintain, and provide to the Medical Staff Services Department, including any changes thereto, accept receipt and regularly check an email address/account for the purpose of receiving notices and communications approved for dissemination to Members of the Medical Staff by the Chief Medical Officer or Chief Executive Officer or their designees.
- l. Members of the Medical Staff are expected to adhere to the Medical Staff Standards of Conduct including, but not limited to, the following:
  - i. General
    1. It is the policy of the Medical Staff to require that its members fulfill their Medical Staff obligations in a manner that is within generally accepted bounds of professional interaction and behavior. The Medical Staff is committed to supporting a culture and environment that values integrity, honesty, and fair dealing with each other, and to promoting a caring environment for patients, practitioners, employees, and visitors.
    2. Rude, combative, obstreperous behavior, as well as willful refusal to communicate or comply with reasonable rules of the Medical Staff and the Health Center may be found to be disruptive behavior. It is specifically recognized that patient care and Health Center operations can be adversely affected whenever any of the foregoing events occurs with respect to interactions at any level of the Health Center, in that all personnel play an important part in the ultimate mission of delivering quality patient care.
    3. In assessing whether particular circumstances in fact are affecting quality patient care or Health Center operations, the assessment need not be limited to care of specific patients, or to direct impact on patient health. Rather, it is understood that quality patient care embraces – in addition to medical outcome – matters such as timeliness of services, appropriateness of services, timely and thorough communications with patients, their families, and their insurers (or third party payors) as necessary to effect payment for care, and general patient satisfaction with the services rendered and the individuals involved in rendering those services.

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4. In instances where caregivers and providers have concerns regarding management of Health Center patients by a member that may place a patient at risk, that caregiver or provider shall use the **acronym CUS (Concern, Uncomfortable, Stop)**. The freedom to utilize CUS without concern for retribution or retaliation creates safest patient environment and eliminates tendency towards hierarchical culture. When care concerns cannot be resolved using CUS, the Chain of Command (hospital policy) shall be utilized for resolution.
- ii. Conduct Guidelines
1. Upon receiving Medical Staff membership and/r privileges at the Health Center, the member enters a common goal with all members of the organization to endeavor to maintain the quality of patient care and appropriate professional conduct.
  2. Members of the Medical Staff are expected to behave in a professional manner at all times and with all people – patients, professional peers, Health Center staff, visitors, and others in and affiliated with the Health Center.
  3. Interactions with all persons shall be conducted with courtesy, respect, civility, and dignity. Members of the Medical Staff shall be cooperative and respectful in their dealings with other persons in and affiliated with the Health Center.
  4. Complaints and disagreements shall be aired constructively, in a non-demeaning manner and through official channels.
  5. Cooperation and adherence to the reasonable Rules of the Health Center and the Medical Staff is required.
  6. Members of the Medical Staff shall not engage in conduct that is offensive or disruptive, whether it is written oral, or behavioral.
- m. Members of the Medical Staff must provide current and updated Conflict of Interest Disclosure forms.

### Section 4: Dues

- a. All Medical Staff members, except members of the Honorary and Retired staffs, unless specified otherwise herein, may be assessed and be liable for dues annually, at rates determined by the Medical Executive Committee.

### Section 5: Leave of Absence

- a. At the recommendation and discretion of the Medical Executive Committee and upon approval of the Board of Directors, a member may obtain a voluntary leave of absence upon submitting a written request to the Medical Executive Committee stating the reason and approximate period of leave desired, which may not exceed one year. If requested by the member, recommended by the Medical Executive Committee and approved by the Board of Directors, such leave may be extended for up to an additional two one-year periods. A request for an extension will be evaluated on an individual basis by members of the clinical department. During the period(s) of leave, the member shall not exercise clinical privileges and membership rights and responsibilities shall be inactive. The physician shall be obligated to pay Medical Staff dues in the full amount, unless specifically waived by the Medical Executive Committee, maintain appropriate professional liability insurance coverage and submit a complete application for reappointment to the Medical Staff prior to the due date.

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- b. At least 30 days prior to the termination of the leave of absence, or at any earlier time, the member may request reinstatement of privileges by submitted a written notice to that effect to the Medical Executive Committee. The member shall submit a summary of relevant activities during the leave, if the Medical Executive Committee so requests. The Medical Executive Committee shall make a recommendation concerning the reinstatement of the Medical Staff member's privileges, and the procedures for reappointment as set forth in Article VI.
- c. Failure without good cause, to request reinstatement shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of membership and privileges. A member whose membership is automatically terminated shall be entitled to the procedural rights provided in Article X for the sole purpose of determining whether the failure to request reinstatement was unintentional and/or excusable. A request for Medical Staff membership subsequently receive by a member so terminated shall be submitted and processed in the manner specified for applications for initial appointments.

### **Article IV: Categories of the Medical Staff**

#### **Section 1: The Medical Staff**

The Medical Staff shall be divided into Active, Associate, Provisional, Consulting, Telehealth, Affiliate, Fellowship, Honorary and Retired staffs. The Departmental Committees will make recommendations to the Medical Executive Committee in regard to criteria and determination of staff category for members of their Department. The Medical Executive Committee shall have the authority to establish policies and procedures relating to the determination of staff category for members.

#### **Section 2: The Active Staff**

The Active Staff shall consist of members who regularly admit or treat patients at the Health Center, who participate significantly in clinical or Medical Staff activities at Providence Saint John's Health Center and who must be available to respond to their Health Center patient's needs in a timely and appropriate manner. They shall assume all the functions and responsibilities of membership in the Active Staff, including, where appropriate, emergency and outpatient care and consultation assignments. Members of the Active Staff shall be appointed to a specific department, shall be eligible to vote, to hold office, to serve on Medical Staff Committees and shall be required to pay Medical Staff dues. They shall be expected to accept duties assigned by the President of the Medical Staff and to attend Medical Staff meetings, as set forth in Article XV of these Bylaws. Members of the Active Staff are required to demonstrate proficiency related to the Health Center's electronic health record system.

#### **Section 3: The Associate Staff**

The Associate Staff shall consist of members who have some clinical activity at the Health Center, who do not meet the criteria for Active Staff membership, and who must be available to respond to their Health Center patient's needs in a timely and appropriate manner. Associate Staff members shall be appointed to a specific department but shall not be eligible to vote or hold office in this Medical Staff organization. Associate Staff members shall be eligible to and expected to serve on committees, except the Medical Executive Committee, and they may vote on matters before such committees. They shall be required to pay Medical Staff dues and expected to accept duties assigned by the President of the Medical Staff. Members of the Associate Staff are required to demonstrate proficiency related to the Health Center's electronic health record system.

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## Section 4: The Provisional Staff

The Provisional Staff shall consist of members who are newly appointed to the Medical Staff and who must be available to respond to their Health Center patient's needs in a timely and appropriate manner. Ordinarily, members are initially appointed to the Provisional Staff and serve in that category for not less than six months nor more than two full years, during which they must demonstrate satisfactory clinical activity. If, at the time of reappointment, a Provisional Staff member is placed on a conditional status for any reason, then their appointment to the Provisional Staff may be extended for a period not to exceed one year at the sole discretion of the Board of Directors upon recommendation from the Medical Executive Committee. The chair of the Department to which the Provisional Staff member is appointed, or the chair's designee (a Medical Staff member of the Department) serves as proctor for each Provisional Staff member (Refer to Proctoring Policy). The proctor provides guidance and counsel to the Provisional Staff member regarding Medical Staff and Health Center standards and affairs, and assesses the performance of the Provisional Staff member for the Departmental chair. Provisional Staff membership is a probationary status, and certain clinical privileges may be restricted. Provisional Staff members shall be appointed to a specific department, but they shall not be eligible to vote or hold office in this Medical Staff organization. Provisional members shall be eligible and expected to serve on committees, except the Executive and Departmental committees. They shall be required to pay Medical Staff dues and expected to accept duties assigned by the President of the Medical Staff and to attend Medical Staff meetings as set forth in Article XV of these Bylaws. Members of the Provisional Staff are required to demonstrate proficiency related to the Health Center's electronic health record system.

## Section 5: The Consulting Staff

The Consulting Staff shall consist of members who act at Providence Saint John's Health Center only as consultants within their fields of special clinical competency by exercising only those clinical privileges that have been granted by the Board of Directors. They shall be considered for appointment or reappointment only by written invitation of the Medical Executive Committee upon a determination by the Medical Executive Committee of a special need for their services to be available to patients of the Health Center. Consulting Staff status may be administratively terminated by the Medical Executive Committee based upon a determination that such special need no longer exists. Upon such a termination or denial of reappointment, a Consulting Staff Member may be invited to apply for Provisional Staff Status on the Medical Staff if the member has the appropriate qualifications. Such termination or denial of reappointment shall not provide the member with any rights pursuant to Article X of these Bylaws. The Consulting Staff shall be appointed to a specific Department. They shall not admit patients or serve as attending physicians for patients in Providence Saint John's Health Center. Consulting Staff members shall not be eligible to vote or hold office in this Medical Staff organization, but they shall be eligible to serve on committees, and to vote on matters before committees to which they have been appointed. They shall not be required to attend Medical Staff meetings or pay medical staff dues unless they are subject to medical record suspension fines, in which case they shall be required to pay the full amount of medical staff fines assessed. Members of the Consulting Staff are required to demonstrate proficiency related to the Health Center's electronic health record system.

## Section 6: The Honorary Staff

Upon invitation by the Medical Executive Committee in appreciation for outstanding and significant services to the Health Center or Medical Community, the Honorary Staff shall consist of physicians, dentists, and podiatrists who do not practice at the Health Center but are deemed deserving of membership by virtue of their outstanding reputation, noteworthy contributions to the health and medical sciences, or their previous longstanding service to the Health Center, and who continue to exemplify high standards of professional and ethical conduct. Honorary Staff members are not eligible to admit patients to the Health Center or to exercise clinical privileges in the Health Center, or to vote or

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hold office in the Medical Staff organization, but they may serve upon committees except the Medical Executive Committee and Departmental committees with or without vote at the discretion of the Medical Executive Committee. They may attend educational programs.

### **Section 7: The Retired Staff**

The Retired Staff shall consist of members who have retired from active practice and, at the time of their retirement, were members in good standing of the Medical Staff, and who continue to adhere to appropriate professional and ethical standards. Retired Staff members are not eligible to admit patients to the Health Center or to exercise clinical privileges in the Health Center, or to vote or hold office in this Medical Staff organization, but they may serve on committees except the Medical Executive Committee and Departmental committees with or without vote at the discretion of the Medical Executive Committee. They may attend educational programs.

### **Section 8: The Fellowship Staff**

The Fellowship Staff shall consist of members who are fellows accepted to and active in a fellowship program approved by Providence Saint John's Health Center, and who can respond to their Health Center patient's needs in a timely and appropriate manner. Fellowship staff members shall be assigned to a specific Department, but shall not be eligible to vote or hold office in this Medical Staff organization. They shall not serve as attending physicians or primary surgeons for patients at Providence Saint John's Health Center. They shall not be required to pay medical staff dues. Fellowship staff membership ends with termination of their affiliation with such fellowship program. Members of the Fellowship Staff are required to demonstrate proficiency related to the Health Center's electronic health record system.

### **Section 9: The Telehealth Staff**

The Telehealth Staff shall consist of members who are contracted or sub-contracted with the Health Center to provide telehealth services, who shall act at the Health Center only through electronic means. They shall not admit patients or serve as attending physicians for patients at Providence Saint John's Health Center. Members of the Telehealth Staff shall be appointed to a specific department, undergo the credentialing process per Article VI of these Bylaws, shall not be eligible to vote or hold office in this Medical Staff and shall not be eligible to serve on committees or vote on matters. They shall be required to pay Medical Staff dues. They shall not be required to attend Medical Staff meetings.

### **Section 10: The Affiliate Staff**

The Affiliate Staff shall consist of members who do not admit, write orders, or perform procedures, but who may submit history and physical examinations and consultation reports. They will have access to the medical record on a read-only basis. Members who do not meet the criteria for Active, Associate, or Provisional Staff may be placed into this category. Members of the Affiliate Staff shall be appointed to a specific Department, shall not be eligible to vote or hold office, but may serve on committees, except the Medical Executive Committee, without vote, at the discretion of the Medical Executive Committee. They shall be required to pay Medical Staff dues. They shall be expected to accept duties assigned by the President of the Medical Staff and to attend Medical Staff meetings, as set forth in Article XV of these Bylaws.

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## Article V: Medical Education

### Section 1: Continuing Medical Education

Continuing Medical Education is important in maintaining and improving the quality of patient care. The Medical Staff and Providence Saint John's Health Center are committed to continuing medical education to demonstrate their dedication to providing high quality medical care. Demonstrated educational needs and/or opportunities to improve care are identified through quality assessment activities and are referred to the appropriate committee of the Medical Staff for program planning, as established by the Medical Executive Committee. Continuing medical education activities shall conform to the California Medical Association's requirements and those requirements set forth by Federal and State Agencies.

### Section 2: Post-Graduate Education

#### a. Fellowships

- i. All proposed fellowships shall be approved by the Medical Executive Committee and by the Board of Directors of the Health Center.
- ii. All approved fellowships shall have a designated Program Director who shall be an Active or Associate member of the Medical Staff and who is designated by the Medical Executive Committee. The Program Director shall be responsible for the conduct of the program and the fellows and shall be subject to the ongoing approval of the Medical Executive Committee.
- iii. All approved fellowships must include a contractual agreement between the fellow and the sponsoring entity prohibiting the fellow(s) from independent receipt of patient referrals and from independent admitting/attending privileges.

#### b. Residents

- i. Resident affiliations at Providence Saint John's Health Center must be approved by the chair of the academic department in which the resident is currently enrolled, and the Medical Executive Committee.
- ii. Residents may be approved to provide specific supervised clinical services as established and approved by the Medical Executive Committee based upon recommendations of the appropriate Departmental committee.
- iii. Such clinical service shall be under the supervision of an Active or Associate member of the Medical Staff and who has been approved by the Medical Executive Committee or its designee to supervise the training of such residents.

#### c. Medical Students

Medical students, affiliated with a program approved by the Medical Education Committee, may be authorized by the Chief Medical Officer to have limited clinical contact or access to clinical information. Medical students shall not participate in patient care, but shall be allowed to observe only, in the attendance of designated members of our Medical Staff.

## Article VI: Procedure for Appointment and Reappointment

### Section 1: Application for Appointment

- a. All application for appointment to the Medical Staff shall be in writing, shall be signed by the applicant, and shall be submitted on a form prescribed by the Chief Executive Officer or a designee after consultation with the Medical Executive Committee.

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- b. The application shall include detailed information concerning the applicant, including but not limited to the following:
  - i. names and locations of institutions where the applicant received education and training, and the nature and dates of such activities;
  - ii. locations and dates of all current and previous clinical practice and health center appointments;
  - iii. references from individuals who have been determined to be acceptable to our Medical Staff;
  - iv. details concerning any completed or pending disciplinary or legal investigations, reviews, or actions involving or affecting the applicant's professional status or activities, including, but not limited to:
    - 1. criminal charges or convictions (The Health Center retains the option of performing a criminal background check);
    - 2. voluntary or involuntary resignation while under or in anticipation of investigation, revocation, suspension, or reduction of clinical privileges or membership by any health center, medical group, or society;
    - 3. revocation, suspension, or limitation of the applicant's license to practice their profession, or of their Federal drug registration;
    - 4. professional review organization sanction;
    - 5. Medicare Program or Office of the Inspector General of the Department of Health and Human Services investigation or sanction; or any proposed or actual exclusion from any health care program, funded, in whole or in part, by the Federal government.
    - v. professional liability insurance coverage and any awards, settlements, or claims related to professional liability;
    - vi. status and verification of board qualification or certification;
    - vii. current and all past professional license(s), and if applicable, current DEA registration;
    - viii. continuing medical education activities completed;
    - ix. adequacy of the physical and mental health status of the applicant to safely and competently exercise the clinical privileges requested;
    - x. positive identity documentation, for example, a photocopy of a current, valid government-issued identification document containing a recent passport-style photograph of the applicant and the applicant's signature;
    - xi. any other information deemed appropriate.
- c. The application shall require the applicant's acknowledgment that they have received access to the Medical Staff Bylaws, Rules and Regulations, consent to third parties for the Medical Staff to review their records, and a pledge:
  - i. to maintain an ethical practice;
  - ii. to refrain from fee splitting;
  - iii. to provide for continuous care of their patients; and,
  - iv. to abide by applicable Health Center and Medical Staff Bylaws, Rules and Regulations, and policies and procedures.
- d. Pursuant to the requirements of Section 805.5 of the Business and Professions Code, the Medical Staff shall immediately request, from the agency that issues the applicant's license, a copy of any report that has been made with respect to the applicant under Section 805 of the California Business and Professions Code. The applicant's request for staff appointment is not complete and will not be acted on by any Medical Staff committee until such agency's response has been received by the Medical Staff.
- e. The applicant shall have the burden of producing adequate information for a proper evaluation of the applicant's identity, competence, training, experience, judgment, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.

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- f. The application shall be submitted to the Medical Staff Services Department. The application may be considered complete when all the requirements detailed above in this article have been met and appropriate reference letters and verifications have been completed and received. The completed application form and other pertinent materials are reviewed by the Clinical Departmental Committee and a recommendation is forwarded to the Credentials Committee for evaluation of the applicant's credentials.
- g. By applying for appointment to the Medical Staff, each applicant thereby signifies willingness to appear for interviews in regard to their application, authorizes the Health Center to consult with members of other health centers with which the applicant has been associated and with others who may have information bearing in their competence, character, and ethical qualifications, consents to the Health Center's inspection of all records and documents that may be material to an evaluation of their professional qualifications and competency to carry out the clinical privileges they request as well as of their moral and ethical qualifications for staff membership, releases from liability the Health Center, all its representatives and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating the applicant and their credentials, and releases from liability all individuals and organizations who provide information to the Health Center in good faith and without malice in connection with evaluating the applicant's competence, ethics, character, and other qualifications for staff appointment and clinical privileges.
- h. The application form shall include a statement that the applicant agrees to be bound by the applicable terms of the Health Center and the Medical Staff Bylaws, Rules and Regulations, if granted membership and/or clinical privileges and in all matters relating to consideration of their application.
- i. No application shall be processed until the applicant remits the required non-refundable application fee. The Medical Executive Committee determines the amount of this fee.
- j. Applications are considered incomplete until sufficient information has been obtained to the satisfaction of the Departmental Committee, Credentials Committee, and the Medical Executive Committee.
- k. The provisions of this Section 1 may be waived or modified as the Medical Executive Committee deems appropriate for telehealth applicants subject to the credentialing process found in Article VI, Section 4.

### Section 2: Appointment Process

- a. All applications for appointment shall be referred to the committee of the Department in which the applicant seeks privileges. The Departmental committee to which an application is referred shall review applications in a timely manner, not to exceed three months, and shall provide the Credentials Committee with a written report and its recommendations as to staff appointment for each applicant.
- b. Within three months after receipt of the completed applications for membership from the Department committee, the Credentials Committee shall complete its investigations, and make a written report to the Medical Executive Committee. Prior to making this report, the Committee shall examine the character, professional competence, qualifications, and ethical standing of the application and shall determine, through references given by the applicant and from other sources available to it, including the report from the department in which privileges are sought, whether the applicant has established the necessary qualifications for the category of staff membership and clinical privileges as requested.



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- c. In evaluating the application, the Credentials Committee shall consider the applicant's proposed use of the Health Center facilities and their primary area of practice. The Committee shall also consider any policy approved by the Board of Directors regarding the needs of the Health Center in relation to the availability of beds and services, and the balance of the Medical Staff and also the needs of the community. The Committee's report when completed shall be forwarded to the Medical Executive Committee, together with the completed application and a recommendation that the applicant be either appointed to the Medical Staff or rejected for Medical Staff membership, or that the application be deferred for further consideration. If the Credentials Committee recommends appointment to the Medical Staff, they shall further recommend the Medical Staff category and privileges that might be granted to the applicant.
- d. At its next regular meeting, after receipt of the application and the report and recommendations of the Credentials Committee, the Medical Executive Committee shall determine whether to recommend to the Board of Directors that the applicant be appointed to the Medical Staff, that the applicant be rejected for Medical Staff membership, or that the application be deferred for further consideration. All recommendations to appoint must specifically recommend the staff category and the clinical privileges to be granted, which may be qualified by probationary conditions relating to such clinical privileges. Prior to making its recommendation to the Board of Directors, for probable cause, the Medical Executive Committee may require the applicant to submit to, and authorize release to the Medical Executive Committee, a medical or psychological examination. This examination is to be performed by a practitioner who is mutually accepted by the Medical Executive Committee and the applicant in order to enable the Committee to resolve any doubt regarding the applicant's qualifications for membership. Failure of an applicant to abide by such a requirement shall be deemed a failure by the applicant to carry the burden of producing adequate information for proper evaluation of the applicant's qualifications.
- e. When the recommendation of the Medical Executive Committee is to defer the application for further consideration, it must be followed up within three months with a subsequent recommendation for appointment with specified clinical privileges, or for rejection for staff membership.
- f. When the recommendation of the Medical Executive Committee is favorable to the applicant, the Medical Staff President shall promptly forward the application with all supporting documentation and recommendations to the Board of Directors.
- g. When the recommendation of the Medical Executive Committee is adverse to the applicant, either in respect to appointment or clinical privileges, the Chief Executive Officer shall promptly so notify the applicant by special notice. No such adverse recommendation shall be forwarded to the Board of Directors until after the applicant has exercised or has been deemed to have waived the right to a hearing provided for in Article X of these Bylaws.
- h. At its next regular meeting after receipt of a favorable recommendation, the Board of Directors or its Medical Executive Committee shall act on the matter. If the decision of the Board of Directors is adverse to the applicant in respect to either appointment or clinical privileges, the Chief Executive Officer shall promptly notify the applicant of such adverse decision, including the basis or reason thereof, by special notice, and such adverse decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived rights under Article X of these Bylaws.
- i. Except as otherwise provided in Article X, Section 8, at its next regular meeting after all the applicant's rights under Article X have been exhausted or waived, the Board of Directors or its Medical Executive Committee shall act in the matter. The decision of the Board of Directors with respect to appointment, rejection and clinical privileges shall be final, except that the Board of Directors may defer action by referring the matter to the Joint Conference Committee. Any such referral back shall state the reasons therefore, shall set a time limit within which a subsequent

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recommendation to the Board of Directors shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. At its next regular meeting after receipt of such subsequent recommendation, and new documentation in the matter, if any, the Board of Directors shall make a decision either to appoint the applicant to the staff or to reject the applicant for staff membership. All decisions to appoint shall include a delineation of the clinical privileges which the applicant may exercise.

- j. When the decision of the Board of Directors is final, it shall send special notice of such decision through the Chief Executive Officer to the President of the Medical Staff, and the applicant.
- k. Following denial of a prior application or non-administrative termination from the Medical Staff, reapplications for appointment to the Medical Staff shall not be accepted nor considered unless the applicant has been invited by the Medical Executive Committee to submit an application.

### Section 3: Reappointment Process

- a. All applications for reappointment shall be referred to the committee of the Department to which the member is assigned. Each Departmental committee reviews reappointment applications at least quarterly and provides the Credentials Committee with a written report and its recommendations regarding reappointments for each applicant. At least 30 days prior to the final expiration of each member's appointment, the Credentials Committee shall complete its review of all pertinent information available on each member scheduled for periodic appraisal, for the purpose of determining its recommendations for reappointments to the Medical Staff, and for delineation and granting of clinical privileges for the ensuing period. In conducting its review, the Credentials Committee shall file a request, pursuant to Section 805.5 of the California Business and Professions Code, for a copy of any report that has been made with respect to the member under consideration for reappointment, in accordance with Article VI, Section 1 "d." hereinabove.
- b. Each recommendation concerning the reappointment of a member and the clinical privileges and staff category to be granted upon reappointment shall be based upon that member's professional competence and clinical judgment in the treatment of patients, ethics and conduct, physical and mental health status as being satisfactory to safely and competently exercise the clinical privileges requested, attendance at Medical Staff meetings and participation in staff affairs, documented evidence of continuing medical education, compliance with Medical Staff Bylaws, Rules and Regulations, cooperation with Health Center personnel, use of the Health Center's facilities for their patients, relations with other practitioners and general attitude toward patients, the Health Center, and the public. There must also be an assessment of the member's clinical competence and quality of care based on peer review information and clinical data. Each clinical department must define the level of clinical activity necessary to maintain clinical privileges for each staff category within each specialty/subspecialty, subject to approval by the Medical Executive Committee.
- c. At least 15 days prior to the expiration of a member's appointment, the Credentials Committee shall make written recommendations to the Medical Executive Committee concerning the reappointment or non-reappointment of the member including any changes in staff category or clinical privileges to be granted the member for the ensuing period. Where non-reappointment or a decrease in staff category or clinical privileges is recommended, the reason for such recommendation shall be stated and documented. At the time of reappointment, the primary health care institution of each member will be queried to help assess the member's quality of patient care.

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- d. At least ten days prior to the expiration of a member's appointment, the Medical Executive Committee shall make written recommendations to the Board of Directors through the Medical Staff President, concerning the reappointment or non-reappointment of the member including changes in staff category or clinical privileges to be granted to the member for the ensuing period. Prior to making its recommendation to the Board of Directors, for cause, the Medical Executive Committee may require the applicant to submit to, and authorize release to the Medical Executive Committee, of a medical or psychological examination. This examination is to be performed by an appropriate practitioner who is mutually accepted by the Medical Executive Committee and the applicant in order to enable the Committee to resolve any doubt regarding the applicant's qualifications for continued membership. Failure of an applicant to abide by such a requirement shall trigger the Corrective Action Process pursuant to Article IX of these Medical Staff Bylaws. Where non-reappointment or a decrease in staff category or clinical privileges is recommended, the reasons for such recommendation shall be stated.
- e. Thereafter, the procedure provided in Section 2, subsections h, i, j, and k of this Article VI, relating to the recommendations of applications for initial appointment, shall be followed.
- f. In acting on matters of reappointment the Health Center, all its representatives, and its Medical Staff, shall be acting pursuant to the same rights, privileges, immunities and authority as are provided for in Section 1, Article VI, of these Bylaws.
- g. Members who have been administratively terminated or resign in anticipation of administrative termination from the Medical Staff for failure to submit an application for reappointment in a timely manner, failure to correct a previous probation or condition, or failure to pay medical staff dues must wait a minimum of 24 months before submitting another application for Medical Staff membership, absent a finding of special circumstances by the Medical Executive Committee.

### Section 4: Telehealth Privileges

- a. Notwithstanding Sections 1, 2, and 3 of Article VI, or any other credentialing and privileging provisions in these Bylaws and other Governing Documents, the Medical Staff and Governing Body may use any one of the following processes to evaluate and grant membership and/or privileges, or reappointment, to an applicant who practices only telehealth privileges at the Hospital.
  - i. The application may be processed in the manner described above in Article VI, Sections 1, 2, and 3; or, if an APP, as below in Article VII.
  - ii. The Medical Staff may make its recommendation relying upon information provided by a distant-site hospital(s) at which the applicant is a member of the Medical Staff and has clinical privileges, or a distant-site entity providing telemedicine services with which the applicant is affiliated, in accordance with a written agreement with such hospital or entity, in order to make a credentialing decision based upon this Health Center's standards. The distant site hospital or entity must be a Joint Commission-accredited organization or a Medicare-participating organization, and the applicant must be licensed to practice in California. This process may be used only if: (a) the written agreement complies with the requirements detailed in 42 C.F.R. Sections 482.22(a)(3) or (a)(4) and Sections 482.12(a)(8) or (a)(9), and applicable accreditation standards; (b) the applicant is privileged at the distant site for those services to be provided to the Health Center; (c) the distant site provides the Health Center with a current list of the applicant's privileges; and (d) once granted privileges, the Health Center performs an internal review of the provider's performance of these privileges and sends to the distant site information that is useful to assess the provider's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse events and all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the

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telemedicine services provided by the distant-site provider to the Health Center's patients and all complaints the Health Center has received about the distant-site provider; or

- iii. The Medical Staff may make its recommendation relying on the credentialing and clinical privileging decisions made by a distant-site hospital(s) at which the applicant is a member of the Medical Staff and has clinical privileges or the decisions by a distant-site entity providing telemedicine services with which the applicant is affiliated, in accordance with a written agreement with such hospital or entity. The distant site hospital or entity must be a Joint Commission–accredited or a Medicare-participating organization, and the applicant must be licensed to practice in California. This process may be used only if: (a) the written agreement complies with the requirements detailed in 42 C.F.R. Sections 482.22(a)(3) or (a)(4) and Sections 482.12(a)(8) or (a)(9), and applicable accreditation standards; (b) the applicant is privileged at the distant site for those services to be provided to the Health Center; (c) the distant site provides the Health Center with a current list of the applicant's privileges; and (d) once granted privileges, the Health Center performs an internal review of the provider's performance of these privileges and sends to the distant site information that is useful to assess the provider's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse events and all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided by the distant-site provider to the Health Center's patients and all complaints the Health Center has received about the distant-site provider.
- b. In addition to the conditions described in Subsections (a)(ii) and a(iii) above, the distant-site hospital or distant-site entity must provide to the Medical Staff requested peer review information regarding the provider. The failure to do so may result in the provider being ineligible to be credentialed and privileged through the processes described in Subsections (a)(ii) and (a)(iii) above.
- c. Regardless of the distant-site hospital or distant-site entity meeting the conditions within Article VI, subsections (a)(ii) and (a)(iii), the credentialing processes in subsections (a)(ii) and (a)(iii) may be used only if the Medical Executive Committee has, in its discretion, approved their use with regard to the specific distant-site hospital or distant-site entity from which the applicant is applying.
- d. If the applicant applies for privileges that exceed those Telemedicine privileges that he or she has at the distant-site hospital or the distant-site entity, the application for those privileges must proceed through the same privileging and credentialing process applicable to non-Telemedicine Staff applicants.
- e. Regardless of which manner of credentialing the Health Center uses for Telehealth providers, it shall independently query the National Practitioner Data Bank, the provider's licensing board, and the Office of Inspector General for all applicants for Telemedicine Privileges.

## Article VII: Advanced Practice Providers

### Section 1: Introduction

Advanced Practice Providers are persons:

- a. who are practitioners, other than physicians, dentists, and podiatrists, who have specialized training, experience, and competency qualifying them to provide limited or specialized clinical services to patients, and who have not been excluded from any health care program funded, in whole or in part, by the Federal government, and;

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- b. who have been granted privileges to provide such limited services for patients of Providence Saint John's Health Center.

### Section 2: Categories of Advanced Practice Provider (APP)

- a. The Board of Directors, with the recommendation of the Medical Executive Committee will decide which type of APP will be assigned to which category.
- b. Independent APP are practitioners such as clinical psychologists who may provide services to patients without the supervision of a physician.
- c. Dependent APP practitioners are certified nurse midwives, nurse practitioners, acupuncturists, registered nurse first assistants, and physician assistants, who provide services to patients only under the supervision of a designated physician.

### Section 3: APP Privileges

- a. Application for Privileges
  - i. All application for privileges shall be in writing, shall be signed by the applicant, and shall be submitted on a prescribed form.
    - 1. Licensed Dependent Advanced Practice Providers are not eligible to request privileges which are not held by their supervising physicians, except under special circumstances as determined on a case-by-case basis by the Medical Executive Committee at its sole discretion.
  - ii. The application for privileges shall include:
    - 1. documentation of training and experience and appropriate references and releases;
    - 2. documentation of appropriate unencumbered, unsuspended, unrestricted, non-probationary license by the State of California to practice within their requested APP specialty or certification as required by law or regulation;
    - 3. evidence of required professional liability insurance coverage for the scope of clinical privileges requested, which meets or exceeds the minimal level required by the Board of Directors and is issued by a carrier approved by the Board of Directors;
    - 4. agreement to comply with applicable provisions of Medical Staff and Health Center Bylaws, Rules and Regulations, and Policies and Procedures;
    - 5. acknowledgment that granting of privileges does not create rights of membership such as those outlined in Article VIII of the Medical Staff Bylaws, and that privileges may be suspended or terminated by the President of the Medical Staff, the Chief Medical Officer, as set forth in Article VII, Section 3, subsection b, paragraph c, subparagraph i.
- b. Credentialing Process
  - i. For Independent APPs, the credentialing process is similar to the appointment process for Medical Staff appointment (Article VI, Section 2).
  - ii. For Dependent APPs, the credentialing process is similar to the appointment process for Medical Staff appointment (Article VI, Section 2).
- c. Advanced Practice Providers, except clinical psychologists, shall have no rights to a hearing or appellate review pursuant to Article X based on the denial of an application for privileges or any limitation or removal thereof. Instead, Advanced Practice Providers suspended or terminated pursuant to Article VII, Section 3, subsection a, paragraph b, subparagraph v shall be entitled to the following fair hearing and appellate procedures:

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- i. A practitioner who is suspended or terminated under Article VII, Section 3, subsection a, paragraph b, subparagraph v shall be provided with written notice by the individual taking such action of such suspension or termination. Upon a written request made within ten days, the practitioner shall be provided with a notice which shall include a concise description of the acts or omissions or other reasons which form the basis for the adverse action, and a notice and description of the practitioner's right to request a hearing and appellate review. A failure of the practitioner to request a hearing to which such practitioner is entitled by these Bylaws within the time frame and in the manner herein provided shall be deemed to be a waiver of the practitioner's right to such hearing and to any appellate review and an acceptance of the adverse decision.
  - ii. A practitioner's request for a hearing must be received in writing by the individual who suspended or terminated the practitioner, either the President of the Medical Staff or the Chief Medical Officer (the "Representative"), within ten days of the practitioner's receipt of the notice of the adverse action. The request must include the practitioner's written response to the basis of the adverse action, if any, including any documentation in support thereof that the practitioner would like to be considered in the hearing.
  - iii. Within 15 days of the Representative's receipt of the practitioner's request, the Representative shall send the practitioner a notice of hearing which shall include the time, place, and date of the meeting (which shall be no more than 30 days from the Representative's receipt of the practitioner's request for a hearing) and the nature of the discussions to take place at such a hearing. The hearing shall take place at the Health Center and shall be comprised of the Representative and the practitioner. The nature of the discussion shall be the basis for the suspension or termination as stated in the notice of suspension or termination, and the practitioner's response as set forth in the request for a hearing. The Representative shall consider the oral and written information provided by the practitioner, and shall render a written decision to uphold, amend, or set aside the suspension or termination, and shall provide such decision to the practitioner in writing within ten days of the hearing.
  - iv. Within ten days after the practitioner's receipt of an adverse decision, the practitioner may, by notice to the CEO, request an appellate review by held on the record on which the adverse decision was based. If such a request is not made within ten days, the practitioner shall be deemed to have waived the right to an appellate review and to have accepted the adverse decision.
  - v. The CEO shall conduct the appellate review within 30 days of the CEO's receipt of the request for appellate review. The CEO will exercise his / her independent judgment whether evidence exists to support the decision. New or additional matters not raised during the original hearing shall not be introduced at the appellate review except under unusual circumstances, and the CEO shall, in the CEO's sole discretion, determine whether such new matters shall be accepted.
  - vi. Within ten days of the conclusion of the appellate review, the CEO shall make a final decision in the matter and shall send notice thereof to the practitioner, by special notice. The CEO's decision shall be final and shall not be subject to further hearing or appellate review.
- d. Scope of Privileges:
- i. Are consistent with training, experience, demonstrated competency, and within limits of applicable licensing laws;
  - ii. Require a proctoring period and review and renewal of privileges at least every two years;
  - iii. May include appropriate consultation, examinations, performance of procedures, oral/written orders if privileged to do so and co-signed by the supervising physician within per policy; but may not include admitting or independent care privileges.

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## Section 4: Renewal of APP Privileges

Prior to the periodic expiration of privileges, each APP will be requested to reapply for continuing privileges. Recredentialing will be based on clinical competency, ethical behavior, effective and cooperative relationships with patients and staff, current licensing, current malpractice insurance, and participation at the Health Center. The recredentialing process and approval will be similar to that described in Section 3 above.

## Section 5: Prerogatives and Responsibilities

- a. To provide services as requested by a member to patients at Providence Saint John's Health Center within the scope of privileges granted.
- b. To make appropriate entries in patient's medical records to document findings, services, and recommendations within the scope of privileges granted and applicable laws and regulations.
- c. To attend educational or administrative meetings at which attendance is authorized or required by the Chair of the Clinical Department under whom the APP exercises their privileges.
- d. To pay any fees required or processing of application or review and renewal of privileges.

## Section 6: Telehealth Privileges

Notwithstanding the other provisions in this Article VII, APPs that provide only telehealth services may be privileged in a manner consistent with the processes detailed in in Sections 3 and 4 of this article, or in a manner consistent with the processes in Article VI, Section 4(a)(ii), (a)iii, (b) – (e).

# Article VIII: Clinical Privileges

## Section 1: Clinical Privileges

- a. Every practitioner practicing at the Health Center by virtue of Medical Staff membership or otherwise shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically granted by the Board of Directors, except as provided in Sections 2 and 3 of this Article VIII.
- b. Every application for staff appointment must contain a request for the clinical privileges desired by the applicant. The evaluation of such requests shall be based upon the applicant's education, training, licensure, experience, competence, ability to exercise such privileges, references and other relevant information and available data, including an appraisal by the clinical Department in which such privies are sought. The applicant shall have the burden of establishing qualifications and competence to exercise the clinical privileges requested.
- c. Initial requests for privileges shall be evaluated on the basis of the Health Center's needs and ability to support the requested privileges and assessment of the applicant's general competencies with respect to the requested privileges, as evidenced by the applicant's license, education, training, experience, demonstrated professional competence, judgment and clinical performance; (as confirmed by peers knowledgeable of the applicant's professional performance), health status, the documented results of patient care and other quality improvement review and monitoring. This may include performance of a sufficient number of procedures each year to develop and maintain the applicant's skills and knowledge and compliance with any specific criteria applicable to the

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privileges requested. Privilege determinations shall also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where an applicant exercises privileges.

- d. Granting clinical privileges during reappointment shall be based upon the direct observation of care provided, review of records of patients treated in this or other health centers, relevant information from performance improvement activities, practitioner specific data compared to aggregate, if available, and review of the records of the Medical Staff which document the evaluation of the member's participation in the delivery of medical care. Granting of these privileges may require documentation of a sufficient number of procedures performed to maintain clinical competence over the time period in question.
- e. New or increased clinical privileges shall be considered only upon the written application of the member on a form approved by the Medical Executive Committee, and such application for additional privileges shall be processed in the same manner as an initial application for Medical Staff appointment.
- f. Privileges granted to members such as dentists and podiatrists shall be based on their education, training, experience, competence, references and other relevant information. The scope and extent of these surgical procedures shall be specifically delineated and granted in the same manner as all other surgical privileges. These privileges shall be under the overall supervision of the Chair of the Department of Surgery. All such patients shall receive the same basic medical appraisal as patients admitted to other surgical services. If necessary, a physician member shall be designated by the dentist or podiatrist as co-admitting and attending physician, and shall be responsible for completing the admission general medical history and physical examination, if applicable, and for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization.

### Section 2: Temporary Appointment and Temporary Privileges

- a. Temporary Appointment
  - i. Upon receipt of an application for membership from an appropriately licensed physician, dentist or podiatrist, the Chief Executive Officer, Chief Medical Officer or designee may, upon the basis of information than available which may reasonably be relied upon as to the competence and ethical standing of the applicant, and with the concurrence of the President of the Medical Staff and the Departmental chair concerned, grant temporary appointment and appropriate clinical privileges to the applicant for a term not to exceed 120 days. In exercising such privileges, the temporary appointee shall act under the supervision of the chair of the department to which the temporary appointee is assigned.
  - ii. Special requirements of supervision and reporting may be imposed by the Departmental chair concerning any physician, dentist or podiatrist granted temporary appointment.
  - iii. Temporary appointments may be immediately terminated at any time by the Chief Executive Officer, Chief Medical Officer, or President of the Medical Staff after consultation with the appropriate Departmental chair. If the termination is effective immediately and the member has been providing care to a patient in the Health Center at that time, the Departmental chair, or, in the Chair's absence, the Chief Medical Officer or the President of the Medical Staff, shall assign a member to assume responsibility for the care of such patient(s) until discharge from the Health Center. The wishes of the patient(s) shall be considered where feasible in the selection of such substitute member.



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### b. Temporary Consultative Privileges

- i. To fulfill an important patient care, treatment, and service need, with the concurrence of the appropriate Departmental chair, the Chief Executive Officer, Chief Medical Officer, or President of the Medical Staff may grant temporary privileges for consultation involving a specific patient, to a physician, dentist, or podiatrist currently licensed to practice who is not an applicant for membership, and in accordance with the procedures approved by the Medical Staff. Prior to exercising such temporary privileges the practitioner must first sign an acknowledgement that they agree to be bound by the Health Center and Medical Staff Bylaws, Rules and Regulations, in all matters relating to his/her temporary privileges. The physician, dentist, or podiatrist shall furnish documentation per the procedures approved by the Medical Staff. Such temporary privileges shall be restricted to consultation for not more than four patients in any one year by any physician, dentist, or podiatrist.
- ii. Temporary Consultative Privileges issues to expert proctors can be issued as many times as deemed necessary by the Department Chair.

### c. Temporary Disaster Privileges

- i. In the case of a disaster in which the disaster plan has been activated and the Health Center is unable to handle the immediate patient needs, the President of the Medical Staff, or in his/her absence, the Vice-President of the Medical Staff or President-Elect, may grant disaster privileges. In the absence of the President of the Medical Staff, the Vice-President of the Medical Staff or President-Elect, the Chief Executive Officer, or the Chief Medical Officer or their designee may grant the disaster privileges consistent with this subsection. The granting of privileges under this subsection shall be on a case-by-case basis at the sole discretion of the individual authorized to grant such privileges. An initial granting of disaster privileges is reviewed by a person authorized to grant disaster privileges within 72 hours to determine whether the disaster privileges should be continued.
- ii. The verification process of the credentials and privileges of individuals who receive disaster privileges under this subsection shall be developed in advance of a disaster situation. This process shall begin as soon as the immediate disaster situation is under control, and shall meet the following requirements in order to fulfill important patient care needs:
  1. The Medical Staff identifies in writing the individual(s) responsible for granting disaster privileges.
  2. The Medical Staff describes in writing the responsibilities of the individual(s) responsible for granting disaster privileges.
  3. The Medical Staff describes in writing a mechanism to manage the activities of individuals who receive disaster privileges. There is a mechanism to allow staff to readily identify these individuals.
  4. The Medical Staff addresses the verification process as a high priority. The Medical Staff has a mechanism to ensure that the verification process of the credentials and privileges of individuals who receive disaster privileges begins as soon as the immediate situation is under control. This privileging process is identical to the process established under the Medical Staff Bylaws for granting temporary privileges to fulfill an important patient care need.
  5. Those authorized under subsection a. may grant disaster privileges upon presentation of a valid picture identification issues by a state, Federal or regulatory agency and at least one of the following:
    - a. A current picture Hospital identification card clearly identifying professional designation.
    - b. A current license to practice.
    - c. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or MRC, ESAR-VHP, or other recognized state or Federal organization or group.

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- d. Identification indicating that the individual has been granted authority by a Federal, state, or municipal entity to render patient care in disaster circumstances.
  - e. Identification by current health Center or Medical Staff member(s) with personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster.
- iii. Current professional licensure of those providing care under disaster privileges is verified from the primary source as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him/herself to the Health Center, whichever comes first. If primary source verification cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the Health Center documents will of the following:
- 1. The reason(s) verification could not be performed within 72 hours of the practitioner's arrival.
  - 2. Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services.
  - 3. Evidence of an attempt to perform primary source verification as soon as possible.
- iv. Members of the Medical Staff shall oversee those granted disaster privileges.
- d. A physician, dentist, or podiatrist shall not be entitled to the procedural rights afforded by Article X because of their inability to obtain temporary appointment or privileges or because of any termination or suspension or temporary appointment or privileges.

### Section 3: Emergency Privileges

In the case of an emergency, any physician, dentist, or podiatrist member to the degree permitted by their license and regardless of service or staff status or lack of it, shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the Health Center necessary, including the calling for any consultation necessary or desirable. When an emergency situation no longer exists, such physician, dentist, or podiatrist must request the privileges necessary to continue to treat the patient. In the event such privileges are denied or they do not desire to request privileges, the care of the patient shall be assigned to an appropriate member as described in Section 2, subsection a, paragraph c above. For the purpose of this section, an "emergency" is defined as a condition in which serious, permanent harm might result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

### Section 4: Protection from Liability

In matters relating to clinical privileges, all members and other practitioners, and all appropriate Health Care personnel, including members of the Board of Directors and Health Center management, shall be acting pursuant to the same rights, privileges, immunities, and authority as are provided for in Section 1, Article VI, of these Bylaws.

## Article IX: Corrective Action

### Section 1: Procedure

- a. Criteria for Initiation  
Whenever the activities or professional conduct of a member with clinical privileges are considered to be lower than the standards or aims of the Medical Staff, or to be disruptive to the operations of the Health Center, corrective action against such member may be requested by any officer of the Medical Staff, by the Chair of any clinical

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department, by the Chair of any standing committee of the Medical Staff, by the Chief Medical Officer, by the Chief Executive Officer, or by the Board of Directors.

b. Initiation

All requests for corrective action shall be in writing, shall be made to the Medical Executive Committee and the appropriate Department Chair, and shall be supported by reference to the specific activities or conduct constituting the grounds for the request. An investigation begins when the Medical Executive Committee authorizes the initiation of the investigation of a Medical Staff member.

c. Expedited Initial Review

i. Regardless of whether a request for corrective action has been made pursuant to Article IX, Section 1, subsection b, whenever information suggests that corrective action may be warranted, the President of the Medical Staff, Department Chair, or their designee may, on behalf of the Medical Executive Committee, immediately conduct whatever interviews or other information-gathering activities they deem reasonable. The information developed during this initial review shall be presented to the Medical Executive Committee, which shall decide whether or not to initiate a corrective active investigation or recommend corrective action.

ii. If the complaint is o harassment or discrimination that involves a patient or patient visitor, the President of the Medical Staff or his/her designee(s), together with representatives of administration, and/or an attorney for the Health Center shall conduct an initial expedited review on behalf of the Medical 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 President of the Medical Staff or his/her designee(s), and the Health Center's Vice-President of Human Resources or his/her designee(s), or by an attorney for the Health Center. The interviews of the member shall be conducted by the President of the Medical Staff or his/her designee(s), and the member shall be informed of the nature of the allegations. If the President of the Medical Staff does not conduct the review personally, he/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 Medical Executive Committee if it is determined that corrective action may be indicated against the member.

d. If the Medical Executive Committee decides to initiate a corrective action investigation or to recommend any of the corrective actions specified in Article X, Section 1, subsection a, the Medical Executive Committee shall direct the chair of Department wherein the member has such privileges, to appoint an ad hoc committee to investigate the matter and to notify by certified or hand delivered mail the member who is under investigation. This activity shall be reported to the Medical Executive Committee. If, however, the request for corrective action is predicated on cases already being reviewed in committee, the Department chair may report the activity of that committee to the Medical Executive Committee in lieu of appointing another ad hoc committee to investigate the matter.

e. Within 30 days after the Department's receipt of the request for corrective action, the Department shall make a report of its investigation to the Medical Executive Committee, unless the Medical Executive Committee, in its sole discretion, finds good cause to postpone the report. Prior to making of such report, the member against whom corrective action has been requested shall have an opportunity for an interview with the Departmental ad hoc investigating committee unless the member had the opportunity to meet with a Departmental committee. At such interview, he/she shall be informed of the specific nature of the charges against him/her, and shall be invited to discuss, explain, or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. Minutes of such interview shall be made by the Department and included with its report to the Medical Executive Committee.

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- f. Within 30 days following receipt of a report from the Department concerning an investigation of a request for corrective action, the Medical Executive Committee shall take action upon the matter, unless the Medical Executive Committee finds good cause to postpone taking action. If the corrective action could involve a reduction or suspension of clinical privileges or a suspension or expulsion from the Medical Staff, the member may request to make an appearance before the Medical Executive Committee, or the Medical Executive Committee may require such appearance, prior to its taking action on such request. This appearance shall be conducted on terms and in the manner set by the Medical Executive Committee, shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearing shall apply thereto. Minutes of such appearance shall be made by the Medical Executive Committee.
- g. The action of the Medical Executive Committee on a request for corrective action may be to reject or modify the recommendation for corrective action, to issue a warning, a letter of admonition, or a letter of reprimand, to impose terms of probation or a requirement for consultation, to recommend reduction, suspension, or revocation of clinical privileges, to recommend that an already imposed summary suspension of clinical privileges be terminated, modified, or sustained, to recommend that the member's staff membership be suspended or revoked, or to impose or recommend any other corrective action that the Medical Executive Committee determines is reasonable and warranted.
- h. Any recommendation by the Medical Executive Committee for reduction, suspension or revocation of clinical privileges, or for suspension or expulsion from the Medical Staff shall entitle the affected member to the procedural rights provided in Article X of these Bylaws if such action would result in a report to the Medical Board of California pursuant to Business and Professions Code Section 805.
- i. The President of the Medical Staff shall promptly notify the Chief Executive Officer in writing of all requests for corrective action received by the Medical Executive Committee and shall continue to keep the Chief Executive Officer fully informed of all action taken in connection therewith. After the Medical Executive Committee has made its recommendation in the matter, the procedure to be followed shall be as provided in Article IX and Article X, if applicable, of these Bylaws.

### Section 2: Summary Suspension

- a. When action must be taken immediately in the best interest of patient care in the Health Center, either of the following may suspend summarily all or any portion of the clinical privileges of a member: The President of the Medical Staff, or the Medical Executive Committee. In the event of unavailability of the above designated parties or because of the immediacy of the situation, the following may exercise the right to suspend a member: The Chief Executive Officer, the Board of Directors, or the Chief Medical Officer. Summary suspension shall become effective immediately upon imposition. If the summary suspension is imposed by the Chief Executive Officer, the Board of Directors, or the Chief Medical Officer it shall remain in effect for two working days unless continued or removed by the President of the Medical Staff or Medical Executive Committee.
- b. The Medical Executive Committee shall schedule a meeting to address the summary suspension within ten days of the suspension's imposition to determine (1) if the summary suspension was appropriate, (2) if the summary suspension should be continued, and (3) whether additional investigation or correction action may be warranted. The member shall be invited to make an appearance at that meeting, on the same terms set forth in Article IX, Section 1, subsection f. Summary suspension shall be reported to the Medical Board of California and the National Practitioner Data Bank in accordance with applicable law.

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- c. The Medical Executive Committee may recommend continuance, modification, or termination of the terms of the summary suspension.
- d. Immediately upon the imposition of a summary suspension, the President of the Medical Staff, Chief Medical Officer, or responsible Departmental chair shall have authority to provide for alternative medical coverage for the patients of the suspended member still in the Health Center at the time of such suspension. The wishes of the patients shall be considered in the selection of such alternative medical coverage.

### Section 3: Automatic Suspension

#### a. License

##### i. Revocation, suspension or expiration:

1. A practitioner whose license, certificate or other legal credential authorizing him/her to practice in this State is revoked, suspended, or expires shall immediately and automatically be suspended from practicing in the Health Center. A practitioner whose license is expired shall have his/her privileges automatically suspended until such time as verification of current licensure can be obtained. If documentation of the renewed license is not obtained within 14 days of the suspension, a recommendation will be made for administrative termination of the practitioner's Medical Staff/APP membership and clinical privileges. Practitioners whose membership and/or clinical privileges are administratively terminated shall have no hearing rights under Article X of these Bylaws.
2. A practitioner who fails to obtain or fails to maintain any certificate or credential required by law for the performance of a specific diagnostic or therapeutic procedure shall have his/her privileges to perform such procedure immediately and automatically revoked.

##### ii. Restriction:

1. Whenever a practitioner's license, certificate or other legal credential authorizing him/her to practice in this State is limited or restricted, any privileges which are within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, and shall remain limited or restricted throughout the term of the restriction.

##### iii. Probation:

1. Whenever a practitioner is placed on probation by the State licensing or certifying authority, his/her membership status and privileges automatically and immediately shall be subject to the same terms and conditions of probation, and shall remain subject to those terms throughout the terms of the probation.

#### b. Drug Enforcement Administration (DEA) Certificate

- i. A practitioner whose DEA Certificate is expired, revoked or suspended shall immediately and automatically be divested of the right to prescribe medications covered by such Certificate. Whenever a practitioner's DEA Certificate is subject to probation, the practitioner's right to prescribe medications shall automatically be subject to the same terms of the probation. As soon as possible after such automatic suspension or probation, the Medical Executive Committee shall convene to review and consider the facts under which the DEA certificate was revoked, suspended, or probation imposed. The Medical Executive Committee may then take such further corrective action as is appropriate to the facts disclosed in its investigation.

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- c. Failure to Meet Mandatory Appearance Requirement
  - i. Failure of a practitioner to appear at any meeting with respect to which he/she was given such special notice shall, unless excused by the Medical Executive Committee upon a showing of good cause, result in an automatic suspension of all or such portion of the practitioner's clinical privileges as the Medical Executive Committee may direct. Such suspension shall remain in effect until the matter is resolved by subsequent action of the Medical Executive Committee or of the Board of Directors, or through corrective action, if necessary.
- d. Medical / Electronic Health Records
  - i. An automatic suspension shall, after warning of delinquency, be imposed for failure to complete medical records in a timely fashion. Such suspension shall take the form of withdrawal of a member's admitting privileges, and/or consulting and surgical privileges and shall be effective until medical records are completed.
- e. Professional Liability Insurance Coverage
  - i. A practitioner who fails to maintain the required levels of professional liability insurance coverage for the scope of clinical privileges held with a carrier approved by the Board of Directors, or whose professional liability insurance is revoked, suspended, or expires, shall be immediately and automatically suspended from exercising all clinical privileges until such time as proof of such coverage is provided, including coverage of any acts or potential liabilities that may have occurred or arisen during the period of a lapse in coverage. If documentation of the renewed appropriate professional liability insurance coverage is not obtained within 14 days of the suspension, a recommendation will be made for administrative termination of the practitioner's Medical Staff/APP membership and clinical privileges. Practitioners whose membership and/or clinical privileges are administratively terminated shall have no hearing rights under Article X of these Bylaws.
- f. Conviction of a Felony
  - i. A practitioner who has been convicted of a felony may be suspended by the Medical Executive Committee from practicing in the Health Center. This suspension shall become effective immediately regardless of whether or not an appeal is taken or pending from said judgment. Such suspension shall remain in effect until the matter is resolved by subsequent action of the Board, or through corrective action, if necessary.
- g. Failure to Pay Dues
  - i. If a practitioner fails to pay required dues by the date specified per written warning of delinquency, the practitioner's Medical Staff membership and clinical privileges shall be automatically suspended, and a recommendation will be made for administrative termination of the practitioner's Medical Staff membership and clinical privileges. Practitioners whose membership and/or clinical privileges are administratively terminated shall have no hearing rights under Article X of these Bylaws.
- h. Automatic Action Based Upon Actions Taken by another Peer Review Body after a Hearing
  - i. The Medical Executive Committee may impose any adverse action that has been taken by another peer review body (as that term is used in California Business and Professions Code Section 809, et seq.) after a hearing that meets the requirements of Business and Professions Code Section 809, et seq. The adverse action may be an 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 only if the Medical Executive Committee has made a determination, reasonable under the circumstances, that (1) the other peer review body took action based upon standards that were essentially the same as those in effect at this Health Center at the time the action is taken, (2) the practitioner has exhausted or waived any hearing rights and any appeal offered by the original peer review body, and (3) the action by the other peer review body

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became final within the past 36 months. The Medical Executive Committee need not await a final disposition in any judicial proceeding that may be brought challenging the action at the original peer review body before imposing the action.

- ii. The practitioner shall not be entitled to any hearing or appeal to address the action unless the Medical 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 the practitioner requests shall not address the merits of the action taken by the original peer review body that were already reviewed at the original peer review body's hearing, and shall be limited to only the question of whether the action is more restrictive than the original peer review body's action.
- iii. After the imposition of the action, the practitioner may challenge the action on procedural grounds only by submitting a statement to the Chief Executive Officer and the President of the Medical Staff establishing one of three grounds:
  1. The practitioner has not exhausted or waived any hearing rights and any appeal offered by the original peer review body;
  2. The action by the other peer review body become final more than 36 months ago; or
  3. The practitioner successfully overturned the original peer review action in court.
- iv. Nothing in this section shall preclude the Medical Executive Committee or the Board of Directors from taking a more restrictive action than another peer review body based upon the same facts or circumstances.
- i. Telemedicine: If a provider has telemedicine privileges granted through the processes detailed in Article VI, Subsections 4(a)(ii) and (a)(iii), those privileges shall automatically terminate if: (a) the provider no longer has the same privileges at the distant-site hospital or distant-site entity that the provider has been granted at the Health Center; or (b) if the distant-site hospital or distant-site entity informs the Health Center that it has terminated or recommended the termination of the provider's privileges and/or membership. If a provider has telemedicine privileges granted through the processes detailed in Article VI, Subsections 4(a)(ii) and (a)(iii), those privileges shall be automatically suspended if the distant-site hospital or distant-site entity informs the Health Center that it has suspended the provider's privileges.
- j. The imposition of an automatic suspension pursuant to this Section shall not give rise to any right to hearing or appellate review pursuant to Article X, except for the question of whether the grounds supporting the automatic suspension have occurred.

### Section 4: Exclusion from a Federal Health Care Program

- a. New applicants to the Medical Staff or Advanced Practice Providers who are currently sanctioned and involuntarily excluded, under applicable law, from any Federal Health Care Program shall be notified that their applications will not be processed because they do not meet the basic qualifications for membership. They shall further be notified that they have no right to a hearing regarding the matter pursuant to Article X of these Medical Staff Bylaws.
- b. The Medical Staff membership and clinical privileges of a member who is excluded from a Federal Health Care Program may be automatically terminated. The member shall not be entitled to a hearing under Article X of these Medical Staff Bylaws. However, the member may submit a statement to the Chief Executive Officer and the President of the Medical Staff contesting the allegation for which he /she has been excluded. After the expiration of the term of the exclusion, a member must reapply as an initial applicant before obtaining Medical Staff membership or clinical privileges.

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- c. Whenever a member's Medical Staff membership and clinical privileges are terminated pursuant to this Section, the Chief Medical Officer or the President of the Medical Staff shall take all necessary steps to ensure that the care of any patients currently under the member's care in the Health Center is transferred to another appropriate member. The wishes of the patient shall be considered, where feasible, in choosing a substitute member.

### Section 5: Confidentiality and Protection from Liability

- a. Medical Staff, Department, division and/or committee minutes, files, and records, including information regarding any members or applicants to this Medical Staff, shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made 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 Medical Executive Committee or its designee.
- b. In matters relating to corrective action, all Medical Staff members and other practitioners, and all appropriate Health Center personnel, including members of the Board of Directors and Health Center management, shall be acting pursuant to the same rights, privileges, immunities, and authority as are provided for in Article VI of these Bylaws.

## Article X: Hearing and Appellate Review Procedure

### Section 1: Hearing and Appellate Review

- a. Grounds for Hearing  
Any one or more of the following actions or recommended actions shall be deemed actual or potential adverse action and shall constitute grounds for a hearing if recommended for medical disciplinary cause or reason and if the action or recommendation, if adopted by the Board of Directors, would result in a report to the applicable licensing authority pursuant to California Business and Professions Code Section 805:
  - i. Denial of Medical Staff membership;
  - ii. Denial of Medical Staff reappointment;
  - iii. Suspension of Medical Staff membership;
  - iv. Expulsion from Medical Staff membership;
  - v. Denial of requested clinical privileges;
  - vi. Reduction in clinical privileges;
  - vii. Suspension of clinical privileges;
  - viii. Termination of clinical privileges;
  - ix. Any other action which, if ratified by the Board of Directors, would require that a report be filed with the applicable licensing authority pursuant to Business and Professions Code Section 805 or 805.01.
- b. Adverse Medical Executive Committee Recommendations
  - i. When any member, applicant or eligible Advanced Practice Provider receives special notice of an adverse recommendation of the Medical Executive Committee that, if ratified by decision of the Board of Directors, would constitute grounds for a hearing pursuant to Article X, Section 1, subsection a, the member or Advanced Practice Provider shall be entitled, upon written request, to a hearing before an ad hoc committee of the Medical Staff. If the recommendation of the ad hoc committee following such a hearing is still adverse to the affected member, or Advanced Practice Provider, he/she shall then be entitled, upon written request, to an appellate review by the Board of Directors before a final decision is rendered.



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- c. Adverse Board of Directors Decision
  - i. When any member or eligible Advanced Practice Provider receives special notice of an adverse decision by the Board of Directors taken after the Board has consulted with and then directed the Medical Executive Committee to reconsider a favorable decision; and where the Medical Executive Committee fails to take action in response to direction from the Board, the Board may issue the adverse action and the practitioner may request a hearing. A hearing held in this circumstance must comply with all procedures and rules applicable to peer review proceedings established by both State law and these Bylaws. If such hearing does not result in a recommendation favorable to the member or eligible Advanced Practice Provider, he/she shall then be entitled, upon written request, to an appellate review by the Board of Directors before a final decision is rendered.
- d. Individual Evaluations versus Requests to Review Rules and Requirements
  - i. The sole purpose of the hearings and appeals provided in this Article is to evaluate individual Medical Staff members on the basis of Bylaws, Rules and Regulations, policies and standards of the Medical Staff and Health Center. The Judicial Review Committees and Arbitrators provided for under this Article have no authority to modify, limit, or overrule any established Bylaw, Rule, Regulation, policy or requirement (collectively "Rules or Requirements"), and shall not entertain challenges to such rules and requirements. Any Medical Staff member wishing to challenge an established Rule or Requirement must first notify the Medical Executive Committee and the Board of Directors of the Rule or Requirement he/she wishes to challenge and the basis for the challenge. The Board of Directors shall then consult with the Medical Executive Committee regarding the request. No Medical Staff member shall initiate any judicial challenge to a Rule or Requirement until the Board of Directors, following consultation with the Medical Executive Committee, has reviewed the Rule or Requirement in question and has either decided not to reconsider, or has upheld the particular Rule or Requirement.
- e. Substantial Compliance
  - i. Technical non-prejudicial or insubstantial deviations from the procedures set forth in these Bylaws shall not be grounds for invalidating the action taken.
- f. Hearings Prompted by Board of Directors Action
  - i. For the purposes of this Article, if the hearing is based on adverse action by the Board of Directors, the chair of the Board of Directors shall fulfill the function of the President of the Medical Staff, and references to the Medical Executive Committee shall be understood as references to the Board of Directors.
- g. Definitions / Applicability of Terms
  - i. Except as otherwise provided in these Bylaws, the following definitions shall apply under this Article:
    1. As used in this Article, the term "**member**" may include applicant or eligible Advanced Practice Provider in matters relating to denial of appointment.
    2. "**Medical disciplinary cause or reason**" refers to a basis for disciplinary action involving an aspect of a practitioner's competency or professional conduct which is reasonably likely to be detrimental to patient safety or to the delivery of patient care.
    3. "**Date of receipt**" of any notice or other communication is defined under "Definitions" listed at the beginning of these Bylaws.
    4. The procedures set forth in this Article for hearings before ad hoc committees of the Medical Staff shall also apply to hearings before ad hoc committees appointed by the Board of Directors under Section 1, subsection c except as otherwise specifically provided.

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### h. Exception to Hearing and Appellate Review

- i. The denial, termination, or reduction of temporary appointment or privileges shall not give rise to any right to a hearing or appellate review unless the Health Center is required to report such denial, termination, or reduction to the Medical Board of California pursuant to Business and Professions Code Section 805 or to the National Practitioner Data Bank.
- ii. Practitioners employed by the Health Center in a purely administrative capacity with no clinical responsibilities are subject to the regular personnel policies of the Health Center and to their contract or other terms of employment and need not be members of the Medical Staff. If they are members of the Medical Staff, their membership on the Medical Staff or clinical privileges may not be terminated without the procedures as provided in these Bylaws, unless otherwise stated by contract.
- ii. Physicians, Dentists, or Podiatrists who contract with the Health Center to provide medico-administrative and/or clinical services must be members of the Medical Staff. Their clinical privileges and membership on the Medical Staff may not be terminated without the procedures as provided in these Bylaws, unless otherwise stated by contract.

## Section 2: Request for Hearing

### a. Notice of Action

- i. Within 15 days after the Medical Executive Committee or the Board of Directors has taken an action or made a recommendation that constitutes grounds for a hearing under Article X, Section 1, subsection a, the Chief Executive Officer and President of the Medical Staff or designee(s) shall send the applicant or practitioner a Notice of Action which identifies the action or recommendation and includes a general statement of reasons for the action or recommendation. The Notice of Action which identifies the action or recommendation and includes a general statement of reasons for the action or recommendation. The Notice of Action shall inform the application or practitioner that he/she shall have 30 days following the date of receipt of the Notice of Action within which to request a hearing by the Judicial Review Committee, and that if the applicant or practitioner does not request a hearing within the time and in the manner set forth in this Article, he/she shall be deemed to have accepted the action or recommendation.
- ii. If the practitioner does not request a hearing in the time frame and in the manner required by these Bylaws to challenge the action or recommendation, then any disciplinary action taken against the practitioner and any report made concerning the matter may be based only upon the reasons contained in the Notice of Action, unless a new Notice of Action is sent to the practitioner. However, this shall not preclude any Notice of Charges from differing from the Notice of Action by adding or deleting charges, acts, omissions, or reasons.
- iii. A summary of the following hearing rights shall be specified in the Notice of Action:
  1. That the practitioner shall have 30 days to request a hearing.
  2. That the Hearing Body and Presiding Officer shall not gain a direct financial benefit from the outcome;
  3. A record of the proceedings shall be made, copies of which may be obtained by the applicant or practitioner at his/her own expense;
  4. The parties have a right to call, examine, and cross-examine witnesses, to present evidence which is relevant, and to submit a written statement at the close of the hearing;
  5. The parties have a right, at the conclusion of the hearing, to receive a written recommendation from the hearing panel and a final written decision from the Board of Directors, including a statement of the basis for its action;

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6. If applicable, the action of the Medical Executive Committee (or Board of Directors) will be reported to the applicable licensing authority, pursuant to California Business and Professions Code Section 805, and to the National Practitioner Data Bank pursuant to 42 U.S.C. Section 11101 et seq., in accordance with applicable law.
  7. If the applicant or practitioner wishes to be accompanied by an attorney at the hearing pursuant to Article X, Section 8, subsection g, the applicant or practitioner must specify this intention in his/her request for a hearing. Otherwise, the applicant or practitioner's right to such attorney assistance shall be waived.
  8. The failure of a practitioner to request a hearing to which they are entitled by these Bylaws within the time and in the manner herein provided shall be deemed a waiver of the right to such hearing and to any appellate review and an acceptance of the adverse recommendation.
- b. When the waived hearing or appellate review relates to an adverse recommendation of the Medical Executive Committee or of a Judicial Review Committee of the Medical Staff, the same shall thereupon become and remain effective against the practitioner pending decision of the Board of Directors in this matter. When the waived hearing or appellate review relates to an adverse decision by the Board of Directors, the same shall thereupon become and remain effective against the practitioner in the same manner as a final decision of the Board of Directors.
- c. Request for Hearing
- i. The applicant or practitioner shall have 30 days following receipt of a Notice of Action to request a hearing. The request shall be in writing, addressed to the Chief Executive Officer. In the event the applicant or practitioner does not request a hearing within the time and in the manner described, the applicant or practitioner shall be deemed to have waived any right to a hearing and accepted the recommendation or action involved.

### Section 3: Notice of Hearing: Time and Place of Hearing

- a. Within 60 days after receipt of a request for hearing from an applicant or practitioner entitled to the same, the President of the Medical Staff or the Board of Directors, whichever is appropriate, shall schedule and arrange for such a hearing and shall, through the Chief Executive Officer, notify the member of the time, place, and date so scheduled, by special notice. The hearing shall commence not less than 30 days, nor more than 60 days from receipt by the Chief Executive Officer, of the request for hearing, unless both parties consent to a delay or the Hearing Officer finds good cause for the delay.

### Section 4: Notice of Charges

- a. At least 30 days prior to the hearing's commencement and together with the notice stating the date, time and, place of the hearing, the Chief Executive Officer shall state clearly and concisely in writing the reason(s) for the adverse final 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. The notice may include acts or omissions that occurred or were discovered after the adverse action or recommendation is made if such acts or omissions could support a finding that the action or recommendation is reasonable and warranted. A supplemental notice may be issued at anytime, provided the practitioner is given 30 days to prepare and respond.

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## Section 5: Composition of Judicial Review Committee

- a. When a hearing is requested, the body whose decision prompted the hearing, may either appoint a Judicial Review Committee or a mutually agreed upon Arbitrator (the "Hearing Body") to review the matter. The President of the Medical Staff and the Chief Executive Officer or designee(s) (if the MEC initiated the action) or the Chief Executive Officer (if the Board of Directors initiated the action) shall have the authority to appoint the Hearing Body.
  - i. If the Appointing Authority has determined that a Judicial Review Committee shall review the matter, the Appointing Authority shall appoint a Judicial Review Committee which shall be composed of not less than three members of the Active Medical Staff. At least two additional members may be appointed to serve as alternates. The members of the Judicial Review Committee shall not gain a direct financial benefit from the outcome, nor have acted as an accuser, investigator, fact finder or initial decision maker in the same matter at any level. Where feasible, the Judicial Review Committee shall include an individual practicing in the same specialty as the practitioner involved. One of the appointed Medical Staff members shall be designated as chair. Knowledge of the matter involved shall not preclude a member of the Medical Staff from serving as a member of the Judicial Review Committee. In the event it is not feasible to appoint a fully qualified Judicial Review Committee from the Active Medical Staff, qualified practitioners from the Provisional, Associate, or Courtesy Staff categories, or qualified practitioners from outside of the Medical Staff may be appointed.
  - ii. If the hearing is based upon an adverse action by the Board of Directors, the Chair of the Board shall fulfill the functions assigned in this section to the President of the Medical Staff, and the Board of Directors shall assume the role of the Medical Executive Committee. The Board of Directors may, but need not, grant appellate review of decisions resulting from such hearings.

## Section 6: Hearing Officer

- a. The President of the Medical Staff and the Chief Executive Officer or designee(s) shall appoint a hearing officer to preside at the hearing. The Hearing Officer shall be an attorney-at-law or a member of the State of California Administrative Law Judge Office qualified to preside over an administrative hearing and preferably have experience in medical staff matters. The Hearing Officer shall gain no direct financial benefit from the outcome of the hearing and must not act as a prosecuting officer or as an advocate. The practitioner shall be notified of the appointment of the Hearing Officer and shall have five days after receipt of the written notice to consent or object to such appointment. If the practitioner objects, the reasons for such objection must be set forth in writing at the time of the objection. The Appointing Authority shall consider the practitioner's objection and shall determine, in its sole discretion, whether the practitioner has shown good cause to withdraw and replace the Hearing Officer.
- b. 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 authority and discretion to make all rulings on questions which pertain to matters of law, procedure, or the admissibility of evidence. He/she shall have the authority to consider and rule upon any request on which the parties cannot agree after hearing from both sides and may impose any safeguards for the protection of the hearing process and that justice requires. If the Hearing Officer determines that either side in the hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary action as seems warranted by the circumstances, including limiting the scope of examination and cross-examination and setting fair and reasonable time limits on either side's presentation of its case. When no attorney is accompanying any party to the proceedings, the Hearing Officer shall have the authority to interpose and rule on appropriate objections regarding such matters.

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- c. The Hearing Officer shall not be entitled to vote. The Hearing Officer shall be from a legal firm that does not regularly represent the Health Center, the Medical Staff, the member or the applicant.

### Section 7: Pre-Hearing Procedures

#### a. Discovery

- i. This provision provides the exclusive right to and method of discovery in proceedings pursuant to this Article. The parties to the hearing shall have the following rights:
  1. Both sides shall have the right at their respective expense, to inspect and copy any documentary information relevant to the charges which the other side has in its possession or control, as soon as practical after the party's request. Failure to provide access to the information at least 30 days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party shall not extend to confidential information referring solely to individually identifiable practitioners, other than the effected practitioner.
  2. Each party shall furnish to the other a written list of the names of witnesses intended to be called to testify at the hearing.
  3. Each party shall furnish a list of the exhibits intended to be introduced at the hearing.
  4. The practitioner shall be provided with a list of the members of the Judicial Review Committee and of the hearing officer, if any. No ex parte contact of the members of the committee relating to the hearing shall be permitted. The information required to be provided by this section shall be provided by the Medical Executive Committee at least 15 days prior to the hearing and by the practitioner at least ten days prior to the hearing, unless otherwise specified.

#### b. Motions

- i. Each party shall provide special notice of any procedural disputes or motions that it intends to bring before the Judicial Review Committee at least ten days prior to the hearing. The Hearing Officer may order that the first session of the hearing be reserved exclusively for resolution of such disputes and motions with the taking of evidence on the merits of the matter to be heard at a later session.

#### c. Voir Dire

- i. Both sides shall have the right to a reasonable opportunity to ask members of the Judicial Review Committee and the Hearing Officer questions that are directly related to determining impartiality or whether they meet the qualifications set forth in these Bylaws. Challenges to any member of the Judicial Review Committee or Hearing Officer shall be ruled on by the Hearing Officer.

### Section 8: Conduct of Hearing

- a. A certified court reporter shall be present to make a record of the proceedings. The cost of attendance of the reporter shall be borne by the Health Center. The cost of any transcripts shall be borne by the party requesting it.
- b. The personal presence of the member for whom the hearing has been scheduled shall be required. A member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived rights in the same manner as provided in Section 2 of this Article X and to have accepted the adverse recommendation or decision involved, and the same shall thereupon become and remain in effect as provided in Section 2, Article X.

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- c. Postponement or extensions of time beyond the times expressly set forth in these Bylaws may be granted upon agreement of the parties or may be requested by any party to the proceedings. Granting of such postponements shall be by the Hearing Officer only for good cause shown.
- d. The Hearing Officer, shall preside over the hearing to determine the order of procedure during the hearing to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence and to maintain decorum.
- e. Admissibility of Evidence
  - i. The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter, including hearsay, which responsible persons customarily rely on in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. In making rulings pursuant to this Section, the Hearing Officer shall endeavor to promote a less formal rather than more formal, hearing process and also to promote the swiftest possible resolution of the matter, consistent with the standards of fairness set forth in these Bylaws. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems such actions appropriate.
- f. The parties shall be entitled to submit memoranda concerning any issue of procedure or of fact. Such memoranda shall become part of the hearing record but shall not be considered as evidence unless submitted as such.
- g. Representation
  - i. The hearings provided for in these Bylaws are for the purpose of intra-professional resolution of matters bearing on professional conduct, professional competency, or character, including failure to comply with the Bylaws or Rules and Regulations of the Medical Staff. Accordingly, the practitioner is entitled to representation at the hearing as follows:
    1. The Medical Executive Committee, when its action has prompted the hearing, shall appoint one of its members or some other Medical Staff member to represent it at the hearing, to present the facts in support of its adverse recommendation, and to examine witnesses.
    2. The Board of Directors, when its action has prompted the hearing, shall appoint one of its members or a member of the medical or administrative staff to represent it at the hearing, to present the facts in support of its adverse decision and to examine witnesses.
    3. The representative of the body whose decision prompted the hearing shall not be accompanied by an attorney if the practitioner is not accompanied by an attorney. 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.
    4. Attorneys for either party may accompany their clients in the hearing sessions in order to advise their clients, although any such attorney shall not examine witnesses, shall not address the Hearing Body or Hearing Officer, and shall not make any oral statement whatsoever in the hearing.
    5. Whether or not attorneys are present in the hearing pursuant to this Article, the practitioner and the body whose decision prompted the hearing may be represented at the hearing by a practitioner licensed to practice medicine in the State of California who is not also an attorney at law.
    6. The Hearing Officer shall not allow the presence of attorneys at the hearing to be disruptive or cause a delay in the hearing process.
    7. The practitioner and the Medical Executive Committee may stipulate to allow greater participation by attorneys in the hearing than this Article provides.
    8. The above provisions shall not limit the ability of either party to engage an attorney to advise the party regarding the hearing process, whether or not the other party is advised by an attorney.

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9. It shall be the obligation of such representative to present appropriate evidence in support of the adverse recommendation or decision.
  10. The affected member shall be responsible for coming forward with evidence in support of the challenge to the adverse recommendation or decision.
  11. The applicable burden of proof shall be by the preponderance of evidence. Except as provided for initial applicants, the body whose decision prompted the hearing shall bear the burden of persuading the Judicial Review Committee by a preponderance of the evidence that the action or recommendation is reasonable and warranted based on the evidence available during the hearing.
  12. In cases of summary action, if the Judicial Review Committee finds that the summary action is not reasonable and warranted based on the evidence available during the hearing, the Judicial Review Committee shall make a finding as to whether the action was reasonable and warranted based on the evidence available to the authority imposing the suspension at the time it was imposed.
  13. For the purposes of these proceedings, "**reasonable and warranted**" means the action or recommendation is within the range of reasonable alternatives that may be warranted under the circumstances, and not necessarily that the action or recommendation is the only measure or the best measure that can be taken or formulated in the Judicial Review Committee's opinion.
  14. In hearings involving the denial of initial appointment for Medical Staff membership or initial application for new privileges, the burden shall be borne by the applicant. Such applicants shall not be permitted to introduce information not produced upon the request of the Medical Staff during the application process, unless the applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence. In all other cases, the burden shall be borne by the Medical Executive Committee or the Board of Directors, whichever is appropriate. The burden of the first proceeding with evidence in all cases shall be on the Medical Executive Committee, or the Board of Directors, whichever is appropriate.
- h. The parties to the hearing shall have the following rights:
- i. to call and examine witnesses;
  - ii. to introduce written evidence and exhibits;
  - iii. to cross-examine any witness on any matter relevant to the issue of the hearing, to challenge any witnesses and to rebut any evidence;
  - iv. to present and rebut any evidence determined by the Hearing Officer to be relevant;
  - v. to be provided with all of the information made available to the Judicial Review Committee; and
  - vi. to submit a written statement at the close of the hearing, within guidelines as to length, format, and submission dates approved by the Hearing Officer, in consultation with the Judicial Review Committee, if applicable.
- i. If the member who requested the hearing does not testify, they may be called and examined as if under cross-examination.
- j. The hearing provided for in these Bylaws are for the purpose of intraprofessional resolution of matters bearing on professional conduct, professional competency, or character, including failure to comply with the Bylaws or Rules and Regulations of the Medical Staff. Accordingly, the practitioner is entitled to representation at the hearing as follows:
- i. If the practitioner wishes to be accompanied by an attorney, he/she shall state the notice of such intent in accordance with the written Request for Hearing under Article X, Section 2, subsection a.

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- ii. The representative of the body whose decision prompted the hearing shall not be accompanied by an attorney if the practitioner is not accompanied by an attorney. 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.
- iii. Attorneys for either party may accompany their clients in the hearing sessions in order to advise their clients, although any such attorney shall not examine witnesses, shall not address the Hearing Body or Presiding Officer, and shall not make any oral statement whatsoever in the hearing.
- iv. Whether or not attorneys are present at the hearing pursuant to this Article, the practitioner and the body whose decision prompted the hearing may be represented at the hearing by a practitioner licensed to practice medicine in the State of California who is not also an attorney at law.
- v. The Presiding Officer shall not allow the presence of attorneys at the hearing to be disruptive or cause a delay in the hearing process.
- vi. The practitioner and the Medical Executive Committee may stipulate to allow greater participation by attorneys in the hearing than this Article provides. Otherwise, the above provisions of this Article shall prevail.

### Section 9: Decision of the Judicial Review Committee

- a. The decision of the Judicial Review Committee shall be based on the evidence presented at the hearing. This evidence may consist of the following:
  - i. Oral testimony of witnesses;
  - ii. Documents submitted in evidence; and
  - iii. Any other evidence deemed admissible under Section 8 above.
- b. The Judicial Review Committee shall limit its review and decision to the action taken as set forth in the Notice of Charges; the record produced at the hearing and, whether or not the party has met his/her burden of proof and persuasion as set forth in these Bylaws. The Judicial Review Committee shall not have authority to expand the scope of its review and decision beyond the issues set forth in the Notice of Charges.
- c. Within 30 days after final adjournment of the hearing, as determined by the hearing officer, the Judicial Review Committee shall render a decision which shall be accompanied by a written report, delivered along with the hearing record to the Medical Executive Committee, Chief Executive Officer, Board of Directors, and the practitioner. The decision may recommend confirmation, modification, or rejection of the original adverse recommendation. The decision shall include a concise statement of the Judicial Review Committee's findings of fact with respect to the reasons for the original recommendations with its conclusions in support of the decision. The decision of the ad hoc hearing committee shall be considered final, subject only to such rights of appeal or review as described in these Bylaws.

### Section 10: Appellate Review by the Board of Directors

- a. Within 15 days after receipt of a notice of an adverse recommendation or decision after a hearing as above provided, either party may, by written notice to the Board of Directors delivered through the Chief Executive Officer, request an Appellate Review by the Board of Directors. Such notice may request that the Appellate Review be held only on the record on which the adverse recommendation or decision is based, or may also request that oral argument be permitted a part of the Appellate Review. The request for appeal shall include a brief statement as to the reasons for the appeal.



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b. Grounds for Appeal

The grounds for appeal of the Judicial Review Committee's decision shall be:

- i. substantial and prejudicial deviation from the procedures required by this Article in the conduct of hearing so as to deny a fair hearing;
- ii. the Judicial Review Committee's decision is arbitrary, capricious, or unsupported by the evidence.

c. If such Appellate Review is not requested within 15 days, the affected parties shall be deemed to have waived the right to the same and to have accepted such adverse recommendations or decision, and the same shall become effective immediately, pending decision of the Board of Directors on the matter.

d. Within 30 days after receipt of such notice of request for Appellate Review, the Board of Directors shall schedule a date for such review, including a time and place for oral argument if such has been requested, and shall, through the Chief Executive Officer by special notice, notify the practitioner of the same. The date of the Appellate Review shall be not less than 30 days nor more than 90 days from the date of receipt of the written notice of request for Appellate Review, except that an Appellate Review on a summary suspension which is then in effect shall be held as soon as arrangements therefore may reasonable be made, but not more than 90 days from the date of receipt of such notice unless such time limit is otherwise waived by the parties.

e. The Appellate Review shall be conducted by the Board of Directors as a whole, or by a duly appointed Appellate Review Committee of the Board of Directors or not less than three Board members. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appellate Review Committee, so long as that person did not participate in the matter at any previous level (e.g., accuser, investigator, fact finder, or initial decision maker). The Appellate Review Committee may select an attorney who did not participate in the proceedings before the Judicial Review Committee to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

f. The Board of Directors or its appointed review committee shall act as an Appellate Review Committee. It shall review the record created in the proceedings and shall consider the written statements submitted by the interested parties for the purpose of exercising its independent judgment whether a preponderance of the evidence exists to support its decision. If oral argument is requested as part of the review procedure, both parties shall be present at such Appellate Review, shall be permitted to speak and shall answer questions put to them by any member of the Appellate Review Committee. The affected member or applicant has the right to be represented by an attorney or any other representative designated by such member or applicant. The Medical Executive Committee or Board of Directors, whichever is appropriate, may be represented by one of its members or an attorney. The member of applicant may waive this right in which case the Medical Executive Committee or the Board of Directors will not be represented by an attorney who appears at the Appellate Review procedure. Should the member or the applicant choose to have an attorney present, the Medical Staff and the Board of Directors must receive written notification within three weeks of receipt of notice of the date of the Appellate Review.

g. New or additional matters not raised during the original hearing or in the Judicial Review Committee report, or otherwise reflected in the record, shall be introduced at the Appellate Review only under unusual circumstances, and the Appellate Review Committee shall, in its sole discretion, determine whether such new matters shall be accepted. Introduction of such evidence shall be subject to the same rights of cross-examination or confrontation provided in front of the Judicial Review Committee. If the appealing party chooses to submit a written statement, it shall be submitted at least ten days prior to the date set for the Appellate Review and the other party shall be given an opportunity to submit a responding written statement that shall be submitted at least three days prior to the date set for the Appellate Review.

## **Providence Saint John's Health Center: Medical Staff Bylaws**

- h. The Appellate Review Committee may recess the review proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of oral statements, if allowed, the Appellate Review shall be closed. The Appellate Review Committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The Appellate Review Committee may apply its independent judgment to the evidence in the record in determining whether or not the appealing party has established the existence of the grounds set forth in the Bylaws and on that basis may affirm, modify, or reverse the decision of the Judicial Review Committee or, in its discretion, refer the matter for further review and consideration. Upon the conclusion of such deliberations, the Appellate Review shall be declared finally adjourned.
- i. The Appellate Review Committee may recommend that the Board of Directors affirm, modify, or reverse the action taken by the Judicial Review Committee, or, in its discretion, may recommend the matter be remanded back to the Judicial Review Committee for further review and decision.
- j. Within 45 days after the conclusion of the appellate review, the Board of Directors shall make its final decision in writing in the matter and shall send notice thereof to the Chief Executive Officer, who shall deliver copies thereof to the Medical Executive Committee and to the affected member, by special notice. If this decision is in accordance with the Executive Committee's last recommendation in the matter, it shall be immediately effective and final, and shall not be subject to further hearing or appellate review.

### **Section 11: Time Limits**

- a. The time limits established by various sections in this Article for actions by the Medical Executive Committee, Judicial Review Committee, Appellate Review Committee, and the Board of Directors are guidelines and are not to be construed as mandatory. Failure to comply with these limits shall have no effect on the pendency of any proceedings.

### **Section 12: Exhaustion of Remedies**

- a. The member, applicant, or eligible Advanced Practice Provider must exhaust the remedies, including appellate procedures, afforded by this Article prior to resorting to any judicial remedy.

## **Article XI: Officers**

### **Section 1: Officers of the Medical Staff**

- a. The officers of the Medical Staff shall be:
  - i. President of the Medical Staff;
  - ii. President-Elect of the Medical Staff;
  - iii. Vice President of the Medical Staff;
  - iv. Members at Large (2).

### **Section 2: Qualifications of Office**

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

# Providence Saint John’s Health Center: Medical Staff Bylaws

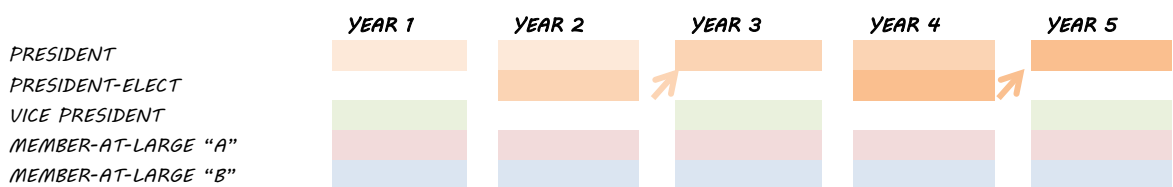
- b. The President of the Medical Staff and the President-Elect of the Medical Staff shall have served previously as an elected officer of the Staff or have completed a term as a clinical department chair or section chair.

## Section 3: Election of Officers

- a. Members of the Medical Staff may submit names of potential candidates to the Nominating Committee for its consideration.
- b. The Nominating Committee shall consist of one or more members of the Active Staff from each department, and shall be appointed by the President of the Medical Staff with approval of the Medical Executive Committee. All Nominating Committee members shall disclose in writing to the Medical Executive Committee those personal, professional, or financial affiliations or relationships of which they are reasonably aware, including contractual, employment, or other relationships with the Health Center or any health care organization, which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff. In September of each year, the Committee shall offer two or more nominees for either the President-Elect or Vice President office, whichever is applicable. For the election of Members at Large, the Committee shall offer two or more nominees.
- c. The list of nominees offered by the Nominating Committee shall be forwarded to the Board of Directors and the Medical Executive Committee for review. The Board of Directors shall be provided 14 calendar days in which to provide any comments. Any comments provided by the Board of Directors within that period will be considered by the Medical Executive Committee and will be included in the ballot materials distributed to the Medical Staff.
- d. At the conclusion of the Board of Director’s review and comment period, the Medical Executive Committee shall approve a final slate of nominees who shall be candidates for each office.
- e. Officers shall be elected by secret ballot during the last quarter of each year. All nominees for election shall disclose in writing to the Medical Executive Committee those personal, professional, or financial affiliations or relationships of which they are reasonably aware, including contractual, employment, or other relationships with the Health Center or any health care organization, which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff. Such disclosure shall accompany the ballot. The candidate receiving a plurality of the votes cast shall be elected. Only members of the Active staff shall be eligible to vote.

## Section 4: Term of Office

- a. The President shall serve for a two-year term. The President-Elect and Vice President shall each serve a one-year term. The President-Elect shall serve a one-year term, commencing with the second year of the President’s term, and then become President at the expiration of the current President’s term. A Vice President shall be elected every other year for a one-year term, to run concurrently with the first year of a President’s two-year term. One Member at Large shall be elected each year for a two-year term. At any given time, there will be two Members at Large in office. A President may be re-elected but cannot serve more than two terms which must be non-consecutive. Officers shall take office on the first day of the calendar year following their election.



# Providence Saint John's Health Center: Medical Staff Bylaws

## Section 5: Vacancies in Office

- a. Vacancies in the office during the year, except for the President of the Medical Staff, shall be filled by the Medical Executive Committee. If there is a vacancy in the office of the President of the Medical Staff, the President-Elect of the Medical Staff, if one is serving, or, otherwise the Vice President of the Medical Staff shall serve out the remaining term.

## Section 6: Duties of Officers

- a. President of the Medical Staff
  - i. The President of the Medical Staff shall serve as the chief administrative officer of the Medical Staff to:
    1. act in coordination and cooperation with the Chief Executive Officer and Chief Medical Officer in all matters of mutual concern within the Health Center, including but not limited to appointment of department and committee chairs;
    2. call, preside, and be responsible for the agenda of all general meetings of the Medical Staff;
    3. serve as chair of the Medical Executive Committee;
    4. serve as ex-officio member of all other Medical Staff committees;
    5. be responsible for the enforcement of Medical Staff Bylaws, Rules, and Regulations, for implementation of sanctions where they are indicated, and for the Medical Staff's compliance with the procedural safeguards in all instances where corrective action has been requested against a member in cooperation with the Chief Executive Officer and Chief Medical Officer.
    6. appoint the Chairs of each clinical department;
    7. appoint, remove, and replace committee chairs and members to all standing, special, and multi-disciplinary Medical Staff committees except the Medical Executive Committee;
    8. represent the views, policies, needs, and grievances of the Medical Staff to the Chief Executive Officer, Chief Medical Officer, and to the Board of Directors;
    9. receive and interpret the policies of the Board of Directors to the Medical Staff in cooperation with the Chief Medical Officer;
    10. be responsible for the educational activities of the Medical Staff in cooperation with the Chief Medical Officer.
- b. Vice President of the Medical Staff or President-Elect of the Medical Staff:
  - i. In the absence of the President of the Medical Staff, the Vice President or President-Elect shall assume all the duties and have the authority of the President of the Medical Staff. The Vice President or President-Elect shall be a member of the Medical Executive Committee and of the Joint Conference Committee. The Vice President or President-Elect shall automatically succeed the President when the President fails to serve for any reason.
- c. The Members at Large shall be members of the Medical Executive Committee. The Members at Large shall perform such duties as directed by the President of the Medical Staff.

## Section 7: Removal of Officers

- a. Medical Staff Officers may be removed from office by a two-thirds majority vote of those Active staff members of the Medical Staff voting at a regular or special general staff meeting at which a quorum has been established. The action may be taken with or without cause.

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## Article XII: Departments, Sections, and Hospital-Based Services

### Section 1: Departments

- a. The departments of the Medical Staff shall be Medicine, Surgery, Obstetrics/Gynecology, and Pediatrics. Each will have a chair who is appointed as a member of the Medical Executive Committee.

### Section 2: Hospital-Based Services

- a. The hospital-based services of the Medical Staff and Health Center include Anesthesiology, Radiology, Pathology, Emergency Medicine, Nuclear Medicine, and such others as the Medical Executive Committee and Board of Directors may deem necessary. They shall be assigned as a section to an appropriate department. They shall have a Medical Director per Article XII, Section 6. A section chief may be appointed by the Medical Director in consultation with the department chair and may be one and the same person. Each hospital-based service shall have regular section meetings on a date established by the chief. They shall report on meetings, proceedings, and activities to their departmental committee.

### Section 3: Organization of Departments and Sections

- a. Each department shall be organized as a separate part of the Medical Staff, and each may contain sub-units designated as sections. Each department shall have a chair and each section shall have a chief.

### Section 4: Qualifications, Selection, and Tenure of Department Chairs

- a. Each chair shall be a member of the Active Staff qualified by training, experience, and demonstrated ability for the position, including certification by the relevant specialty board.
- b. Each chair shall be appointed or removed by the President of the Medical Staff, for a three-year term; a chair may success for one additional term.
- c. In the event that a chair cannot complete the three-year term to which they were appointed, the President of the Medical Staff, shall appoint a successor to serve for the remainder of the unexpired term.
- d. Removal of a chair during his/her term of office may be brought by a recall petition signed by two-thirds of all active members of the department. Such removal will be effective as of the date the petition is presented to the Medical Executive Committee. Removal of a chair during his/her term also may be brought by the President of the Medical Staff. Such removal requires ratification by affirmative majority vote by the Medical Executive Committee.

### Section 5: Functions of Department Chairs

- a. Each chair shall be accountable to the Medical Executive Committee for all professional activities and the quality of patient care within their department, including orientation and continuing education of all persons in the department and continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges.

## Providence Saint John's Health Center: Medical Staff Bylaws

- b. Chairs of departments shall be members of the Medical Executive Committee, giving guidance on the overall medical policies of the Health Center and making specific recommendations and suggestions regarding their own departments in order to assure quality patient care.
- c. Each chair of a department shall be a chair of their departmental committee and direct this committee in conducting patient care review required by these Bylaws, including continuous assessment and improvement of quality of care, treatment, and service as well as maintenance and oversight of quality control programs as appropriate.
- d. Each chair shall be responsible for enforcement of the Medical Staff Bylaws, Rules and Regulations and of the Health Center Bylaws within their department.
- e. Each chair shall be responsible for the implementation of Health Center and Medical Staff policies and procedures and the development, for approval by the Medical Executive Committee, of criteria for the granting of clinical privileges within their department.
- f. Each chair shall transmit to the Medical Executive Committee, via Credentials Committee, their department's recommendations concerning Medical Staff appointments and reappointments, classifications, and delineation of clinical privileges for all members of their department.
- g. Each chair shall participate in the administration of their department through cooperation with the nursing service, departmental director, the Chief Medical Officer, and the Health Center administration in matters affective patient care, including personnel, equipment, supplies, special regulations, procedures and policies.
- h. Each chair shall participate with administration in planning for the growth and development of services and facilities for their department.
- i. Each chair shall assist in the preparation of such annual reports, including budgetary planning, pertaining to their department as may be required by the Medical Executive Committee, the Chief Medical Officer, the Chief Executive Officer, or the Board of Directors.
- j. Each department chair shall consult with the President of the Medical Staff to appoint section or subcommittee chiefs to whom they may delegate responsibilities for various duties as related to the functions of the section or subcommittee.
- k. Each chair is responsible for assessing and recommending to the relevant Health Center authority off-site sources for needed patient care services not provided by the department.
- l. Each chair, in collaboration with administration, assists in the determination that sufficient resources, including space, equipment, staffing and other financial resources are in place or available within a specified time frame to support proposed or requested clinical privileges.

### Section 6: Qualifications, Section and Functions of Medical Directors of Hospital-Based Services

- a. Each Medical Director shall be appointed by the Chief Executive Officer after consultation with the Medical Executive Committee. The Medical Director shall be a member of the Medical Staff well qualified by training, experience, and ability to carry out the professional and administrative responsibilities for the hospital-based service. The Medical Director may serve as a member of the departmental committee. Each hospital-based service

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Medical Director shall be accountable to the Chief Medical Officer and Chief Executive Officer for all professional, technical, and administrative activities within the hospital-based service.

### **Section 7: Functions of Departments**

- a. Each department shall establish its own criteria, consistent with the policies of the Medical Staff and of the Board of Directors, for the granting of clinical privileges.
- b. Each department shall have a committee responsible for conducting current and retrospective reviews of medical records of patients and other pertinent departmental sources of information for purposes of evaluating patient care and the performance of members of the department. The committee may select clinical information including cases for presentation at the regular meetings that will contribute to the continuing education of every practitioner and to the process of developing criteria to assure optimal patient care. Such reviews shall be conducted as needed and should include consideration of selected deaths, unimproved patients, patients with infections, complications, errors in diagnosis and treatment, and such other instances as are believed to be important, such as patients currently in the Health Center with unsolved clinical problems, or any case where there may be an opportunity for quality improvement.
- c. In matters relating to medical care evaluation and medical records review, all Medical Staff members and other practitioners, and all appropriate Health Center personnel including members of the Board of Directors and Health Center management, shall be acting pursuant to the same rights, privileges, immunities, and authority as are provided for in Article VI of these Bylaws.

### **Section 8: Assignment to Departments**

- a. The Medical Executive Committee shall, based upon recommendations of the departments as transmitted through the Credentials Committee, recommend to the Board of Directors departmental assignments for all Medical Staff members.

## **Article XIII: The Medical Executive Committee**

### **Section 1: Composition**

- a. The Medical Executive Committee shall be a standing committee and shall consist of the officers of the Medical Staff, the chairs of the clinical departments, the most immediately available past President of the Medical Staff who is not service as the chair or director of a department, and one other past President of the Medical Staff appointed by the President of the Medical Staff. The Chief Executive Officer, Chief Medical Officer, Chief Nursing Officer, and Directors of Anesthesia, Emergency, Radiology, and Pathology Services and the chair of the Credentials Committee shall be ex-officio members without vote. Additional physicians, other licensed independent practitioners, members of Administration, Health Center staff and Board of Directors may be appointed or invited as guests by the President of the Medical Staff.

### **Section 2: Duties**

- a. The duties of the Medical Executive Committee shall be:
  - i. To represent and to act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws and to act on behalf of the Medical Staff between Medical Staff meetings;

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- ii. To coordinate the activities and general policies of the various departments;
- iii. To receive and act upon committee reports;
- iv. To develop, approve, and/or enforce administrative policies and procedures of the Medical Staff, including those determined necessary to clarify and implement provisions of the Medical Staff Bylaws, Rules and Regulations;
- v. To provide liaison between Medical Staff and administration, and participate with administration in planning for the growth and development of the Medical Staff and the Health Center;
- vi. To recommend action to the Chief Executive Officer and the Chief Medical Officer on matters of a medico-administrative nature;
- vii. To make recommendations on Health Center management matters to the Board of Directors through the Chief Executive Officer and the Chief Medical Officer;
- viii. To fulfill the Medical Staff's accountability to the Board of Directors for medical care rendered to the patients of the Health Center;
- ix. To ensure that the Medical Staff is kept abreast of compliance with regulatory agencies and the accreditation program when appropriate, and informed of the accreditation status of the Health Center;
- x. To provide for the preparation of programs for all Medical Staff meetings, either directly or through delegation to program chairs or other suitable agents;
- xi. To review the credentials of all applicants and to make recommendations for Staff membership, assignments to department and delineation of clinical privileges;
- xii. To consider and recommend termination of Medical Staff membership in accordance with Medical Staff Bylaws, Rules and Regulations, policies or procedures;
- xiii. To review periodically all information available regarding the performance and clinical competence of Medical Staff members and Advanced Practice Providers, and as a result of such reviews, to make recommendations for reappointments and renewal or changes in clinical privileges.
- xiv. To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the initiation of and/or participation in Medical Staff corrective or review measures when warranted;
- xv. To establish minimum levels for professional liability insurance coverage required for membership on the Medical Staff, with the approval of the Board of Directors;
- xvi. To establish standards for qualifications of physicians and any other health care profession as Qualified Medical Personnel for the Emergency Department, the Labor and Delivery Department, and other relevant areas of the Health Center, authorized to determine whether or not an emergency medical condition exists for the purposes of compliance with the Emergency Medical Treatment and Active Labor Act and to approve the designation of individuals as Qualified Medical Personnel who meet such standards.
- xvii. To determine amount of and levy fines against members for significant medical records violations.
- xviii. To ensure the Medical Staff shall have the independent right to utilize Medical Staff dues as appropriate for purposes of the Medical Staff, including for the retention of independent legal counsel to represent the Medical Staff.

### Section 3: Meetings

- a. The Medical Executive Committee shall meet monthly at least ten times per year and maintain a permanent record of its proceedings and actions.



# Providence Saint John's Health Center: Medical Staff Bylaws

## Article XIV: Committees (Departmental, Joint Conference, Standing, and Special)

### Section 1: Departmental Committee

- a. Each department shall have a committee which shall consist of a minimum of five members from its respective department. The chair of the committee shall be the departmental chair. Each section chief and the hospital-based service representative from the respective department to which it is attached shall be appointed to the committee. The President of the Medical Staff in consultation with the departmental chair shall appoint the members of each committee annually and shall fill any vacancies that may occur. Each department committee shall meet regularly as needed on a date established by the chair, and each hospital-based service committee shall meet regularly as needed on a date established by the chair. Each hospital-based service shall report on its meetings, proceedings, and activities to its respective departmental committee. Each departmental committee shall maintain a permanent record of its proceedings and activities, and shall make a report thereof to the Medical Executive Committee. The chair may, with approval of the President of the Medical Staff, select a vice-chair.

### Section 2: Joint Conference Committee

- a. Composition
  - i. The Joint Conference Committee shall be composed of the President, Vice President or President-Elect, the immediate past President of the Medical Staff and three members of the Board of Directors (Board Chair and two (2) other Board members appointed by the Board Chair). The Chief Executive Officer and the Chief Medical Officer shall be ex-officio members without voting privileges.
- b. Duties
  - i. The Joint Conference Committee shall provide for medico-administrative liaison with the Board of Directors, the Chief Executive Officer and the Chief Medical Officer, and the Medical Staff relative to matters of Health Center policy and practice. Its primary function should be to serve as a forum for discussion of matters pertaining to efficient and effective patient care.
- c. Meetings
  - i. The Joint Conference Committee shall meet as needed.

### Section 3: Standing Committees

- a. The duties, composition, eligibility requirements of all standing committees shall be set forth in the Rules and Regulations adopted pursuant to Article XVII.

### Section 4: Special Committees

- a. The President, with approval of the Medical Executive Committee, shall appoint committees for special services and/or functions as may be necessary, as set forth in detail in the Rules and Regulations adopted pursuant to Article XVII.

# Providence Saint John's Health Center: Medical Staff Bylaws

## Section 5: Ex-Officio Members

- a. The President of the Medical Staff or designee, the Chief Executive Officer or designee, and the Chief Medical Officer shall be non-voting, ex-officio members of all committees to which they are not otherwise specifically appointed or designated.

## Article XV: General Staff Meetings

### Section 1: Regular General Staff Meetings

- a. Regular meetings of the general Medical Staff shall be held at the discretion of the President of the Medical Staff on such day and hour as the President of the Medical Staff shall designate in the call and notice of the meeting.
- b. The Medical Executive Committee may provide by resolution for the holding of additional regular meetings of the Medical Staff for the purpose of transacting such business as may come before the meeting.

### Section 2: Special Meetings of the Medical Staff

- a. The President of the Medical Staff, the Medical Executive Committee, or not less than one-fourth of the members of the Active Staff may at any time file a written request with the President that within 30 days of the filing of such request, a special meeting of the general Medical Staff may be called.
- b. The Medical Executive Committee shall designate the time and place of any such special meeting.
- c. Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered, either personally, by mail, or by e-mail to each member of the Active Staff not less than three nor more than 15 days before the date of such meeting, by or at the direction of the President or other persons authorized to call the meeting. If mailed, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail, addressed to each member at their address as it appears on the records of the Health Center. If e-mailed, the notice of the meeting shall be deemed delivered on the date e-mailed to each member at his/her e-mail address as it appears on the records of the Health Center. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

### Section 3: Quorum and Manner of Action

- a. The presence of fifty percent (50%) of the Active Staff eligible to vote at any regular or special meeting shall constitute a quorum for the purpose of adopting or amending the Bylaws or Rules and Regulations, or for the election or removal of Medical Staff Officers. The presence of twenty-five percent (25%) of such Members shall constitute a quorum for all other actions.
- b. Except as otherwise specified, the action of a majority of the members present and voting at any meeting at which a quorum is present shall be the action of the group. Notwithstanding the departure of members, business may continue to be transacted at any meeting at which a quorum initially was present, as long as any action taken is approved by a majority of the required quorum for such meeting or such greater number as may be specifically required.

# Providence Saint John's Health Center: Medical Staff Bylaws

## Article XVI: Committee and Department Meetings

### Section 1: Regular Meetings

- a. Committees may, by resolution, provide the time for holding regular meetings without notice other than such resolution. Clinical departments may discuss professional and administrative matters which relate to improvements in patient care.

### Section 2: Special Meetings

- a. A special meeting of any committee or department may be called by or at the request of the chair or chief thereof, by the President of the Medical Staff, or by one-third of the group's then members, but not less than two members.

### Section 3: Notice of Meetings

- a. Written, electronic, or oral notice, stating the place, day and hour of any special meeting or of any regular meeting not held pursuant to resolution, shall be given to each member of the committee or department not less than three days before the time of such meeting, by the person or persons calling the meeting. If mailed, the notice of the meeting shall be deemed delivered when deposited in the United States mail addressed to the member at their address as it appears on the records of the Health Center with postage thereon prepaid. If e-mailed, the notice of the meeting shall be deemed delivered on the date e-mailed to each member at his/her e-mail address as it appears on the records of the Health Center. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

### Section 4: Quorum

- a. Twenty-five percent, but not less than two, of the voting members of a committee or department shall constitute a quorum at any meeting, unless otherwise stipulated in these Bylaws or specific meetings such as regular or special General Staff meetings.

### Section 5: Manner of Action

- a. Formal Action
  - i. The action of a majority of the members present at a meeting at which a quorum is present shall be the action of a committee or department.
- b. Informal Action
  - i. No action of a committee or department shall be valid unless taken at a meeting at which a quorum is present, except that any action may be taken without a meeting if a majority of the Committee members consent in writing (setting for the action so taken) via signature or e-mail transmission by each member entitled to vote thereat.

# Providence Saint John's Health Center: Medical Staff Bylaws

## Section 6: Rights of Ex-Officio Members

- a. Except as specified in Article XIII, Section 1, persons serving under these Bylaws as ex-officio committee members shall have all rights and privileges of regular members, except they shall not be counted in determining the existence of a quorum and shall have no voting rights.

## Section 7: Minutes

- a. Minutes of each regular and special meeting of a committee or department shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and/or administrative designee and a summary of the minutes shall be forwarded to the Medical Executive Committee. Each committee and department shall maintain a permanent file of the minutes of each meeting.

## Section 8: Attendance Requirements

- a. When a member whose patient's clinical course is scheduled for discussion at any medical staff or Health Center committee meeting, and the member's attendance at that meeting is deemed necessary by the President of the Medical Staff or the President's designee, the member shall be so notified and shall be required to attend such meeting. Whenever apparent or suspected deviation from standard clinical practice or repeated failures by a member to conform to or justify variations from accepted utilization norms is involved, the notice to the member shall so state, shall be given by special notice, and shall include a statement that the member's attendance at the meeting at which the alleged deviation is to be discussed is required.
- b. Failure by a member to attend any meeting with respect to which they were given notice that attendance was mandatory unless excused by the Medical Executive Committee, upon a showing of good cause, shall result in automatic suspension of all or such portion of the member's clinical privileges as the Medical Executive Committee may direct, and such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action, if necessary. In all other cases, if the member shall make a timely request for postponement supported by an adequate showing that their absence will be unavoidable, such presentation may be postponed by the chair of their department, or by the Medical Executive Committee if the chair is the member involved, until not later than the next regular departmental committee meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

## Article XVII: Rules and Regulations

- a. The Medical Staff shall adopt such general Rules and Regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Board of Directors. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is required of each practitioner in the Health Center. Such general Rules and Regulations shall be a part of these Bylaws, except that they may be amended or repealed as follows:
  - i. The Medical Staff, by approval of these Bylaws, grants authority to the Medical Executive Committee to adopt or amend rules and regulations and/or policy on behalf of the organized Medical Staff, and to propose said adoptions or amendments to the Board of Directors as necessary. The Medical Executive Committee shall first communicate said adoption or amendment to the Medical Staff to allow for review and comment.

## Providence Saint John's Health Center: Medical Staff Bylaws

1. The Medical Staff shall have up to 30 days from notification to review and comment on the proposed adoption or amendment.
  2. If 30 days after notification, the Medical Staff has not indicated in writing that it is in disagreement with the proposed adoption or amendment, the adoption or amendment shall be forwarded to the Board of Directors for approval.
  3. If within 30 days of notification, the Medical Staff indicates in writing that it is in disagreement with the proposed adoption or amendment, the matter shall be subjected to further review, and if necessary, the conflict resolution process noted here. In order for a written disagreement to be considered valid, it must be signed by at least twenty percent of the Active Staff.
- ii. Such changes shall become effective when approved by the Board of Directors.
- b. Should there be an urgent need to adopt or amend rules and regulations and/or policy so as to comply with law or regulation, the Medical Executive Committee may provisionally make said adoption or amendment, and as necessary, the Board of Directors may provisionally approve said adoption or amendment without first communicating same to the organized Medical Staff.
- i. Should this occur, the Medical Executive Committee shall immediately notify the Medical Staff of the adoption or amendment. The Medical Staff shall have up to 30 days from notification to retrospectively review and comment on the provisional adoption or amendment.
  - ii. If 30 days after notification, the Medical Staff has not indicated in writing that it is in disagreement with the provisional adoption or amendment, the adoption or amendment shall be considered final.
  - iii. If within 30 days of notification, the Medical Staff indicates in writing that it is in disagreement with the provisional adoption or amendment, the matter shall be subjected to the conflict resolution process noted herein. In order for a disagreement to be considered valid, it must be signed by at least twenty percent of the Active Staff.
- c. If the Active Staff proposed an adoption or amendment to the Rules and Regulations, and/or policy, the Medical Staff must first communicate the adoption or amendment to the Medical Executive Committee, who will have 90 days from date of receipt to review the adoption or amendment, and if in agreement, propose said adoption or amendment to the Board of Directors. If within 90 days of receipt the Medical Executive Committee is not in agreement with said adoption or amendment to Rules and Regulations and/or policy, the matter shall be subjected to the conflict resolution process noted herein. If after 90 days, the Medical Executive Committee has neither agreed nor disagreed on the adoption or amendment to the Rules and Regulations, and/or policy, the Medical Staff may proceed to propose said adoption or amendment directly to the Board of Directors.
- d. Departmental rules and regulations and amendment thereto will be proposed by each departmental committee and submitted to the Medical Executive Committee and Board of Directors for approval.
- e. Process for managing conflict between the Medical Executive Committee and the Medical Staff:
- i. For the purposes of these Bylaws, the process for conflict management outlined in this section applies onto to conflict between the Medical Executive Committee and the Medical Staff regarding adoption or amendment of Medical Staff Rules and Regulations, and/or policy. Should there be disagreement between the Medical Executive Committee and the Medical Staff over the adoption or amendment of Medical Staff Rules and Regulations and/or policy, the following shall occur:

## Providence Saint John's Health Center: Medical Staff Bylaws

1. The Medical Executive Committee will inform the Board of Directors that either they or the Medical Staff has adopted or amended Medical Staff Rules and Regulations and/or policies, and that there is disagreement between the two bodies.
2. A special committee consisting of three individuals, one delegate from the Medical Executive Committee, one from the organized Medical Staff, and one from the Board of Directors. An individual who is neither a member of the Medical Executive Committee nor of the Medical Staff shall serve as Chair. Each delegate will be chosen by their respective group.
3. The special committee shall review the adoption or amendment as well as the Medical Executive Committees reason for disagreement. By majority decision, the special committee will make a recommendation to the Board of Directors to either allow the adoption or amendment to be proposed, or to decline receiving said proposal.

## Article XVIII: Confidentiality, Immunity, and Releases

### Section 1 Authorization and Conditions

- a. By applying for or exercising clinical privileges within the Health Center, the member releases from liability the Health Center, all of its representatives and its Medical Staff for their acts performed in good faith and without malice in connection with evaluation of the member's competence, ethics, character, and other qualifications for Medical Staff appointment and clinical privileges.

### Section 2 Confidentiality of Information

- a. General
  - i. Medical Staff, department, section or committee minutes, files and records, including information regarding any member or applicant to the Medical Staff shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made 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 Medical Executive Committee.
- b. Breach of Confidentiality
  - i. Effective 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. Any breach of confidentiality of the discussions or deliberations of Medical Staff departments, sections or committees, except in conjunction with other hospitals professional societies or licensing authorities, is outside appropriate standards of conduct for members of the Medical Staff. If it is determined that such a breach has occurred, the Medical Executive Committee may undertake such corrective action as it deems appropriate.

### Section 3 Immunity from Liability

- a. For Action Taken
  - i. Each representative of the Medical Staff and Health Center shall be exempt, to the fullest extent permitted by law, from liability to an applicant or member for damages or other relief for any action taken or statements or recommendations made from the scope of member's duties as a representative of the Medical Staff or Health Center.

## **Providence Saint John's Health Center: Medical Staff Bylaws**

- b. For Providing Information
  - i. Each representative of the Medical Staff and Health Center and all third parties shall be exempt, to the fullest extent permitted by law, from liability to an applicant or member for damages or other relief by reason of providing information, to a representative of the Medical Staff or Health Center concerning such persons who did, or do, exercise clinical privileges or provide services at the Health Center.

### **Section 4 Releases**

- a. Each applicant or member shall, upon request of the Medical Staff or Health Center, execute general and specific releases in accordance with the express provisions and general intent of this article. Execution of such releases shall not be deemed prerequisite to the effectiveness of this article.

## **Article XIX: Adoption, Amendments, and Review**

- a. Proposed amendments shall be referred to or may be initiated by the Bylaws and Accreditation Committee, who shall in turn submit the proposed amendments to the Medical Executive Committee. Adoption or amendment of the Medical Staff Bylaws resides with the organized Medical Staff and the Board of Directors, and cannot be delegated. The Medical Executive Committee approves proposed amendments which shall be published or mailed to each Active Staff member at least 30 days prior to the regular or special Staff meeting at which they are to be discussed. In the event that a proposed amendment is not approved by the Medical Executive Committee, it is still eligible for consideration in a manner equivalent to that of an approved proposed amendment if a petition in support of its consideration is executed by at least two percent of the members of the Active Staff and presented to the Medical Staff President. To be adopted, an amendment shall require approval by two-thirds vote of the Active Staff present at a meeting of the Active Staff at which a quorum has been reached, or by two-thirds of the votes received from a mailed balloting in which more than 25 percent of the Active Staff cast ballots. Amendments so made shall be effective when approved by the Board of Directors, which approval shall not be unreasonably withheld. Any non-substantive changes proposed by the Board of Directors to an amendment that has been adopted by the Active Staff may be approved by the Medical Executive Committee.
- b. The Medical Staff shall have the ability to adopt Medical Staff Bylaws, Rules and Regulations, and/or policies, and/or amendments thereto, and propose them directly to the Board of Directors. The following criteria must be met in order for an adoption or amendment to be considered a valid action by the Medical Staff:
  - i. The adoption or amendment must be in writing and signed by at least 51% of the Active Staff.
  - ii. The adoption or amendment cannot contravene or be inconsistent with federal, state, or local law, regulation, or accreditation standards set forth by The Joint Commission.
- c. Adoption of these Medical Staff Bylaws shall be by the same procedure as for amendments. Neither the Board of Directors nor the Medical Staff shall unilaterally adopt or amend the Bylaws. These Bylaws shall be reviewed at least triennially by a committee of the Medical Staff.

## **Article XX: Exceptions**

- a. The Medical Executive Committee is permitted to make exceptions to specific rules of these Bylaws, Rules and Regulations where good cause is demonstrated in the interest of good patient care, by a two-thirds vote of the voting members of the Medical Executive Committee.

# Providence Saint John's Health Center: Medical Staff Bylaws

## Article XXI: Interpretation

### Section 1 The Bylaws, Rules and Regulations:

- a. The construction and the interpretation by the Medical Executive Committee shall be final and binding, subject to the approval of the Board of Directors.

### Section 2 Parliamentary Procedure:

- a. In the absence of specific rules, Robert's Rules of Order shall govern the deliberation of this organization.

### Section 3 Conflict Resolution:

- a. In the event of real or apparent conflict between provisions of the Medical Staff Bylaws, Rules and Regulations; Medical Staff Departmental Rules and Regulations; and administrative policies and procedures approved by the Medical Staff, absent the Medical Staff's ability to reconcile the conflict, the hierarchal order of precedence is the order listed above. Real or apparent conflicts between any of the preceding Medical Staff approved documents and Health Center bylaws or other policies or procedures that cannot be reconciled by the Medical Staff in consultation with the Chief Executive Officer or designee shall be referred to the Joint Conference Committee for resolution.

## Article XXI: Disputes with the Board of Directors

1. In the event of a dispute between the Medical Staff and the Board of Directors relating to the independent rights of the Medical Staff, as further described in California Business and Professions Code Section 2282.5, the following procedures shall apply:
  - a. Invoking the Dispute Resolution Process
    - i. The Medical Executive Committee may invoke formal dispute resolution, upon its own initiative, or upon written request of at least ten percent of the members of the Active Staff.
    - ii. In the event the Medical Executive Committee declines to invoke formal dispute resolution, such process shall be involved upon written petition of at least 25 percent of the members of the Active Staff.
  - b. Dispute Resolution Forum
    - i. Ordinarily, the initial forum for dispute resolution shall be the Joint Conference Committee, which shall meet and confer as further described in these Bylaws.
    - ii. However, upon request of at least two-thirds of the members of the Medical Executive Committee, the meet and confer will be conducted by a meeting of the full Medical Executive Committee and the full Board of Directors. A neutral mediator acceptable to both the Board of Directors and the Medical Executive Committee may be engaged to further assist in dispute resolution upon request of (a) at least a majority of the Medical Executive Committee plus two members of the Board of Directors; or (b) at least a majority of the Board of Directors plus two members of the Medical Executive Committee.
  - c. If the parties are unable to resolve the dispute, the Board of Directors shall make its final determination after considering the recommendations of the Medical Executive Committee.



# Providence Saint John's Health Center: Medical Staff Bylaws

## Article XXIII: Exceptions

1. Neither the Medical Staff, its members, committees or department heads, the Board of Directors, its chief administrative officer or any other employee or agent of the Health Center or Medical Staff, shall discriminate or retaliate, in any manner, against any patient, Health Center employee, member of the Medical Staff or any other health care worker of the health facility because that person has done either of the following:
  - a. Presented a grievance, complaint, or report to the facility, to an entity or agency responsible for accrediting or evaluating the facility, or the Medical Staff of the facility, or to any other governmental entity; or
  - b. Has initiated, participated, or cooperated in an investigation or administrative proceeding related to the quality of care, services, or conditions at the facility that is carried out by an entity or agency responsible for accrediting or evaluating the facility or its Medical Staff, or governmental entity.