State of California
Department of Mental Health
Long Term Care Services

COALINGA STATE HOSPITAL

MEDICAL STAFF BYLAWS

As Approved by the Governing Body on
August 4, 2005

As Amended by the Governing Body on
June 12, 2007

COALINGA STATE HOSPITAL
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BYLAWS

MEDICAL STAFF OF COALINGA STATE HOSPITAL

COALINGA, CALIFORNIA

PREAMBLE

The Coalinga State Hospital is owned and operated by the State of California under the administration of the Department of Mental Health. It is licensed as a psychiatric hospital within which general medical and dental care are provided.

The Medical Staff is and shall be responsible for provision of all medical care and treatment; for the supervision of all ancillary and paramedical care and treatment. These bylaws are adopted in order to provide for the organization of the medical staff of Coalinga State Hospital and to provide a framework for self-government in order to permit the medical staff to discharge its responsibilities in matters involving the quality of medical care, and to govern the orderly resolution of those purposes. These bylaws provide the professional and legal structure for medical staff operations, organized medical staff relations with the Governing Body, and relations with applicants to and members of the medical staff.

DEFINITIONS

1. **HOSPITAL** means Coalinga State Hospital.

2. **EXECUTIVE DIRECTOR** acts as the Governing Body's local representative with full authority to act on behalf of the Governing Body during intervals between meetings of the Governing Body. He serves as the Chief Executive Officer of the hospital.

3. **MEDICAL DIRECTOR** means the physician appointed by the Governing Body to direct and supervise the clinical activities of the hospital. The medical staff is responsible to the Medical Director.

4. **MEDICAL STAFF** or **STAFF** means those physicians (M.D. or D.O.), dentists, podiatrists, and clinical psychologists (Ph.D. or Psy.D.) who have been granted recognition as members of the medical staff pursuant to the terms of these bylaws.

5. **MEDICAL EXECUTIVE COMMITTEE** means the executive committee of the medical staff.

6. **PHYSICIAN & SURGEON** means an individual with an M.D. or D.O. degree who is currently licensed to practice medicine.

7. **PSYCHIATRIC PHYSICIAN** means an individual with an M.D. or D.O. degree who is currently licensed to practice medicine and has completed a psychiatric residency training program approved by the Accreditation Council on Graduate Medical Education (ACGME).

8. **CLINICAL PSYCHOLOGIST** means a psychologist licensed by this state and (1) who possesses an earned doctorate degree in psychology from an educational institution meeting the criteria of subdivision (b) of Section 2914 of the Business and Professions Code and (2) has not less than two years clinical experience in a multi-disciplinary facility licensed or operated by this or another state or by the United States to provide health care.

9. **MEMBER** means, unless otherwise expressly limited, any physician, dentist, podiatrist, or clinical psychologist holding a current license to practice within the scope of his or her license who is a member of the medical staff

10. **CLINICAL PRIVILEGES or PRIVILEGES** means the permission granted to an individual to render specific patient services at Coalinga State Hospital.

11. **MEDICAL STAFF YEAR** means the period from July 1 to June 30.

12. **CHIEF OF STAFF** means the presiding officer of the medical staff elected by members of the medical staff

13. **ALLIED HEALTH PROFESSIONAL** or **AHP** means an individual, other than medical staff, who exercises independent judgment within the areas of his/her professional competence and the limits established by the Governing Body, the Medical Staff and the applicable State Practice Acts, who is qualified to render direct or indirect patient treatment or care under the supervision or direction of the active physician medical staff; and who may be eligible to exercise privileges and prerogatives in conformity with the rules adopted by the Governing Body, these Bylaws, and the Medical Staff Rules and Regulations. AHPs are not eligible for Medical Staff membership.

14. **INVESTIGATION** means a process specifically instigated by the Medical Executive Committee to determine the validity, if any, to a concern or complaint raised against a member of the medical staff, and does not include activity of the Medical Staff Assistance Committee.

15. **AUTHORIZED REPRESENTATIVE** or **HOSPITAL'S AUTHORIZED REPRESENTATIVE** means the individual designated by the hospital and approved by the Medical Executive Committee to provide information to and request information from the National Practitioner Data Bank according to the terms of these bylaws.

ARTICLE I

NAME

The name of the organization is the Medical Staff of Coalinga State Hospital.

ARTICLE II

MEMBERSHIP

2.1 **NATURE OF MEMBERSHIP**

No physician, dentist, podiatrist, or clinical psychologist, including those in a medical administrative position by virtue of a contract with the hospital, shall admit or provide medical or health related services to patients in the hospital unless he or she is a member of the medical staff or has been granted temporary privileges in accordance with the procedures set forth in these bylaws.

2.2 **GENERAL QUALIFICATIONS**

Only physicians, dentists, podiatrists, and clinical psychologists who:

(a) Document their

(1) Current California licensure,
(2) Experience, education, and training,
(3) Current professional competence,
(4) Good judgment, and

(b) are determined

(1) To adhere to the Code of Ethics of their respective professions,
(2) To be able to work cooperatively with others so as not to adversely affect patient care,
(3) To keep as confidential, as required by law, all information or records received in the practitioner-patient relationship, and
(4) To be willing to participate in and properly discharge those responsibilities determined by the medical staff.

shall be deemed to possess basic qualifications for membership in the medical staff, except for the honorary and retired staff categories in which case these criteria shall apply as deemed individually applicable by the medical staff.

2.3 PARTICULAR QUALIFICATIONS

(a) **PHYSICIANS.** An applicant for physician membership in the medical staff must hold an M.D. or D.O. degree issued by a medical or osteopathic school approved at the time of the issuance of such degree by the Medical Board of California or the Board of Osteopathic Examiners of the State of California and must also hold a valid and unsuspended certificate to practice medicine issued by the Medical Board of California or the Board of Osteopathic Examiners of the State of California or be otherwise permitted by law to practice medicine in this hospital. In addition physician applicants must have successfully completed a residency program that is accredited by the Accreditation Council on Graduate Medical Education (ACGME), except residents and interns.

(b) **DENTISTS.** An applicant for dental membership in the medical staff must hold a D.D.S. or equivalent degree issued by a dental school approved at the time of the issuance of such degree by the Board of Dental Examiners of California and must also hold a valid and unsuspended certificate to practice dentistry issued by the Board of Dental Examiners of California.

(c) **PODIATRISTS**. An applicant for podiatric membership on the medical staff must hold a D.P.M. degree conferred by a school approved at the time of issuance of such degree by the Medical Board of California of the State of California and must hold a valid and unsuspended certificate to practice podiatry issued by the Medical Board of California of the State of California.

(d) **CLINICAL PSYCHOLOGISTS**. An applicant for clinical psychology membership on the medical staff must hold a PhD, PsyD, or an EdD degree in psychology from an institution approved at the time of issuance of such degree by the Board of Psychology of the State of California. The applicant must also hold a valid and unsuspended license to practice psychology issued by the Board of Psychology in California, meet the requirements of Section 1316.5 of the Health and Safety Code, and have not less than two years clinical experience in a multidisciplinary facility licensed or operated by this or another state or by the United States to provide health care. **(As Amended 6/12/2007)**

(e) Psychologist who meet all of the Medical Staff qualifications as noted in 2.3 (d), except for not having the 2 year multidisciplinary experience in a licensed facility shall be members of the provisional staff for a 2 year period and upon successful completion will be moved to Active Medical Staff.

2.4 EFFECT OF OTHER AFFILIATIONS

No person shall be entitled to membership in the medical staff merely because he or she holds a certain degree, is licensed to practice in this or in any other State, is a member of any professional organization, is certified by any clinical board, or because such person had, or presently has, staff membership or privileges at another health care facility.

2.5 NONDISCRIMINATION

No aspect of medical staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, or national origin.

2.6 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

Except for the honorary and retired staff, the ongoing responsibilities of each member of the medical staff include:

(a) Providing patients with the quality of care meeting the professional standards of the medical staff of this hospital;

(b) Abiding by the medical staff bylaws and medical staff rules and regulations;

(c) Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of medical staff membership, including committee assignments;

(d) Preparing and completing in timely fashion medical records for all patients to whom the member provides care in the hospital;

(e) Abiding by the lawful ethical principles of the California Medical Association or member's professional association;

(f) Aiding in any medical staff approved educational programs for students, interns, and physicians, dentists, psychologists, social workers, nurses, and other personnel;

(g) Working cooperatively with members, nurses, hospital administration and others so as not to adversely affect patient care;

(h) Making appropriate arrangement for coverage for his/her patients with approval of the Medical Director and according to hospital policy;

(i) Participating in continuing education programs as determined by the medical staff;

(j) Participating in such emergency service coverage or consultation panels as may be determined by the Medical Director; and

(k) Discharging such other staff obligations as may be lawfully established from time to time by the medical staff or Medical Executive Committee.

ARTICLE III

CATEGORIES OF MEMBERSHIP

3.1 CATEGORIES

The categories of the medical staff shall include the following: active, associate, courtesy, consulting, provisional, and temporary. At each time of reappointment, the member's staff category shall be determined.

3.2 ACTIVE STAFF

3.2-1 QUALIFICATIONS

The active staff shall consist of members who:

(a) Meet the general qualifications for membership set forth in Section 2.2 and the particular qualifications in Section 2.3;

(b) Except for good cause shown as determined by the medical staff, have satisfactorily completed their designated term in the provisional staff category; and

(c) Hold employment by the California Department of Mental Health and see Coalinga State Hospital patients regularly.

3.2-2 PREROGATIVES

Except as otherwise provided, the prerogatives of an active medical staff member shall be to:

(a) Exercise such clinical privileges as are granted pursuant to Article V;

(b) Attend and vote within the scope of his or her license on matters presented at general and special meetings of the medical staff and of the department and committees of which he or she is a member; and

(c) Hold staff, division, or department office and serve as a voting member of committees to which he or she is duly appointed or elected by the medical staff or duly authorized representative thereof.

3.2-3 TRANSFER OF ACTIVE STAFF MEMBER

After one year in which a member of the active staff fails to regularly care for patients in this hospital or be regularly involved in medical staff functions as determined by the medical staff, that member shall be automatically transferred to the appropriate category, if any, for which the member is qualified, except that administrators in the hospital shall be exempt from this requirement.

3.3 ASSOCIATE STAFF

3.3-1 QUALIFICATIONS

The associate staff shall consist of members who:

(a) Meet the general qualifications set forth in Section 3.2-1, (a), (c);

(b) Hold employment by the California Department of Mental Health and do not see patients regularly; and

(c) Have satisfactorily completed their provisional staff term.

3.3-2 PREROGATIVES

Except as otherwise provided, the prerogatives of an associate staff member shall be to:

(a) Exercise such clinical privileges as are granted pursuant to Article V; and

(b) Attend in a non-voting capacity meetings of the medical staff, provided the member may vote on all matters presented at meetings of the department or committees of which he or she is a member.

Associate staff members shall not be eligible to hold office in the medical staff

3.3-3 TRANSFER OF ASSOCIATE STAFF MEMBER

After two consecutive years in which a member of the associate staff fails to regularly care for patients or be regularly involved in the medical staff functions as determined by the medical staff, that member shall be automatically transferred to the appropriate category, if any, for which the

member is qualified, except that associate members serving in administrative positions in the hospital shall be exempt from this requirement.

3.4 THE COURTESY MEDICAL STAFF

3.4-1 QUALIFICATIONS

The courtesy medical staff shall consist of members who:

(a) Meet the general qualifications set forth in subsection (a) of Section 3.2-1;

(b) Do not regularly care for or are not regularly involved in the medical staff functions as determined by the medical staff;

(c) Are members in good standing of the active or associate medical staff of another California licensed hospital, although exceptions to this requirement may be made by the Medical Executive Committee for good cause; and

(d) Have satisfactorily completed appointment in the provisional category.

3.4-2 PREROGATIVES

Except as otherwise provided, the courtesy medical staff member shall be entitled to:

(a) Exercise such clinical privileges as are granted pursuant to Article V; and

(b) Attend in a non voting capacity meetings of the medical staff and the department of which he or she is a member, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment. Courtesy staff members shall not be eligible to hold office in the medical staff.

3.4-3 LIMITATIONS

Courtesy staff members who regularly care for patients at the hospital shall, upon review of the Medical Executive Committee, be obligated to seek appointment to the appropriate staff category.

3.5 THE CONSULTING MEDICAL STAFF

3.5-1 QUALIFICATIONS

Any member of the medical staff in good standing may consult in his area of expertise; however, the consulting medical staff shall consist of such practitioners who:

(a) Are not otherwise members of the medical staff and meet the general qualifications set forth in Section 2.2, except that this requirement shall not preclude an out of state practitioner from appointment as may be permitted by law if that practitioner is otherwise deemed qualified by the Medical Executive Committee;

(b) Possess adequate clinical and professional expertise;

(c) Are willing and able to come to the hospital on schedule or promptly respond when called to render clinical services within their area of competence;

(d) Are members of the active or associate medical staff of another hospital licensed by California or another State, although exceptions to this requirement may be made by the Medical Executive Committee for good cause; and

(e) Have satisfactorily completed appointment in the provisional category.

3.5-2 PREROGATIVES

The consulting medical staff member shall be entitled to:

(a) Exercise such clinical privileges as are granted pursuant to Article V; and

(b) Attend meetings of the medical staff and the department of which he or she is a member, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment. Consulting staff members shall not be eligible to hold office in the medical staff organization, but may serve upon committees.

3.6 TEMPORARY CLINICAL PRIVILEGES

3.6-1 CIRCUMSTANCES

(a) Temporary clinical privileges may be granted where good cause exists to a physician, dentist, podiatrist, or clinical psychologist for the care of specific patients (but not more than three [3] times during a calendar year) provided that the procedure described in Section 3.6-2 has been followed.

3.6-2 APPLICATION AND REVIEW

(a) Upon receipt of a completed application and supporting documentation from a physician, dentist, podiatrist, or clinical psychologist authorized to practice in California, the Governing Body grants temporary privileges to a member who appears to have qualifications, ability and judgment, consistent with Section 2.2, but only after:

(1) The appropriate department chairman has interviewed the applicant and has contacted at least one person who:

(a) Has recently worked with the applicant;

(b) Has directly observed the applicant's professional performance over a reasonable period of time; and

(c) Provides reliable information regarding the applicant's current professional competence, ethical character, and ability to work well with others so as not to adversely affect patient care.

(2) The applicant's file, including the recommendation of the department chairman, is forwarded to the Credentials Committee and the Medical Executive Committee;

(3) Reviewing the applicant's file and attached materials, the Medical Executive Committee through the Chief of Staff or Medical Director recommends granting temporary privileges;

(4) In the event of a disagreement between the Governing Body and the Medical Executive Committee regarding the granting of temporary clinical privileges, the matter shall be resolved as set forth in Section 4.5-8.

(b) If the applicant requests temporary privileges in more than one department, interviews shall be conducted and written concurrence shall first be obtained from the appropriate department chairmen and forwarded to the Credentials Committee.

3.6-3 **GENERAL CONDITIONS**

(a) If granted temporary privileges, the applicant shall act under the supervision of the department chairman to which the applicant has been assigned, and shall ensure that the chairman, or the chairman's designee, is kept closely informed as to his or her activities within the hospital.

(b) Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated by the Medical Executive Committee upon recommendation of the department or Credentials Committee or unless affirmatively renewed following the procedure as set forth in Section 3.6-2.

(c) Requirements for proctoring and monitoring, including but not limited to those in Section 5.3, shall be imposed on such terms as may be appropriate under the circumstances upon any member granted temporary privileges by the Chief of Staff after consultation with the departmental chair or the departmental chair's designee.

(d) At any time temporary privileges may be terminated by the Medical Director and/or the Chief of Staff, with the concurrence of the chairman of the department or his designee, subject to prompt review by the Medical Executive Committee. In such cases, the appropriate department chairman, or in the chairman's absence, the chairman of the Medical Executive Committee, shall assign a member of the medical staff to assume responsibility for the care of such member's patient(s).

(e) All persons requesting or receiving temporary privileges shall be bound by the bylaws and rules and regulations of the medical staff.

3.7 PROVISIONAL STAFF

3.7-1 QUALIFICATIONS

The provisional staff shall consist of members who:

(a) Meet the general medical staff membership qualifications set forth in Sections 3.2-1(a) or 3.5-l(a)-(e); and

(b) Immediately prior to their application and appointment were not members (or were no longer members) in good standing of this medical staff.

3.7-2 PREROGATIVES

The provisional staff member shall be entitled to:

(a) Exercise such clinical privileges as are granted pursuant to Article V; and

(b) Attend meetings of the medical staff and the department of which he or she is a member, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment.

Provisional staff members shall not be eligible to hold office in the medical staff organization, but may serve upon committees.

3.7-3 OBSERVATION OF PROVISIONAL STAFF MEMBER

Each provisional staff member shall undergo a period of observation by designated monitors as described in Section 5.3. The purpose of observation shall be to evaluate the member's:

(a) Proficiency in the exercise of clinical privileges initially granted; and

(b) Overall eligibility for continued staff membership and advancement within staff categories.

Observation of provisional staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the provisional staff member including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or

direct observation. Appropriate records shall be maintained. The results of the observation shall be communicated by the department chairman to the Credentials Committee.

3.7-4 ACTION AT CONCLUSION OF PROVISIONAL STAFF STATUS

(a) If the provisional staff member has satisfactorily demonstrated his or her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued medical staff membership, the member shall be eligible for placement in the active, associate, courtesy, or consulting staff, as appropriate, upon recommendation of the Medical Executive Committee; and

(b) In all other cases, the appropriate department shall advise the Credentials Committee which shall make its report to the Medical Executive Committee which, in turn, shall make its recommendation to the Governing Body regarding a modification or termination of clinical privileges.

3.8 LIMITATION OF PREROGATIVES

The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other sections of these bylaws and by the medical staff rules and regulations.

3.9 GENERAL EXCEPTIONS TO PREROGATIVES

Regardless of the category of membership in the medical staff, license members.

(a) Shall only have the right to vote on matters within the scope of their licensure. In the event of a dispute over voting rights, that issue shall be determined by the chairman of the meeting, subject to final decision by the Medical Executive Committee; and

(b) Shall exercise clinical privileges only within the scope of their licensure and as set forth in Section 5.4.

3.10 MODIFICATION OF MEMBERSHIP CATEGORY

On its own, upon recommendation of the Credentials Committee, or pursuant to a request by a member under Section 4.6-1(b), or upon direction of the Governing Body as set forth in Section 6.1-6 the Medical Executive Committee may recommend a change in the medical staff category of a member consistent with the requirements of the bylaws.

ARTICLE IV

APPOINTMENT AND REAPPOINTMENT

4.1 GENERAL

Except as otherwise specified herein, no person (including persons engaged by the hospital in administratively responsible positions) shall exercise clinical privileges in the hospital unless and until he or she applies for and receives appointment to the medical staff, or is granted privileges as set forth in these bylaws. By applying to the medical staff for appointment or reappointment or in the case of allied health staff applying for the approval or re-approval of clinical privileges, the applicant acknowledges responsibility to first review these bylaws, and agrees that throughout any period of membership he or she will comply with the responsibilities of medical staff membership and with the bylaws, and rules and regulations of the medical staff as they exist and as they may be modified from time to time. Appointment to the medical staff shall confer on the appointee only such clinical privileges as have been granted in accordance with these bylaws.

4.2 BURDEN OF PRODUCING INFORMATION

In connection with all applications for appointment, reappointment, advancement or transfer, the applicant shall have the burden of producing information for an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and staff category requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. The applicant's failure to sustain this burden shall be grounds for denial of the application. This burden may include submission to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Medical Executive Committee which may select the examining physician. Willful and substantial omissions or misrepresentations, which may be discovered after initial approval, may result in denial, modification, or revocation of an applicant's medical staff membership and/or clinical privileges.

4.3 APPOINTMENT AUTHORITY

Appointments, denials and revocations of appointments to the medical staff shall be made by the Governing Body as set forth in these bylaws, but only after there has been a recommendation from the medical staff, or as set forth in Section 6.1-6.

4.4 DURATION OF APPOINTMENT AND REAPPOINTMENT

Except as otherwise provided in these bylaws, initial appointments to the medical staff shall be for a period of two years. Reappointments shall be for a period of up to two years. **(As Amended 6/12/2007)**

4.5 APPLICATION FOR INITIAL APPOINTMENT AND REAPPOINTMENT

4.5-1 APPLICATION FORM

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

(a) The applicant's qualifications, including, but not limited to, professional training and experience, current licensure, and continuing medical education information for physician applicants or mandatory continuing education information for clinical psychologist applicants related to the clinical privileges to be exercised by the applicant;

(b) Peer references familiar with the applicant's professional competence and ethical character;

(c) Requests for membership categories, departments, and clinical privileges;

(d) Past or pending administrative actions to any licensure, certification, registration (state or federal Drug Enforcement Administration (DEA)) landlord participation in the federal Medicare/Medi-Cal program, or the voluntary relinquishment of such licensure, certification or registration;

(e) Voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital; and

(f) Final judgments or settlements made against the applicant in professional liability cases, and any filed cases pending.

Each application for initial appointment to the medical staff shall be in writing, submitted on the prescribed form with all provisions completed (or accompanied by an explanation of why answers are unavailable), and signed by the applicant. When an applicant requests an application form, he or she shall be given a copy of these bylaws, the medical staff rules and

regulations, and, summaries of other applicable policies relating to clinical practice in the hospital, if any.

4.5-2 **EFFECT OF APPLICATION**

In addition to the matters set forth in Section 4.1, by applying for appointment to the medical staff each applicant:

(a) Signifies his or her willingness to appear for interviews in regard to the application;

(b) Authorizes consultation with others who have been associated with him or her and who may have information bearing on his or her competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;

(c) Consents to inspection of records and documents that may be material to an evaluation of his or her qualifications and ability to carry out clinical privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;

(d) Releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the applicant;

(e) Releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;

(f) Consents to the disclosure to other hospitals, medical associations, and licensing boards, and to other similar organizations as required by law, any information regarding his or her professional or ethical standing that the hospital or medical staff have, and releases the medical staff and hospital from liability for so doing to the fullest extent permitted by law;

(g) Pledges to provide for continuous quality care for his or her patients;

(h) Pledges to maintain an ethical practice; and

(i) In the period between appointments, pledges to inform the Chief of Staff of any administrative actions to any licensure, certification,

registration (state or federal Drug Enforcement Administration) and/or participation in the Medicare/Medi-Cal program, or the voluntary relinquishment of such licensure, certification or registration, or any professional liability judgments or settlements.

4.5-3 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application to the appropriate medical staff officer. The Medical Director shall be notified of the application. The application and all supporting materials then available shall be transmitted to the chairman of each department in which the applicant seeks privileges and to the Credentials Committee. The Credentials Committee and the Executive Director if his or her assistance is requested by the Credentials Committee, shall expeditiously seek to collect or verify the references, licensure status, or other evidence submitted in support of the application. The Executive Director shall be informed of an application requiring full Governing Body approval. The hospital's authorized representative shall query the National Practitioner Data Bank regarding the applicant or member and submit any resulting information to the Credentials Committee for inclusion in the applicant's or member's credentials file. The applicant shall be notified of any problems in obtaining the information required, and it shall be the applicant's obligation to obtain. When collection and verification is accomplished, all such information shall be transmitted to the Credentials Committee and the appropriate department(s).

4.5-4 DEPARTMENT ACTION

After receipt of the application, the chairman or appropriate committee of each department to which the application is submitted, shall review the application and supporting documentation, and may conduct a personal interview with the applicant at his or her discretion. The chairman or appropriate committee shall evaluate all matters deemed relevant to a recommendation, including information concerning the applicant's provision of services within the scope of privileges granted, and shall transmit to the Credentials Committee a written report and recommendation as to appointment and, if appointment is recommended, as to membership category, department affiliation, clinical privileges to be granted, and any special conditions to be attached. The chairman may also request that the Medical Executive Committee defer action on the application.

4.5-5 CREDENTIALS COMMITTEE ACTION

The Credentials Committee shall review the application, evaluate and verify

the supporting documentation, the department chairman's report and recommendations, and other relevant information. The Credentials Committee may elect to interview the applicant and seek additional information. As soon as practicable, the Credentials Committee shall transmit to the Medical Executive Committee a written report and its recommendations as to appointment and, if appointment is recommended, as to membership category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The committee may also recommend that the Medical Executive Committee defer action on the application.

4.5-6 MEDICAL EXECUTIVE COMMITTEE ACTION

(a) At it's next regular meeting after receipt of the Credentials Committee report and recommendation, or as soon thereafter as is practicable, the Medical Executive Committee shall consider the report and any other relevant information. The Medical Executive Committee may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant. The Medical Executive Committee shall forward to the Medical Director, for prompt transmittal to the Governing Body, a written report and recommendation as to medical staff appointment and, if appointment is recommended, as to membership category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The committee may also defer action on the application. The reasons for each recommendation shall be stated.

4.5-7 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

(a) Favorable Recommendation. When the recommendation of the Medical Executive Committee is favorable to the applicant, it shall be promptly forwarded, together with supporting documentation, to the Governing Body.

(b) Adverse Recommendation. When a final recommendation of the Medical Executive Committee is adverse to the applicant, the Governing Body and the applicant shall be promptly informed by written notice. The applicant shall then be entitled to the procedural rights as provided in Article VII.

4.5-8 ACTION ON THE APPLICATION

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

(a) If the Medical Executive Committee issues a favorable recommendation, the Governing Body shall affirm the recommendation of the Medical Executive Committee if the medical committee's decision is supported by substantial evidence.

(1) If the Governing Body concurs in that recommendation, the decision of the Governing Body shall be deemed final action; and

(2) If the tentative final action of the Governing Body is unfavorable, the administrator shall give the applicant written notice of the tentative adverse recommendation and the applicant shall be entitled to the procedural rights set forth in Article VII. If the applicant waives his or her procedural rights, the decision of the Governing Body shall be deemed final action.

(b) In the event the recommendation of the Medical Executive Committee, or any significant part of it, is unfavorable to the applicant, the procedural rights set forth in Article VII shall apply.

(1) If the applicant waives his or her procedural rights, the recommendations of the Medical Executive Committee shall be forwarded to the Governing Body for final action, which shall affirm the recommendation of the Medical Executive Committee if the Medical Executive Committee's decision is supported by substantial evidence; and

(2) If the applicant requests a hearing following the adverse Medical Executive Committee recommendation pursuant to section 4.5-8(b) or an adverse Governing Body tentative final action pursuant to 4.5-8(a)(2), the Governing Body shall take final action only after the applicant has exhausted his or her procedural rights as established by Article VII. After exhaustion of the procedures set forth in Article VII, the board shall make a final decision and shall affirm the decision of the Judicial Review

Committee if the Judicial Review Committee's decision is supported by substantial evidence, following a fair procedure. The board's decision shall be in writing and shall specify the reasons for the action taken.

4.5-9 NOTICE OF FINAL DECISION

(a) Notice of the final decision shall be given to the Chief of Staff, the medical executive and the Credentials Committee, the chairman of each department concerned, the applicant, and the Medical Director, and Executive Director.

(b) A decision and notice to appoint or reappoint shall include, if applicable: (1) the staff category to which the applicant is appointed; (2) the department to which he or she is assigned (3) the clinical privileges granted; and (4) any special conditions attached to the appointment.

(c) The newly appointed member will be notified by letter by the Executive Director of the actions of the Governing Body appointing the applicant to provisional staff with specified privileges.

4.5-10 REAPPLICATION AFTER ADVERSE APPOINTMENT DECISION

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the medical staff for a period of twelve (12) months. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

4.5-11 TIMELY PROCESSING OF APPLICATIONS

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

(a) Evaluation, review, and verification of application and all supporting documents: sixty (60) days from receipt of all necessary documentation;

(b) Review and recommendation by department(s): thirty (30) days after receipt of all necessary documentation;

(c) Review and recommendation by Credentials Committee: thirty (30) days after receipt of all necessary documentation;

(d) Review and recommendation by Medical Executive Committee: thirty (30) days after receipt of all necessary documentation; and

(e) Final action: thirty (30) days after receipt of all necessary documentation or conclusion of hearings.

4.6 REAPPOINTMENTS AND REQUESTS FOR MODIFICATIONS OF STAFF STATUS OR PRIVILEGES

4.6-1 APPLICATION

(a) At least three (3) months prior to the expiration date of the current staff appointment (except for temporary appointments), a reapplication form developed by the Medical Executive Committee shall be mailed or delivered to the member. If an application for reappointment is not received at least sixty (60) days prior to the expiration date, written notice shall be promptly sent to the applicant advising that the application has not been received. At least forty-five (45) days prior to the expiration date, each medical staff member shall submit to the Credentials Committee the completed application form for renewal of appointment to the staff for the coming year, and for renewal or modification of clinical privileges. The reapplication form shall include all information necessary to update and evaluate the qualifications of the applicant including, but not limited to, the matters set forth in Section 4.5-1, as well as other relevant matters. Upon receipt of the application, the information shall be processed as set forth commencing at Section 4.5-3. For physician members, continuing DEA registration is not required for the reappointment process. Physicians who choose to retain their own DEA registration must include their number on the reapplication form. Courtesy and consulting physician members applying for reappointment must maintain current DEA registration.

(b) A medical staff member who seeks a change in medical staff status or modification of clinical privileges may submit such a request at any time upon a form developed by the Medical Executive Committee, except that such application may not be filed within six (6) months of the time a similar request has been denied.

4.6-2 EFFECT OF APPLICATION

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

4.6-3 STANDARDS AND PROCEDURE FOR REVIEW

When a staff member submits the first application for reappointment, and every two years thereafter, or when the member submits an application for modification of staff status or clinical privileges, the member shall be subject to the in depth review generally following the procedures set forth in Section 4.5-3 through 4.5-11. **((As Amended 6/12/2007)**

The chair of the applicant's department will evaluate concerning clinical knowledge and competence, ethical character, ability to work with others, relationship with patients, and quality of patient records. The chair of the department will review the reference questionnaires, the applicant's participation in staff and committee activities, the completion of any required training, and the performance evaluations. The chair of the department will transmit to the chair of the Credentials Committee a recommendation as to reappointment, clinical privileges and any special conditions to be attached.

4.6-4 FAILURE TO FILE REAPPOINTMENT APPLICATION

Failure without good cause to timely file a completed application for reappointment shall result in the automatic suspension of the member's admitting privileges and expiration of other practice privileges and prerogatives at the end of the current staff appointment, unless otherwise extended by the Medical Director with the approval of the Governing Body. If the member fails to submit a completed application for reappointment when it was due, the member shall be deemed to have resigned membership in the medical staff. In the event membership terminates for the reasons set forth herein, the procedures set forth in Article VII shall not apply.

4.7 LEAVE OF ABSENCE

4.7-1 LEAVE STATUS

A medical staff member may request a leave of absence in accordance with applicable California State Personnel Board regulations by submitting a written request to the Medical Director stating the purpose for and time of leave desired. During the leave, the member shall not exercise clinical privileges at the hospital.

4.7-2 TERMINATION OF LEAVE

At least thirty (30) days prior to the termination of the leave of absence, or at any earlier time, the medical staff member may request reinstatement of privileges by submitting a written notice to that effect to the Medical Executive Committee. The staff 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 member's privileges and prerogatives, and the procedure provided in sections 4.1 through 4.5-11 shall be followed.

4.7-3 FAILURE TO REQUEST REINSTATEMENT

Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership, privileges, and prerogatives. A member whose membership is automatically terminated shall be entitled to the procedural rights provided in Article VII for the sole purpose of determining whether the failure to request reinstatement was unintentional or excusable, or otherwise. A request for medical staff membership subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial appointments.

ARTICLE V

CLINICAL PRIVILEGES

5.1 EXERCISE OF PRIVILEGES

Except as otherwise provided in these bylaws, a practitioner providing clinical services at this hospital shall be entitled to exercise only those clinical privileges specifically granted. Said privileges and services must be hospital specific, within the scope of the licensure, certificate or other legal credential authorizing practice in this state and consistent with any restrictions thereon, and shall be subject to the rules and regulations of the clinical department and the authority of the department chairman the Chief of Staff, and the Medical Director.

5.2 DELINEATION OF PRIVILEGES IN GENERAL

5.2-1 REQUESTS

Each application for appointment and reappointment to the medical staff must contain a request for the specific clinical privileges desired by the applicant. A request by a member for a modification of clinical privileges may be made at any time, but such request must be supported by documentation of training and/or experience supportive of the request.

5.2-2 BASES FOR PRIVILEGES DETERMINATION

Requests for clinical privileges shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance, and the documented results of patient care and other quality review and monitoring which the medical staff deems appropriate. Privilege determination may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a member exercises clinical privileges.

5.3 PROCTORING

5.3-1 GENERAL PROVISIONS

Except as otherwise determined by the Medical Executive Committee, all initial appointees to the medical staff and all members granted new clinical

privileges shall be subject to a period of proctoring. Each appointee or recipient of new clinical privileges shall be assigned to a department where performance on an appropriate number of cases as established by the Medical Executive Committee, or the department as designee of the Medical Executive Committee, shall be observed by the chairman of the department, or the chairman's designee, during the period of proctoring specified in the department's rules and regulations, to determine suitability to continue to exercise the clinical privileges granted in that department. The exercise of clinical privileges in any other department shall also be subject to direct observation by that department's chairman or his designee. The member shall remain subject to such proctoring until the Medical Executive Committee has been furnished with:

(a) A report, signed by the chairman of the department(s) to which the member is assigned, describing the types and numbers of cases observed and the evaluation of the applicant's performance, and stating that the applicant appears to meet all of the qualifications for unsupervised practice in that department, has discharged all of the responsibilities of staff membership, and has not exceeded or abused the prerogatives of the category to which the appointment was made; and

(b) A report signed by the chairmen of the other department(s) in which the appointee may exercise clinical privileges, describing the types and number of cases observed and the evaluation of the applicant's performance and a statement that the member has satisfactorily demonstrated the ability to exercise the clinical privileges initially granted in those departments.

5.3-2 **FAILURE TO OBTAIN CERTIFICATION**

(a) If an initial appointee fails within the time of provisional membership to furnish the certification required, or if a member exercising new clinical privileges fails to furnish such certification within the time allowed by the department, those specific clinical privileges shall automatically terminate, and the member shall be entitled to a hearing, upon request, pursuant to Article VII; and

(b) If a member of the provisional staff fails to obtain appropriate certification for all of the clinical privileges requested, that individual's medical staff membership shall terminate, and the member shall be entitled to a hearing upon request pursuant to Article VII.

5.3-3 MEDICAL STAFF ADVANCEMENT

The failure to obtain certification for any specific clinical privilege shall not, of itself, preclude advancement in medical staff category of any member. If such advancement is granted absent such certification, continued proctorship on the uncertified procedure shall continue for the specified time period.

5.4 CONDITIONS FOR PRIVILEGES OF PHYSICIANS, DENTISTS, PODIATRISTS, CLINICAL PSYCHOLOGISTS, AND ALLIED HEALTH PROFESSIONALS

5.4-1 SURGERY

Surgical procedures performed by physician, dentists and podiatrists shall be under the overall direction of the chairman of the department of medicine or the chairman's designee.

5.4-2 DIAGNOSTIC ASSESSMENT AND TREATMENT

Diagnostic assessment and treatment procedures performed by Allied Health Professionals shall be under the overall clinical direction of a member of the active medical staff

5.4-3 SERVICES BY MEDICAL RESIDENTS AND FELLOWS

Treatment and assessment procedures performed by the medical residents and fellows shall be under the professional supervision of an active physician member of the Medical Staff as assigned by the Chief of Professional Education. As a fellow has completed an approved residency program, he/she will be eligible to join the Medical Staff as a provisional member.

5.5 EMERGENCY PRIVILEGES

(a) In the case of an emergency, any member of the medical staff, to the degree permitted by his or her license and regardless of department, staff status, or clinical privileges, shall be permitted to do everything reasonably possible to save the life of a patient or to save a patient from serious harm. The member shall make every reasonable effort to communicate promptly with the department chairman concerning the need for emergency care and assistance by members of the medical staff with appropriate clinical privileges, and once the emergency has passed or assistance has been made available, shall defer to the

department chairman with respect to further care of the patient at the hospital.

(b) In the event of an emergency, any person shall be permitted to do whatever is reasonably possible to save the life of a patient or to save a patient from serious harm. Such persons shall promptly yield such care to qualified members of the medical staff when it becomes reasonably available.

5.6 DISASTER PRIVILEGES

In the event of a disaster in which the hospital's Emergency Preparedness Plan is activated and in which the hospital is unable to handle immediate patient needs, the Executive Director or Medical Director, may grant disaster privileges to volunteer licensed practitioners from the community, upon presentation of any of the following:

1. A current picture hospital ID card;

2. A current license to practice and valid picture ID issued by a state, federal, or regulatory agency;

3. Identification indicating that the individual is a member of a regional or statewide Disaster Medical Assistance Team; and

4. Presentation by current hospital or medical staff members(s) with personal knowledge regarding practitioner's identity.

The activities or volunteers granted disaster privileges shall be monitored and managed in accordance with the hospital Emergency Preparedness Manual. Disaster privileges shall be time-limited to the duration of the disaster event. Disaster privileges shall terminate when the Hospital Disaster Plan is deactivated.

5.7 MODIFICATION OF CLINICAL PRIVILEGES OR DEPARTMENT ASSIGNMENT

On its own, upon recommendation of the Credentials Committee, or pursuant to a request under Section 4.6-1(b), the Medical Executive Committee may recommend a change in the clinical privileges or department assignment(s), of a member. The Medical Executive Committee may also recommend that the granting of additional privileges to a current medical staff member be made subject to monitoring in accordance with procedures similar to those outlined in Section 5.3-1.

5.8 LAPSE OF APPLICATION

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

ARTICLE VI

CORRECTIVE ACTION

6.1 CORRECTIVE ACTION

6.1-1 CRITERIA FOR INITIATION

Any person may provide information to the medical staff about the conduct, performance, or competence of its members. When reliable information indicates a member may have exhibited acts, demeanor, or conduct, reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within the hospital; (2) unethical; (3) contrary to the medical staff bylaws and rules or regulations; or (4) below applicable professional standards, a request for an investigation or action against such member may be initiated by the Chief of Staff or the Medical Director.

Specific causes for corrective action may include but are not limited to the following:

(a) Disruptive conduct. Continuous inability or unwillingness to work in harmony with others or evidence of disruptive behavior or conduct detrimental to patient care may be cause for corrective action;

(b) Unethical conduct. Continuous inability or unwillingness to comply with ethical standards adopted by the medical staff or respective service organization may be cause for corrective action;

(c) Unprofessional conduct. Continuous excessive prescription of drugs or treatment, diagnostic procedures, diagnostic or treatment facilities; insurance fraud; sexual abuse, misconduct and/or relations with a patient; or other unprofessional acts will be cause for corrective action;

(d) Failure to observe rules. Continuous inability or unwillingness to comply with medical staff bylaws, rules and regulations, relevant service professional standards, or hospital administrative directives may be cause for corrective action;

(e) Failure to practice within known capacities. Consistent practice requiring skills or knowledge beyond those possessed by the

practitioner which demonstrates willful disregard of the practitioner's known capacities may be cause for corrective action;

(f) Failure to perform at or above medical staff designated standards of care. Consistent inability or unwillingness to meet or exceed medical staff standards for accuracy of diagnosis, or appropriateness of therapy, or timely and appropriate consultation, or resource management and length of stay, or timely transfer as needed for severity and acuity of illness, or medical decision making may be cause for corrective action; and

(g) Quality assurance exception. Consistent exception without reasonable explanation from medical staff quality assurance indicators may be cause for corrective action.

6.1-2 **INITIATION**

A request for an investigation must be in writing, submitted to the Chief of Staff or Medical Director, and supported by reference to specific activities or conduct alleged.

6.1-3 **INVESTIGATION**

If the medical Chief of Staff or Medical Director concludes an investigation is warranted, it shall direct an investigation to be undertaken. The Medical Executive Committee may conduct the investigation itself, or may assign the task to an appropriate medical staff officer, medical staff department, or standing or ad hoc committee of the medical staff The Medical Executive Committee, in its discretion, may appoint practitioners who are not members of the medical staff as ex-officio members of the medical staff for the sole purpose of serving on a standing or ad hoc committee. If the investigation is delegated to an officer or committee other than the Medical Executive Committee, such officer or committee shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the Medical Executive Committee as soon as practicable. The report may include recommendations for appropriate corrective action. The member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon such terms as the investigating body deems appropriate. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved; however, such investigation shall not constitute a "hearing" as that term is used in Article VII, nor shall the procedural rules with respect to hearings or appeals apply. Despite the status of any

investigation, at all times the Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigation process, or other action.

6.1-4 **MEDICAL EXECUTIVE COMMITTEE ACTION**

As soon as practicable after the conclusion of the investigation, the Medical Executive Committee shall take action which may include, without limitation:

(a) Determining no corrective action be taken and, if the Medical Executive Committee determines there was no credible evidence for the complaint in the first instance, removing any adverse information from the member's file;

(b) Deferring action for a reasonable time where circumstances warrant;

(c) Issuing letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude department heads from issuing informal written or oral warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected member may make a written response which shall be placed in the member's file;

(d) Recommending the imposition of terms of probation or special limitation upon continued medical staff membership or exercise of clinical privileges, including, without limitation, requirements for co-admissions, mandatory consultation, or monitoring;

(e) Recommending reduction, modification, suspension or revocation of clinical privileges;

(f) Recommending reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care;

(g) Recommending suspension, revocation or probation of medical staff membership; and

(h) Taking other actions deemed appropriate under the circumstances.

6.1-5 **SUBSEQUENT ACTION**

(a) If corrective action as set forth in Section 7.2(a)-(k) is recommended by the Medical Executive Committee, that recommendation shall be transmitted to the Governing Body;

(b) So long as the recommendation is supported by substantial evidence the recommendation of the Medical Executive Committee shall be adopted by the Governing Body as final action unless the member requests a hearing, in which case the final decision shall be determined as set forth in Article VII.

6.1-6 INITIATION BY GOVERNING BODY

If the Medical Executive Committee fails to investigate or take disciplinary action, contrary to the weight of the evidence, the Governing Body may direct the Medical Executive Committee to initiate investigation or disciplinary action, but only after consultation with the Medical Executive Committee. If the Medical Executive Committee fails to take action in response to that Governing Body direction, the Governing Body may initiate corrective action, but this corrective action must comply with Articles VI and VII of these medical staff bylaws.

6.2 SUMMARY RESTRICTION OR SUSPENSION

6.2-1 CRITERIA FOR INITIATION

Whenever a member's conduct appears to require that immediate action be taken to protect the life or well-being of patient(s) or to reduce a substantial and imminent likelihood of significant impairment of the life, health, safety of any patient, prospective patient, or other person, the Medical Director, the Medical Executive Committee, or the head of the department or designee in which the member holds privileges may summarily restrict or suspend the medical staff membership or clinical privileges of such member. Unless otherwise stated, such summary restriction or suspension shall become effective immediately upon imposition, and the person or body responsible shall promptly give written notice to the member, the Governing Body, the Medical Executive Committee and the Executive Director. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary restriction or suspension, the member's patients shall be promptly assigned to another member by the department chairman or by the Chief of Staff.

6.2-2 MEDICAL EXECUTIVE COMMITTEE ACTION

As soon as practicable after such summary restriction or suspension has been imposed, a meeting of the Medical Executive Committee shall be convened to review and consider the action. Upon request, the member

may attend and make a statement concerning the issues under investigation, on such terms and conditions as the Medical Executive Committee may impose, although in no event shall such meeting of the Medical Executive Committee, with or without the member, constitute a "hearing" within the meaning of Article VII, nor shall any procedural rules apply. The Medical Executive Committee may modify, continue, or terminate the summary restrictions or suspension, but in any event it shall furnish the member with notice of its decision.

6.2-3 PROCEDURAL RIGHTS

Unless the Medical Executive Committee promptly terminates the summary restriction or suspension, the member shall be entitled to the procedural rights afforded by Article VII.

6.2-4 INITIATION BY GOVERNING BODY

If the Medical Director, members of the Medical Executive Committee and the head of the department (or designee) in which the member holds privileges are not available to summarily restrict or suspend the member's membership or clinical privileges, the Governing Body (or designee) may immediately suspend a member's privileges if a failure to summarily suspend those privileges is likely to result in an imminent danger to the health of any patient, prospective patient, or other person, provided that the Governing Body (or designee) made reasonable attempts to contact the Chief of Staff, Medical Director, members of the Medical Executive Committee and the head of the department (or designee) before the suspension.

Such a suspension is subject to ratification by the Medical Executive Committee. If the Medical Executive Committee does not ratify such a summary suspension within two working days, excluding weekends and holidays, the summary suspension shall terminate automatically.

6.3 AUTOMATIC SUSPENSION OR LIMITATION

In the following instances, the member's privileges or membership may be suspended or limited as described, and a hearing, if requested, shall be limited to the question of whether the grounds for automatic suspension as set forth below, have occurred.

6.3-1 LICENSURE

(a) Revocation and Suspension. Whenever a member's license or other

legal credential authorizing practice in this state is revoked or suspended, medical staff membership and clinical privileges shall be automatically revoked as of the date such action becomes effective;

(b) Restriction. Whenever a member's license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any clinical privileges which the member has been granted at the hospital which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

6.3-2 **CONTROLLED SUBSTANCES**

(a) Whenever a member's DEA certificate is revoked, limited, or suspended, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term;

(b) Probation. Whenever a member's DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

6.3-3 **FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT**

Failure of a member without good cause to appear and satisfy the requirements of Section 11.6-3 shall be a basis for corrective action.

6.3-4 **MEDICAL RECORDS**

Members of the medical staff are required to complete medical records within such reasonable time as may be prescribed by the Medical Executive Committee. A limited suspension of privileges until medical records are completed, shall be imposed by the Chief of Staff, or his or her designee, after notice of delinquency for failure to complete medical records within such period. Bona fide vacation or illness may constitute an excuse subject to approval by the Medical Executive Committee. The suspension shall continue until lifted by the Chief of Staff or his designee.

6.3-5 MEDICAL EXECUTIVE COMMITTEE DELIBERATION

As soon as practicable after action is taken or warranted as described in Section 6.1-4(b) or (c), Section 6.3-2, 6.3-3, or 6.3-4, the Medical Executive Committee shall convene to review and consider the facts, and may recommend such further corrective action as it may deem appropriate, following procedure generally set forth commencing at Section 7.3-1.

ARTICLE VII

HEARINGS AND APPELLATE REVIEWS

The process for fair hearing and appeal is the same for all medical staff members. Individuals with clinical privileges who are not members of the medical staff are afforded a fair hearing appeal process.

7.1 GENERAL PROVISIONS

7.1-1 EXHAUSTION OF REMEDIES

If adverse action described in Section 7.2 is taken or recommended, the applicant or member must exhaust the remedies afforded by these bylaws before resorting to legal action.

7.1-2 APPLICATION OF ARTICLE

For purposes of this Article, the term "member" may include "applicant," as it may be applicable under the circumstances, unless otherwise stated.

7.1-3 TIMELY COMPLETION OF PROCESS

The hearing and appeal process shall be completed within a reasonable time.

7.1-4 FINAL ACTION

Recommended adverse actions described in Section 7.2 shall become final only after the hearing and appellate rights set forth in these bylaws have either been exhausted or waived.

7.2 GROUNDS FOR HEARING

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

(a) Denial of medical staff membership when the denial is based on medical disciplinary cause or reason;

(b) Denial of requested advancement in staff membership status, or category;

(c) Denial of medical staff reappointment;

(d) Demotion to lower medical staff category or membership status;

(e) Suspension of staff membership;

(f) Revocation of medical staff membership;

(g) Denial of requested clinical privileges when the denial is based on a medical disciplinary cause or reason;

(h) Involuntary reduction of current clinical privileges;

(i) Suspension of clinical privileges;

(j) Termination of all clinical privileges; or

(k) Involuntary imposition of significant consultation or monitoring requirements (excluding monitoring incidental to provisional status and Section 5.3).

7.3 REQUESTS FOR HEARING

7.3-1 NOTICE OF ACTION OR PROPOSED ACTION

In all cases in which action has been taken or a recommendation made as set forth in section 7.2, said person or body shall give the member prompt written notice, by certified return receipt, of (1) the recommendation or final proposed action and that such action, if adopted, shall be taken and reported to the Medical Board of California pursuant to Section 805 of the California Business and Professions Code, if required, in any other professional board; (2) the reasons for the proposed action including the acts or omissions with which the member is charged; (3) the right to request a hearing pursuant to Section 7.3-2, and that such hearing must be requested within thirty (30) days; and (4) a summary of the rights granted in the hearing pursuant to the medical staff bylaws. If the recommendation or final proposed action adversely affects the clinical privileges of a physician, psychologist, or dentist for a period longer than thirty (30) days and is based on competence or professional conduct, said written notice shall state that the action if adopted will be reported to the National Practitioner Data Bank, and shall state the text of the proposed report.

7.3-2 **REOUEST FOR HEARING**

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

7.3-3 **TIME AND PLACE FOR HEARING**

Upon receipt of a request for hearing, the Medical Executive Committee shall schedule a hearing and, within fifteen (15) days give notice to the member of the time, place and date of the hearing. Unless extended by the Judicial Review Committee, the date of the commencement of the hearing shall be not less than thirty (30) days, nor more than sixty (60) days from the date of receipt of the request by the Medical Executive Committee for a hearing; provided, however, that when the request is received from a member who is under summary suspension the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed forty-five (45) days from the date of receipt of the request.

7.3-4 **NOTICE OF HEARING**

Together with the notice stating the place, time and date of the hearing, which date shall not be less than thirty (30) days after the date of the notice unless waived by a member under summary suspension, the Medical Executive Committee shall provide a list of the charts in question, where applicable, and a list of the witnesses (if any) expected to testify at the hearing on behalf of the Medical Executive Committee. The content of this list is subject to update pursuant to section 7.4-1.

7.3-5 **JUDICIAL REVIEW COMMITTEE**

When a hearing is requested, the Medical Executive Committee shall recommend a Judicial Review Committee to the Governing Body for appointment. The Governing Body shall timely provide written notice to the Medical Executive Committee stating the reasons for its objection. The Judicial Review Committee shall be composed of not less than five (5) members of the medical staff The Judicial Review Committee shall gain no direct financial benefit from the outcome, and shall not have acted as accuser, investigator, fact-finder, initial decision-maker or otherwise, and have not actively participated in the consideration of the matter leading up to

the recommendation or action. Knowledge of the matter involved shall not preclude a member of the medical staff from serving as a member of the Judicial Review Committee. In the event that it is not feasible to appoint a Judicial Review Committee from the active medical staff, the Medical Executive Committee may appoint members from other staff categories or practitioners who are not members of the medical staff. Such appointment shall include designation of the chairman. Membership on a Judicial Review Committee shall consist of one member who shall have the same healing arts licensure as the accused, and where feasible, include an individual practicing the same specialty as the member.

7.3-6 FAILURE TO APPEAR OR PROCEED

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

7.3-7 POSTPONEMENTS AND EXTENSIONS

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these bylaws may be permitted by the Judicial Review Committee, or its chairman acting upon its behalf, within the discretion of the committee or its chairman on a showing of good cause.

7.4 HEARING PROCEDURE

7.4-1 PREHEARING PROCEDURE

(a) If either side to the hearing requests in writing a list of witnesses, within fifteen (15) days of such request, each party shall furnish to the other a written list of the names and contact information of the individuals, so far as is reasonably known or anticipated, who are anticipated to give testimony or evidence in support of that party at the hearing. The member shall have the right to inspect and copy documents or other evidence upon which the charges are based, and shall also have the right to receive at least thirty (30) days prior to the hearing a copy of the evidence forming the basis of the charges which is reasonably necessary to enable the member to prepare a defense, including all evidence which was considered by the Medical Executive Committee in determining whether to proceed with the adverse action, and any exculpatory evidence in the possession of the hospital or medical staff. The member and the Medical Executive Committee

shall have the right to receive all evidence which will be made available to the Judicial Review Committee.

(b) The Medical Executive Committee shall have the right to inspect and copy at its expense any documents or other evidence relevant to the charges which the member has in his or her possession or control as soon as practicable after receiving the request.

(c) The failure by either party to provide access to this information at least thirty (30) days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable members, other than the member under review.

(d) The hearing officer shall consider and rule upon any request for access to information and may impose any safeguards the protection of the peer review process and justice requires. In so doing, the hearing officer shall consider:

(1) Whether the information sought may be introduced to support or defend the charges;

(2) The exculpatory or inculpatory nature of the information sought, if any;

(3) The burden imposed on the party in possession of the information sought, if access is granted; and

(4) Any previous requests for access to information submitted or resisted by the parties to the same proceeding.

(e) The member shall be entitled to a reasonable opportunity to question and challenge the impartiality of Judicial Review Committee members and the hearing officer. Challenges to the impartiality of any Judicial Review Committee member or the hearing officer shall be ruled on by the hearing officer.

(f) It shall be the duty of the member and the Medical Executive Committee or its designee to exercise reasonable diligence in notifying the chairman of the Judicial Review Committee of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing decisions may be succinctly made at the hearing.

7.4-2 REPRESENTATION

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. Neither the member, nor the Medical Executive Committee shall be represented in any phase of the hearing by an attorney at law or labor representative.

7.4-3 THE HEARING OFFICER

The Medical Executive Committee shall recommend a hearing officer to the Governing Body to preside at the hearing. The Governing Body shall in a timely manner provide written notice to the Medical Executive Committee stating the reasons for its objections. The hearing officer *may* be an attorney at law qualified to preside over a quasi-judicial hearing, but an attorney regularly utilized by the hospital for legal advice regarding its affairs and activities shall not be eligible to serve as hearing officer. The hearing officer shall gain no direct financial benefit from the outcome and must not act as a prosecuting officer or as an advocate. The hearing officer shall endeavor to assure participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The hearing officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence. If the hearing officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the hearing officer may take such discretionary action as seems warranted by the circumstances. If requested by the Judicial Review Committee, the hearing officer may participate in the deliberations of such committee and be a legal advisor to it, but the hearing officer shall not be entitled to vote.

7.4-4 RECORD OF THE HEARING

A shorthand reporter shall be present or the proceedings shall be recorded, to make a record of the hearing proceedings, and the pre-hearing proceedings if deemed appropriate by the hearing officer. The cost of attendance of the shorthand reporter shall be borne by the hospital, but the cost of the transcript, if any, shall be borne by the party requesting it. The Judicial Review Committee may, but shall not be required to, order that oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

7.4-5 RIGHTS OF THE PARTIES

Within reasonable limitations, both sides at the hearing may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross examine or impeach witnesses who shall have testified orally on any matter relevant to the issues, and otherwise rebut evidence, as long as these rights are exercised in an efficient and expeditious manner. The member may be called by the Medical Executive Committee and examined as if under cross-examination.

7.4-6 MISCELLANEOUS RULES

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this Article. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate. At its discretion, the Judicial Review Committee may request or permit both sides to file written arguments.

7.4-7 BURDENS OF PRESENTING EVIDENCE AND PROOF

(a) At the hearing, the Medical Executive Committee shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The member shall be obligated to present evidence in response.

(b) An applicant shall bear the burden of persuading the Judicial Review Committee, by a preponderance of the evidence, of his/her qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning his/her current qualifications for membership and privileges. An applicant shall not be permitted to introduce information requested by the medical staff but not produced during the application process unless the applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.

(c) Except as provided above for applicants, throughout the hearing, the Medical Executive Committee shall bear the burden of persuading the Judicial Review Committee, by a preponderance of the evidence, that its action or recommendation was reasonable and warranted.

7.4-8 ADJOURNMENT AND CONCLUSION

After consultation with the chairman of the Judicial Review Committee, the hearing officer may adjourn the hearing and reconvene the same without special notice at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing. Both the Medical Executive Committee and the member may submit a written statement at the close of the hearing.

7.4-9 BASIS FOR DECISION

The decision of the Judicial Review Committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony. The decision of the Judicial Review Committee shall be subject to such rights of appeal as described in these bylaws, as affirmed by the Governing Body as the final action.

7.4-10 DECISION OF THE JUDICIAL REVIEW COMMITTEE

Within thirty (30) days after final adjournment of the hearing, the Judicial Review Committee shall render a decision which shall be accompanied by a report in writing and shall be delivered to the Medical Executive Committee, Executive Director, and the Governing Body. If the member is currently under suspension, however, the time for the decision and report shall be fifteen (15) days. Once affirmed by the Governing Body, a copy of said decision shall be forwarded to the member. The report shall contain a concise statement of the reasons in support of the decision including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the conclusion reached. If the final proposed action adversely affects the clinical privileges of a physician or dentist for a period longer than thirty (30) days and is based on competence or professional conduct, the decision shall state that the action if adopted will be reported to the National Practitioner Data Bank, and shall state the text of the report as agreed upon by the committee. Both the member and the Medical Executive Committee shall be provided a written explanation of the procedure for appealing the decision. The decision of the Judicial Review Committee, as affirmed by the Governing Body, shall be subject to such rights of appeal or review as described in these bylaws.

7.5 APPEAL

7.5-1 TIME FOR APPEAL

Within ten (10) days after receipt of the decision of the Judicial Review Committee, either the member or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the Chief of Staff, the Executive Director, and the other party in the hearing. If a request for appellate review is not requested within such period, that action or recommendation is affirmed by the Governing Body.

7.5-2 GROUNDS FOR APPEAL

A written request for an appeal shall include an identification of the grounds for appeal, and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the hearing shall be: (a) substantial non-compliance with the procedure required by these bylaws or applicable law which has created demonstrable prejudice; (b) the decision was not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to Section 7.5-5; (c) the text of the report to be filed to the National Practitioner Data Bank is not accurate.

7.5-3 TIME, PLACE AND NOTICE

If an appellate review is to be conducted, the appeal board shall, within fifteen (15) days after receipt of notice of appeal, schedule an appellate review date and cause each side to be given notice of the time, place and date of the appellate review. The date of appellate review shall not be less than thirty (30) days or more than sixty (60) days from the date of such notice; provided, however, that when a request for appellate review concerns a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made, not to exceed fifteen *(15)* days from the date of the notice. The time for appellate review may be extended by the appeal board for good cause.

7.5-4 APPEAL BOARD

The Governing Body may sit as the appeal board, or it may appoint an appeal board which shall be composed of not less than two (2) members of the Governing Body. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board, so long as that

person did not take part in a prior hearing on the same matter. The appeal board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal. The attorney selected by the Governing Body shall not be the attorney that represented either party at the hearing before the Judicial Review Committee.

7.5-5 **APPEAL PROCEDURE**

The proceeding by the appeal board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Review Committee, provided that the appeal board may accept additional oral or written evidence, subject to a foundation showing that such evidence could not have been made available to the Judicial Review Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the judicial review hearing; or the appeal board may remand the matter to the Judicial Review Committee for the taking of further evidence and for decision. Each party shall have the right to be represented by legal counsel, or any other representative designated by that party in connection with the appeal, to present a written statement in support of his or her position on appeal and, to personally appear and make oral argument. The appeal board may thereupon conduct, at the time convenient to itself, deliberations outside the presence of the appellant and respondent. The appeal board shall present to the Governing Body its written recommendations as to whether the Governing Body should affirm, modify', or reverse the Judicial Review Committee decision, or remand the matter to the Judicial Review Committee for further review and decision.

7.5-6 **DECISION (APPEAL)**

(a) Except as provided in Section 7.5-6(b), within thirty (30) days after the conclusion of the appellate review proceedings, the Governing Body shall render a final decision.

(b) Should the Governing Body determine that the Judicial Review Committee decision is not supported by substantial evidence, the Governing Body may modify or reverse the decision of the Judicial Review Committee and may instead, or shall where a fair procedure has not been afforded, remand the matter to the Judicial Review Committee for reconsideration, stating the purpose for the referral. If the matter is remanded to the Judicial Review Committee for further review and recommendation, the committee shall promptly conduct its review and make its recommendations to the Governing Body. This

further review and the time required to report back shall not exceed thirty (30) days in duration except as the parties may otherwise agree or for good cause as jointly determined by the chairman of the Governing Body and the Judicial Review Committee.

(c) The decision shall be in writing, shall specify the reasons for the action taken, shall include the text of the report which shall be made to the National Practitioner Data Bank, if any, and shall be forwarded to the Chief of Staff, the Medical Executive and Credential Committees, the subject of the hearing, and the administrator, at least 10 days prior to submission to the Medical Board of California.

7.5-7 RIGHT TO ONE HEARING

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

7.6 EXCEPTIONS TO HEARING RIGHTS

7.6-1 MEDICAL-ADMINISTRATIVE OFFICERS AND CONTRACT PHYSICIANS

Members who are directly under contract with the hospital in a medical-administrative capacity or in closed departments, or members whose staff membership is contingent upon a faculty appointment, shall be subject to the procedural rights specified in Article VII:

(a) To the extent that any contract modifications, or termination or restrictions of staff status or clinical privileges proposed by the hospital, or loss of faculty status, deal with issues relating to professional character, performance, or competence; or

(b) To the extent that the member's medical staff membership or clinical privileges which would otherwise exist independent of the contract are to be limited or terminated.

7.6-2 AUTOMATIC SUSPENSION OR LIMITATION OF PRACTICE PRIVILEGES

No hearing is required when a member's civil service appointment, or contractual relationship with the hospital is terminated. Also, no hearing is required when a member's license or legal credential to practice has been revoked or suspended as set forth in Section 6.3-1(a).

In other cases described in Section 6.3-1 and 6.3-2, the issues which may be considered at a hearing, if requested, shall not include evidence designed to show that the determination by the licensing or credentialing authority of the DEA was unwarranted, but only whether the member may continue practice in the hospital with those limitations imposed.

7.7 EXPUNCTION OF DISCIPLINARY ACTION

Upon petition, the Medical Executive Committee, in its sole discretion, may expunge previous disciplinary action upon a showing of good cause or rehabilitation.

7.8 NATIONAL PRACTITIONER DATA BANK REPORTING

7.8-1 ADVERSE ACTIONS

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

7.8-2 DISPUTE PROCESS

If no hearing was requested, a member who was the subject of an adverse action report may request an informal meeting to dispute the report filed. The report dispute meeting shall not constitute a hearing and shall be limited to the issue of whether the report filed is consistent with the final action issued. The meeting shall be attended by the subject of the report, the Chief of Staff, the chair of the subject's department, and the hospital's authorized representative, or their respective designee.

If a hearing was held, the dispute process shall be deemed to have been completed.

ARTICLE VIII

OFFICERS

8.1 OFFICERS OF THE MEDICAL STAFF

8.1-1 IDENTIFICATION

The officers of the medical staff shall be the Chief of Staff, Vice Chief of Staff, immediate Past Chief of Staff, Secretary, and Treasurer.

8.1-2 QUALIFICATIONS

Officers must be members of the active medical staff at the time of their nominations and election, and must remain members in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved. All physician medical staff officers must be graduates of an American Board of Graduate Medical Education approved residency or be Board Certified in their field(s) of specialization. Clinical psychologist medical staff officers must have two years of post-licensure experience in an inpatient forensic setting. The Chief of Staff, and Vice-Chief of Staff shall be active members of the Medical Staff with training, experience, and competence in delivery of clinical services and shall be able to perform the functions of Chief of Staff making complex medical decisions within the scope of their respective licensure.

8.1-3 NOMINATIONS

(a) The medical staff election year shall be each medical staff year. A nominating committee shall be selected by the medical Chief of Staff not later than sixty (60) days prior to the annual staff meeting to be held during the election year or at least forty-five (45) days prior to any special election. The nominating committee shall consist of three (3) members of the active staff. The nominating committee shall nominate one or more nominees for each office. The nominations of the committee shall be reported to the Medical Executive Committee at least thirty (30) days prior to the annual meeting. The Medical Executive Committee shall verify that eligibility criteria are met for the nominees and shall deliver or mail the list of nominations to the voting members of the medical staff at least twenty-one (21) days prior to the election.

(b) Further nominations may be made for any office except Chief of Staff by any voting member of the medical staff, provided that the name of the candidate is submitted in writing to the chairman of the nominating committee, is endorsed by the signature of at least ten (10%) per cent of other members who are eligible to vote, and bears the candidate's written consent. These nominations shall be delivered to the chairman of the nominating committee as soon as reasonably practicable, but at least twenty (20) days prior to the date of election. If any nominations are made in this manner, the voting members of the medical staff shall be advised by notice delivered or mailed at least ten (10) days prior to the meeting. All nominees must meet the qualifications per 8.1-2.

8.1-4 **ELECTIONS**

The Chief of Staff, vice Chief of Staff, Secretary and Treasurer shall be elected at the annual meeting of the medical staff. The chairs of the departments shall be elected at the respective department meetings following the election of the medical staff officers. Voting shall be by secret written ballot, and authenticated sealed ballots shall be counted. A member may submit an absentee ballot by hand-delivering or sending by United States Mail, a sealed ballot, with handwritten signature on the envelope, to the Secretary of the medical staff at any time, except not more than thirty (30) days prior to the election. The member's presence at the annual meeting will automatically invalidate the absentee ballot. Written ballots shall include handwritten signatures on the envelope for comparison with signatures on file, upon the written request of one member eligible to vote for officers. A nominee shall be elected upon receiving a two-thirds (2/3) majority of the valid votes cast. If no candidate for the office receives a two-thirds (2/3) majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes. In the case of a tie on the second ballot, the majority vote of the Medical Executive Committee shall decide the election by secret written ballot at a special meeting called for that purpose. The special meeting shall be held within 10 days, but no sooner than 24 hours, after the tie. The officers of the Medical Executive Committee shall be notified in writing of the special meeting, which shall be held face-to-face. Voting shall be by secret written ballot. An officer may submit an absentee ballot by hand-delivering or sending by United States Mail a sealed ballot, with handwritten signature on the envelope, to the Secretary of the medical staff at any time within the 10 days. The officer's presence at the special meeting shall invalidate the absentee ballot.

8.1-5 TERM OF ELECTED OFFICE

The Chief of Staff shall serve a two (2) year term and other offices shall serve a two (2) year term. These terms shall commence the first day of the medical staff year following his or her election. Each officer shall serve in each office until the end of his or her term, or until a successor is elected, unless he or she shall sooner resign or be removed from office. At the end of his or her term, the Chief of Staff shall automatically assume the office of immediate past Chief of Staff. Medical staff officers shall be eligible to succeed themselves except that the Chief of Staff shall be limited to serving no more than two consecutive elected terms. No member of the medical staff shall hold the same medical staff office or a departmental chair or vice-chair for more than four consecutive years.

8.1-6 RECALL OF OFFICERS

Medical staff officers who fail to meet the performance expectations of the medical staff, as delineated in the duties of the office will be subject to removal from office.

Except as otherwise provided, recall of a medical staff officer may be initiated by the Medical Executive Committee or shall be initiated by a petition signed by at least one-third (1/3) of the members of the medical staff eligible to vote for officers. Recall shall be considered at a special meeting called for that purpose. Recall shall require a two-thirds (2/3) vote of the medical staff members eligible to vote for medical staff officers who actually cast votes at the special meeting in person or by mail ballot.

8.1-7 VACANCIES IN ELECTED OFFICE

Vacancies in office occur upon the death or disability, resignation, or removal of the officer, or such officer's loss of membership in the medical staff. Vacancies, other than that of Chief of Staff and Vice Chief of Staff shall be filled by appointment by the Medical Executive Committee until the next regular election. If there is a vacancy in the office of Chief of Staff, then the Medical Executive Committee shall immediately appoint an ad hoc nominating committee to decide promptly upon nominees for the office of Chief of Staff. Such nominees shall be reported to the Medical Executive Committee and to the medical staff. A special election to fill the position shall occur at the next regular staff meeting. If there is a vacancy in the office of Vice Chief of Staff, that office shall be filled by special election using the procedures described in this section.

8.1-8 LIMIT TO ONE ELECTED OFFICE AT A TIME

A member of the medical staff may serve in only one of the following capacities at a time: Chief of Staff, Vice Chief of Staff, Past Chief of Staff, Secretary, Treasurer, chair of one of the departments of the medical staff - Medicine, or Psychology, the Vice Chair of one of the departments of the medical staff, and Member(s)-at-Large of the Medical Executive Committee if any.

8.2 DUTIES OF OFFICERS

8.2-1 CHIEF OF STAFF

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

(a) Enforcing the medical staff bylaws and rules and regulations, implementing sanctions where indicated, and promoting compliance with procedural safeguards where corrective action has been requested or initiated;

(b) Calling, presiding at, and being responsible for the agenda of all meetings of the medical staff;

(c) Serving as chairperson of the Medical Executive Committee;

(d) Serving as an ex officio member of all other staff committees without vote, unless his or her membership in a particular committee is required by these bylaws;

(e) Interacting with the Medical Director and Executive Director and the Governing Body in all matters of mutual concern within the hospital;

(f) Appointing, with approval from the Medical Executive Committee, committee members for all standing and special medical staff, liaison, or multidisciplinary committees, except where otherwise provided by these bylaws and, except where otherwise indicated, designating the chairperson of these committees;

(g) Representing the views and policies of the medical staff to the Governing Body and to the Executive Director and meeting regularly with the Governing Body;

(h) Being a spokesman for the medical staff in external professional and public relations;

(i) Performing such other functions as may be assigned to him or her by these bylaws, the medical staff, or by the Medical Executive Committee;

(j) Serving on liaison committees with the Governing Body and administration, as well as outside licensing or accreditation agencies; and

(k) Creating and appointing as necessary special and ad hoc committees.

8.2-2 **VICE CHIEF OF STAFF**

The Vice Chief of Staff shall assume all duties and authority of the Chief of Staff in the absence of the Chief of Staff. The Vice Chief of Staff shall be a member of the Medical Executive Committee of the medical staff, and shall perform such other duties as the Chief of Staff may assign or as may be delegated by these bylaws, or by the Medical Executive Committee.

8.2-3 **IMMEDIATE PAST CHIEF OF STAFF**

The immediate past Chief of Staff shall be a member of the Medical Executive Committee and of the Joint Conference Committee and shall perform such other duties as may be assigned by the Chief of Staff or delegated by these bylaws, or by the Medical Executive Committee.

8.2-4 **SECRETARY**

The Secretary shall be a member of the Medical Executive Committee and shall serve as the elected member at large of the Joint Conference Committee. The duties shall include, but not be limited to:

(a) Maintaining a roster of members;

(b) Keeping accurate and complete minutes of all Medical Executive Committee and medical staff meetings;

(c) Calling meetings on the order of the Chief of Staff or Medical Executive Committee;

(d) Attending to all appropriate correspondence and notices on behalf of the medical staff; and

(e) Performing such other duties as ordinarily pertain to the office or as may be assigned from time to time by the Chief of Staff or Medical Executive Committee.

8.2-5 **TREASURER**

The Treasurer shall be a member of the Medical Executive Committee and shall serve as the alternate elected member at large of the Joint Conference Committee. The duties shall include those functions that ordinarily pertain to the office, to assume the duties of the medical staff member of the Joint Conference Committee in the absence of the Secretary, or other duties as may be assigned from time to time by the Chief of Staff or the Medical Executive Committee.

ARTICLE IX

CLINICAL DEPARTMENTS AND DIVISIONS

9.1 ORGANIZATION OF CLINICAL DEPARTMENTS AND DIVISIONS

The medical staff shall be divided into clinical departments. Each department shall be organized as a separate component of the medical staff and shall have a chairman selected and entrusted with the authority, duties, and responsibilities specified in Section 9.6. A department may be further divided, as appropriate, into divisions which shall be directly responsible to the department within which it functions, and which shall have a division chief selected and entrusted with the authority, duties and responsibilities specified in Section 9.7. When appropriate, the Medical Executive Committee may recommend to the medical staff the creation, elimination, modification, or combination of departments or divisions.

9.2 CURRENT DEPARTMENTS AND DIVISIONS

The current departments are Medicine and Psychology. Medicine is divided into the Division of General Medicine, Psychiatric Medicine, and Dentistry.

9.3 ASSIGNMENT TO DEPARTMENTS AND DIVISIONS

Each member shall be assigned membership in at least one department, and to a division, if any, within such department, but may also be granted membership and/or clinical privileges in other departments or divisions consistent with practice privileges granted.

9.4 FUNCTIONS OF DEPARTMENTS

9.4-1 GENERAL FUNCTIONS

The general functions of each department shall include:

(a) Conducting patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the department. The number of such reviews to be conducted during the year shall be as determined by the Medical Executive Committee in consultation with other appropriate committees. The department shall routinely collect information about important aspects of patient care within the department, periodically

assess this information, and develop objective criteria for use in evaluating patient care. Patient care reviews shall include all clinical work performed under the jurisdiction of the department, regardless of whether the practitioner whose work subject to such review is a member of that department;

(b) Recommending to the Medical Executive Committee guidelines for the granting of clinical privileges and the performance of specific services within the department;

(c) Evaluating and making appropriate recommendations regarding the qualification of applicants seeking appointment or reappointment and clinical privileges within that department;

(d) Conducting, participating and making recommendations regarding continuing education programs pertinent to departmental clinical practice;

(e) Reviewing and evaluating departmental adherence to:

(1) Medical staff policies and procedures; and

(2) Sound principles of clinical practice;

(f) Coordinating patient care provided by the department's members with nursing and ancillary patient care services;

(g) Submitting written reports to the Medical Executive Committee concerning:

(1) The department's review and evaluation activities, actions taken thereon, and the results of such action; and

(2) Recommendations for maintaining and improving the quality of care provided in the department and the hospital;

(h) Meeting at least monthly for the purpose of considering patient care review findings and the results of the department's other review and evaluation activities, as well as reports on other department and staff functions;

(i) Establishing such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring protocols;

(j) Taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified;

(k) Accounting to the Medical Executive Committee for all professional and medical staff administrative activities within the department;

(l) Appointing such committees as may be necessary or appropriate to conduct department functions;

(m) Formulating recommendations for departmental rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to the approval by the Medical Executive Committee and the medical staff; and

(n) The Department of Medicine is responsible for evaluating and reporting to the Medical Executive Committee on the performance of the nurse practitioners on a quarterly basis.

9.4-2 DEPARTMENT OF MEDICINE PROCEDURE REVIEW FUNCTION

The functions of the Department of Medicine shall include reviewing all procedures. The review shall be performed at least monthly and shall include the indications for the procedure.

9.5 FUNCTIONS OF DIVISIONS

Subject to approval of the Medical Executive Committee, each division shall perform the functions assigned to it by the department chairman. Such functions may include, without limitation, retrospective patient care reviews, evaluation of patient care practices, credentials review and privileges delineation, and continuing education programs. The division shall transmit regular reports to the department chairman on conduct of its assigned functions.

9.6 DEPARTMENT HEADS

9.6-1 QUALIFICATIONS

Each chairman beyond the initial office holder shall have served as vice chair first. Each department shall have a chairman and vice-chairman who shall be members of the active medical staff and shall be qualified by training, experience and demonstrated ability in at least one of the clinical areas covered by the department. Physician chairmen or vice-chairmen

shall be graduates of an American Board of Graduate Medical Education approved residency or Board Certified in their field(s) of specialization. Clinical Psychologist chairmen or vice-chairmen shall have two years of post-licensure experience in an inpatient forensic setting.

9.6-2 **SELECTION**

Department chairmen and vice-chairmen shall be elected each year by those members of the department who are active or associate members of the medical staff. For the purpose of this election, each department chairman shall appoint a nominating committee of three (3) members at least sixty (60) days prior to the meeting at which the election is to take place. The recommendations of the nominating committee of one or more nominees for chairman and vice-chairman positions shall be circulated to the voting members of each department at least twenty (20) days prior to the election. Nominations may also be made from the floor when the election meeting is held, as long as the nominee is present and consents to the nomination. The department may choose to accept absentee ballots. Election of department chairmen and vice-chairmen shall be subject to ratification by the Medical Executive Committee. Vacancies due to any reason shall be filled for the unexpired term through special election by the respective department with such mechanisms as that department may adopt.

9.6-3 **TERM OF OFFICE**

Each department chairman and vice-chairman shall serve a two (2) year term which coincides with the medical staff year or until their successors are chosen, unless they shall resign sooner, be removed from office, or lose their medical staff membership or clinical privileges in that department. Department officers shall be eligible to succeed themselves.

9.6-4 **REMOVAL**

After election and ratification, removal of department chairmen or vice-chairmen from office may occur for cause by a two thirds (2/3) vote of the Medical Executive Committee and a two thirds (2/3) vote of the department members eligible to vote on departmental matters who cast votes.

9.6-5 **DUTIES**

Each chairman shall have the following authority, duties and responsibilities, and the vice-chairman, in the absence of the chairman, shall assume all of them and shall otherwise perform such duties as may be assigned to him/her:

(a) Act as presiding officer at departmental meetings;

(a) Report to the Medical Executive Committee and to the Chief of Staff regarding all professional and administrative activities within the department;

(c) Generally monitor the quality of patient care and professional performance rendered by persons with clinical privileges in the department through a planned and systematic process; oversee the effective conduct of the patient care, evaluation, and monitoring functions delegated to the department by the Medical Executive Committee;

(d) Develop and implement departmental programs for retrospective patient care review, on going monitoring of practice, credentials review and privilege delineation, medical education, utilization review, and quality assurance;

(e) Be a member of the Medical Executive Committee, and give guidance on the overall medical policies of the medical staff and hospital and make specific recommendations and suggestions regarding his or her department;

(f) Transmit to the Medical Executive Committee the department's recommendations concerning practitioner appointment and classification, reappointment, criteria for clinical privileges, monitoring of specified services, and corrective action with respect to persons with clinical privileges in his or her department;

(g) Enforce the medical staff bylaws, rules, policies and regulations within his or her department;

(h) Implement within his or her department appropriate actions taken by the Medical Executive Committee;

(i) Participate in every phase of administration of the department, including cooperation with the nursing service and the hospital administration in matters such as personnel, supplies, special regulations, standing orders and techniques;

(j) Assist in the preparation of such annual reports, including budgetary planning, pertaining to his or her department as may be required by the Medical Executive Committee;

(k) Recommend delineated clinical privileges for each member of the department; and

(l) Perform such other duties commensurate with the office as may from time to time be reasonably requested by the Chief of Staff or the Medical Executive Committee.

9.7 DIVISION CHIEFS

9.7-1 QUALIFICATIONS

Each division shall have a chief who shall be a member of the active medical staff and a member of the division which he or she is to head, and shall be qualified by training, experience, and demonstrated current ability in the clinical area covered by the division.

9.7-2 SELECTION

Each division chief shall be selected or elected with such mechanism as the medical staff may adopt. Vacancies due to any reason shall be filled for the unexpired term by the department chairman.

9.7-3 TERM OF OFFICE

Each division chief shall serve a two-year term which coincides with the medical staff year or until his or her successor is chosen, unless he or she shall resign sooner or be removed from office or lose medical staff membership or clinical privileges in that division. Division chiefs shall be eligible to succeed themselves.

9.7-4 REMOVAL

After appointment and ratification, a division chief may be removed by the department chairman and the Medical Executive Committee for loss of medical staff membership or failure to perform the duties specified in section 9.7-5.

9.7-5 DUTIES

Each division chief shall:

(a) Act as presiding officer at division meetings;

(b) Assist in the development and implementation, in cooperation with the

department chairman, of programs to carry out the quality review, and evaluation and monitoring functions assigned to the division;

(c) Evaluate the clinical work performed in the division;

(d) Conduct investigations and submit reports and recommendations to the department chairman regarding the clinical privileges to be exercised by individuals within his or her division; and

(e) Perform such other duties commensurate with the office as may from time to time be reasonably requested by the department chairman, the Chief of Staff, or the Medical Executive Committee.

ARTICLE X

COMMITTEES

10.1 DESIGNATION

The committees described in this Article shall be the standing committees of the medical staff. Except as otherwise provided in these bylaws, special or ad hoc committees may be created by the Medical Executive Committee to perform specified tasks. Unless otherwise specified, the chairman and members of all committees (with the exception of the Medical Executive Committee) shall be appointed by and may be removed by the Chief of Staff, subject to consultation with and approval by the Medical Executive Committee. Medical staff committees shall be responsible to the Medical Executive Committee.

10.2 GENERAL PROVISIONS

10.2-1 TERMS OF COMMITTEE MEMBERS

Unless otherwise specified, committee members shall be appointed for a term of one (1) year, and shall serve until the end of this period or until the member's successor is appointed, unless the member shall resign sooner or be removed from the committee.

10.2-2 REMOVAL

If a member of a committee ceases to be a member in good standing of the medical staff, or loses employment or a contract relationship with the hospital, or suffers a loss or significant limitation of practice privileges, or if any other good cause exists, that member may be removed by the Medical Executive Committee.

10.2-3 VACANCIES

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

10.2-4 APPOINTMENT OF NON-MEMBERS

Unless otherwise specified in these bylaws, individuals who have not been granted membership in the medical staff may be appointed to medical staff committees for good cause. Such committee members shall have no right to vote except within committees when the right to vote is specified at the time of appointment unless otherwise specified in these bylaws.

10.3 MEDICAL EXECUTIVE COMMITTEE

10.3-1 COMPOSITION

The Medical Executive Committee shall consist of the following persons:

(a) The officers of the medical staff;

(b) The department chairmen;

(c) The Medical Director;

(d) The Executive Director as an ex-officio member without vote.

10.3-2 DUTIES

The duties of the Medical Executive Committee shall include, but not be limited to:

(a) Representing and acting on behalf of the medical staff in the intervals between medical staff meetings, subject to such limitations as may be imposed by these bylaws;

(b) Coordinating and implementing the professional and organizational activities and policies of the medical staff;

(c) Receiving and acting upon reports and recommendations from medical staff departments, divisions, committees, and assigned activity groups;

(d) Recommending action to the Governing Body on matters of a medical-administrative nature;

(e) Establishing the structure of the medical staff, the mechanism to review credentials and delineate individual clinical privileges, the

organization of quality assurance activities and mechanisms of the medical staff, termination of medical staff membership and fair hearing procedures, as well as other matters relevant to the operation of an organized medical staff;

(f) Evaluating the medical care rendered to patients in the hospital;

(g) Participating in the development of all medical staff and hospital policy, practice, and planning;

(h) Reviewing the qualifications, credentials, performance and professional competence and character of applicants and staff members and making recommendations to the Governing Body regarding staff appointments and reappointments, assignments to departments, clinical privileges, and corrective action;

(i) Promoting ethical conduct and competent clinical performance on the part of all members including the initiation of and participation in medical staff corrective or review measures when warranted;

(j) Developing continuing education activities and programs for the medical staff;

(k) Designating such committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the medical staff and approving or rejecting appointments to those committees by the Chief of Staff;

(l) Reporting to the medical staff at each regular staff meeting;

(m) Assisting in the obtaining and maintenance of accreditation;

(n) Developing and maintenance of methods for the protection and care of patients and others in the event of internal or external disaster;

(o) Appointing such special or ad hoc committees as may seem necessary or appropriate to assist the Medical Executive Committee in carrying out its functions and those of the medical staff;

(p) Reviewing the quality and appropriateness of services provided all individuals providing patient care services through a contract; and

(q) Reviewing and approving the designation of the hospital's authorized representative for National Practitioner Data Bank purposes.

10.3-3 MEETINGS

The Medical Executive Committee shall meet as often as necessary, but at least once a month and shall maintain a record of its proceedings and actions.

10.4 QUALITY ASSURANCE COMMITTEE

10.4-1 COMPOSITION

The Quality Assurance Committee shall consist of such members as may be designated by the Medical Executive Committee including at least one representative from each clinical department, from the nursing service, and from administration.

10.4-2 DUTIES

The Quality Assurance Committee shall perform the following duties

(a) Recommend for approval of the Medical Executive Committee plans for maintaining quality patient care within the hospital. These may include mechanisms to:

(1) Establish systems to identify potential problems in patient care;

(2) Set priorities for action on problem correction;

(3) Refer priority problems for assessment and corrective action to appropriate departments or committees;

(4) Monitor the results of quality assurance activities throughout the hospital; and

(5) Coordinate quality assurance activities.

(b) Submit regular confidential reports to the Medical Executive Committee on the quality of medical care provided and on quality review activities conducted.

10.4-3 MEETINGS

The Quality Assurance Committee shall meet as often as necessary at the call of its chairman, but at least monthly. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive Committee and the Governing Body, except that routine reports to the Governing Body shall not include peer evaluations related to individual members.

10.5 CREDENTIALS COMMITTEE

10.5-1 COMPOSITION

The Credentials Committee shall consist of not less than three (3) members of the active staff selected on a basis that will ensure, insofar as feasible, representation of major clinical specialties and each of the staff departments. Notwithstanding the above, the chairman and the majority of the members of the Credentials Committee shall be members of the active medical staff.

10.5-2 DUTIES

The Credentials Committee shall:

(a) Review and evaluate the qualifications of each practitioner applying for initial appointment, reappointment, or modification of clinical privileges, and, in connection therewith, obtain and consider the recommendations of the appropriate departments;

(b) Submit required reports and information on the qualifications of each practitioner applying for membership or particular clinical privileges including recommendations with respect to appointment, membership category, department affiliation, clinical privileges and special conditions;

(c) Investigate, review and report on matters referred by the Chief of Staff or the Medical Executive Committee regarding the qualifications, conduct, professional character or competence of any applicant; and

(d) Submit periodic reports to the Medical Executive Committee on its activities and the status of pending applications.

10.5-3 MEETINGS

The Credentials Committee shall meet as often as necessary at the call of its chairman, but at least quarterly. The committee shall maintain a record of its proceedings and activities, and shall report its actions and recommendations to the Medical Executive Committee.

10.6 EMERGENCY CARE COMMITTEE

10.6-1 COMPOSITION

The Emergency Care Committee shall consist of at least five members including physicians, nurses and personnel from protective services and fire department and others who respond to emergencies. The chairman shall be a member of the medical staff with training, experience and competence in the field of emergency services and shall be able to perform the functions of chairperson within the scope of the chairperson's respective licensure..

10.6-2 DUTIES

The duties of the Emergency Care Committee shall include:

(a) Developing plans and procedures for staff response to situations requiring emergency attention to seriously ill or injured patients, employees or visitors;

(b) Monitoring response to emergencies;

(c) Conducting drills of response to life-threatening emergencies; and

(d) Monitoring training of specified physicians and nurses in emergency procedures.

10.6-3 MEETINGS

The Emergency Care Committee shall meet as often as necessary at the call of its chairman, but at least quarterly. It shall maintain a record of its proceedings and shall report its activities and recommendations to the Medical Executive Committee.

10.7 UTILIZATION REVIEW COMMITTEE

10.7-1 COMPOSITION

The Utilization Review Committee shall consist of sufficient members to afford, insofar as appropriate, representation from each discipline. Subcommittees may be appointed by the committee for departments or divisions as the committee may deem appropriate. The Medical Director, or his designee, shall be a member of this committee.

10.7-2 DUTIES

The duties of the Utilization Review Committee shall include:

(a) Conducting utilization review studies designed to evaluate the appropriateness of admissions to the outside hospitals, lengths of stay, discharge practices, use of medical and hospital services and related factors which may contribute to the effective utilization of services. The committee shall communicate the results of its studies and other pertinent data to the Medical Executive Committee and shall make recommendations for the utilization of resources and facilities commensurate with quality patient care and safety;

(b) Obtaining, reviewing, and evaluating information and raw statistical data obtained or generated by the hospital's case management system.

10.7-3 MEETINGS

The Utilization Review Committee shall meet as often as necessary at the call of its chairman, but at least quarterly. It shall maintain a record of its proceedings and shall report its activities and recommendations to the Medical Executive Committee.

10.8 MEDICAL RECORDS COMMITTEE

10.8-1 COMPOSITION

The Medical Records Committee shall consist of, at least one representative from each clinical department, the nursing service, the medical records department, and hospital administration.

10.8-2 DUTIES

The duties of the Medical Records Committee shall include:

(a) Review and evaluation of medical records, or a representative sample, to determine whether they:
  (1) Reflect the diagnosis, results of diagnostic tests, therapy rendered, condition and in-hospital progress of the patient, and condition of the patient on discharge, and adequate identification of individuals responsible for orders given and treatment rendered; and

  (2) Are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services in the hospital.

(b) Review and make recommendations for medical staff and hospital policies, rules and regulations relating to medical records, including completion, forms and formats, filing, indexing, storage, destruction, availability and methods of enforcement;

(c) Provide liaison with hospital administration and medical records personnel in the employ of the hospital on matters relating to medical records practices; and

(d) Maintain a record of all actions taken and submit periodic reports to the Medical Executive Committee concerning medical records practices in the hospital.

10.8-3 MEETINGS

The Medical Records Committee shall meet as often as necessary at the call of its chairman, but at least quarterly. The committee shall maintain a permanent record of its proceedings and activities, and shall report its actions and recommendations to the Medical Executive Committee.

10.9 PHARMACY AND THERAPEUTICS COMMITTEE

10.9-1 COMPOSITION

The Pharmacy and Therapeutics Committee shall consist of at least four (4) representatives from the medical staff, a representative from the pharmacy service, a representative from the nursing service and a representative from hospital administration. Chairperson shall be a member of the medical staff

with training, experience and competence in the use of medications including psychotropic medications and shall be able to perform the functions of chairperson within the scope of the chairperson's respective licensure. Notwithstanding the above, the majority of the voting members of the pharmacy and therapeutics committee shall be active members of the medical staff.

10.9-2 **DUTIES**

The duties of the Pharmacy and Therapeutics Committee shall include:

(a) Assisting in the formulation of professional practices and policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters relating to the administration of drugs and diagnostic testing materials in the hospital, including antibiotic usage;

(b) Advising the medical staff and the pharmaceutical service on matters pertaining to the choice of available drugs and diagnostic testing materials;

(c) Making recommendations concerning drugs and diagnostic testing materials to be stocked on the nursing unit floors and by other services;

(d) Periodically developing and reviewing a formulary or drug list for use in the hospital;

(e) Evaluating clinical data concerning new drugs or preparations or diagnostic testing materials requested for use in the hospital;

(f) Establishing standards and protocols concerning the use and control of investigational drugs and of research in the use of recognized drugs;

(g) Maintaining a record of all activities relating to pharmacy and therapeutics functions and submitting periodic reports and recommendations to the Medical Executive Committee concerning those activities;

(h) Defining and reviewing untoward drug reactions; and

(i) Evaluating drug usage.

10.9-3 MEETINGS

The Pharmacy and Therapeutics Committee shall meet as often as necessary at the call of its chairman but at least quarterly. It shall maintain a record of its proceedings and shall report its activities and recommendations to the Medical Executive Committee.

10.10 INFECTION CONTROL COMMITTEE

10.10-1 COMPOSITION

The Infection Control Committee shall be composed of the following members of the medical staff; the Chief of the Department of Medicine, the public health physician, and the Chief Dentist. Chairperson shall be a member of the medical staff with training, experience and competence in the field of infectious disease and shall be able to perform the functions of chairperson within the scope of the chairperson's respective licensure. In addition, the committee will include the public health nurses, and the head or designee of the following departments; Nursing, Clinical Laboratory, Pharmacy, Dietary Services, Central Supply, Housekeeping, Occupational Health Clinic, and the Health and Safety Office.

10.10-2 DUTIES

The duties of the Infection Control Committee shall include:

(a) Developing a hospital wide infection control program and maintaining surveillance over the program;

(b) Defining nosocomial infections and developing a system for reporting, identifying and analyzing the incidence and cause of such infections, including assignment of responsibility for the ongoing collection and analytic review of such data, and follow-up activities;

(c) Developing and implementing a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing and evaluating aseptic, isolation and sanitation techniques;

(d) Developing written policies defining special indications for isolation requirements;

(e) Coordinating action on findings from the medical staffs review of the clinical use of antibiotics;

(f) Acting upon recommendations related to infection control received from the Chief of Staff the Medical Executive Committee, departments and other committees; and

(g) Reviewing sensitivities of organisms specific to the facility.

10.10-3 MEETINGS

The infection control committee shall meet as often as necessary at the call of its chairman, but at least once each month. The committee shall maintain a record of its proceedings and activities and shall report its actions and recommendations to the Medical Executive Committee.

10.11 MORTALITY REVIEW COMMITTEE

10.11-1 COMPOSITION

The Mortality Review Committee shall be composed of at least four (4) members of the active staff. Chairperson shall be a member of the medical staff with training and experience in the field of pathology and physiology, and competence in the area of disease processes and shall be able to perform the functions of chairperson within the scope of the chairperson's respective licensure. A registered nurse, a pharmacist and a hospital special investigator shall serve as non-voting consultants. Notwithstanding the above, at least two-thirds (2/3) of the voting members of the Mortality Review Committee shall be members of the medical staff.

10.11-2 DUTIES

The duties of the committee shall include:

(a) Performing a clinical/medical review of each deceased patient's medical record and other documents relevant to the circumstances of the death. The committee's review shall begin not more than fifteen (15) calendar days after the patient's death;

(b) Identifying and reporting undiagnosed antimortem nosocomial infections and any inconsistencies, irregularities or deficiencies of medical/clinical practice;

(c) Meeting with the patient's interdisciplinary team and other clinical staff as part of the information gathering process;

(d) Reporting within thirty (30) days after autopsy, to the Infection Control Committee Chair if the autopsy of the deceased patient revealed any infectious disease process at the time of death; and

(e) Reporting findings and conclusions to the Medical Executive Committee.

10.11-3 **MEETINGS**

The Mortality Review Committee shall meet as often as necessary at the call of its chairman, but at least annually. The committee shall maintain a record of its proceedings and activities, and shall report its actions and recommendations to the Medical Executive Committee.

10.12 STAFF DEVELOPMENT AND EDUCATION COMMITTEE

10.12-1 COMPOSITION

The Staff Development and Education Committee shall be comprised of, but not limited to, representatives from the following areas: medical staff, nursing service, hospital training center.

10.12-2 DUTIES

(a) Final approval of all educational programs offered or sponsored by the medical staff of Coalinga State Hospital;

(b) Development of annual budgetary requests for educational programming, equipment, supplies, and travel;

(c) Allocation of all funds associated in whole, or in part, with planning, implementing, and assessing educational programming; and

(d) Periodic assessment of staff development needs and development of programs designed to meet staff needs, as identified through the integration of staff development and quality assurance activities such as patient care evaluation studies, utilization review, and credentials review.

10.12-3 MEETINGS

The Staff Development and Education Committee shall meet as often as necessary at the call of its chairman, but at least quarterly. It shall maintain a record of its proceedings and activities and shall submit reports of its actions and recommendations to the Medical Executive Committee.

10.13 MEDICAL STAFF ASSISTANCE COMMITTEE

10.13-1 COMPOSITION

In order to improve the quality of care and promote the competence of the medical staff, the Medical Executive Committee shall establish a Medical Staff Assistance Committee comprised of no less than three (3) members of the medical staff. Each member shall serve a term of one (1) year. Insofar as possible, members of this committee shall not serve as active participants on other peer review or Quality Assurance Committees while serving on this committee. Membership on the Medical Staff Assistance Committee shall be limited to members of the medical staff

10.13-2 DUTIES

The Medical Staff Assistance Committee may also receive referrals from other staff and, as it deems appropriate, may evaluate such referrals. With respect to matters involving individual medical staff members, the committee may, on a voluntary basis, provide such advice, counseling, or referrals as may seem appropriate. All activities of the Medical Staff Assistance Committee shall be confidential. However, in the event that the committee demonstrates that the health or known impairment of a medical staff member poses an unreasonable risk of harm to hospitalized patients, the information shall be referred to the medical staff leadership for appropriate action. The committee shall consider general matters related to the health and well being of the medical staff, and with the approval of the Medical Executive Committee, develop educational programs or related activities.

(a) The purpose of this committee is assistance and rehabilitation rather than discipline, to aid a medical staff member in retaining or regaining optimal professional functioning.

(b) My medical staff member may self-refer to the MSAC to seek assistance and support in matters related to physical and emotional health and wellbeing.

10.13-3 MEETINGS

The Medical Staff Assistance Committee shall meet as often as necessary at the call of its chairman, but at least annually. The committee shall maintain only such record of its proceedings and activities as it deems advisable, but shall report its activities routinely to the Medical Executive Committee.

10.14 BIOETHICS COMMITTEE

10.14-1 COMPOSITION

The Bioethics Committee shall consist of physicians and such other medical and allied health professional staff members as the Medical Executive Committee may deem appropriate. It may include nurses, psychologists, social workers, rehabilitation therapists, lay representatives, clergy, ethicists, attorneys, administrators and representatives from the Governing Body, although a majority of its members shall be physician members of the medical staff

10.14-2 DUTIES

The Bioethics Committee may participate in development of guidelines for consideration of cases having bioethical implications; development and implementation of procedures for the review of such cases; development and/or review of institutional policies regarding care and treatment of such cases; retrospective review of cases for the evaluation of bioethical policies; consultation with concerned parties to facilitate communication and aid conflict resolution; and education of the hospital staff on bioethical matters.

10.14-3 MEETINGS

The Bioethics Committee shall meet as often as necessary at the call of its chairman, but at least annually. The committee shall maintain a record of its proceedings and activities, and shall report its actions and recommendations to the Medical Executive Committee.

ARTICLE XI

MEETINGS

11.1 MEETINGS

11.1-1 REGULAR MEETINGS

Regular meetings of the medical staff shall be held at least quarterly, except that the annual meeting shall constitute the regular meeting during the quarter in which it occurs. The date, place, and time of the regular meetings shall be determined by the Medical Executive Committee, and adequate notice shall be given to the members.

11.1-2 AGENDA

The order of business at meetings of the medical staff shall be determined by the Chief of Staff and Medical Executive Committee. The agenda shall include, insofar as feasible:

(a) Reading and acceptance of the minutes of the last regular and all special meetings held since the last regular meeting;

(b) Administrative reports from the Chief of Staff, departments, committees, the Executive Director, and the Medical Director;

(c) Election of officers when required by these bylaws;

(d) Reports by responsible officers, committees and departments on the overall results of patient care audits and other quality review, evaluation, and monitoring activities of the staff and on the fulfillment of other required staff functions;

(e) Old business; and

(f) New business.

11.1-3 SPECIAL MEETINGS

Special meetings of the medical staff may be called at any time by the Chief of Staff or the Medical Executive Committee, or shall be called upon the

written request of ten (10) per cent of the members of the active medical staff The person calling or requesting the special meeting shall state the purpose of such meeting in writing. The meeting shall be scheduled by the Medical Executive Committee within thirty (30) days after receipt of such request. No later than ten (10) days prior to the meeting, notice shall be mailed or delivered to the members of the staff which includes the stated purpose of the meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

11.2 COMMITTEE AND DEPARTMENT MEETINGS

11.2-1 REGULAR MEETINGS

Except as otherwise specified in these bylaws, the chairmen of committees, departments and divisions may establish the times for the holding of regular meetings. The chairmen shall make every reasonable effort to ensure the meeting dates are disseminated to the members with adequate notice.

11.2-2 SPECIAL MEETINGS

A special meeting of any medical staff committee, department or division may be called by the chairman thereof, the Medical Executive Committee, or the Chief of Staff, and shall be called by written request of one third (1/3) of the current members, eligible to vote, but not less than two (2) members.

11.3 QUORUM

11.3-1 STAFF MEETINGS

The presence of two thirds (2/3) of the total members of the active medical staff at any regular or special meeting in person or through written ballot shall constitute a quorum for the purpose of amending these bylaws or the rules and regulations of the medical staff or for the election or removal of medical staff officers.

11.3-2 DEPARTMENT AND COMMITTEE MEETINGS

A quorum of two thirds (2/3) percent of the voting members shall be required for Medical Executive and Credentials Committee meetings. For other committees, a quorum shall consist of fifty (50) percent of the voting members of the committee but in no event less than two (2) voting members. For department and division meetings, a quorum shall consist of fifty (50) percent of the voting members.

11.4 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these bylaws. Committee action may be conducted by telephone conference which shall be deemed to constitute a meeting for the matters discussed in that telephone conference. Valid action may be taken without a meeting by a committee if it is acknowledged by a writing setting forth the action so taken which is signed by at least two thirds (2/3) of the members entitled to vote.

11.5 MINUTES

Except as otherwise specified herein, minutes of meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of members and the vote taken on significant matters. A copy of the minutes shall be signed by the presiding officer of the meeting and forwarded to the Medical Executive Committee.

11.6 ATTENDANCE REQUIREMENTS

11.6-1 REGULAR ATTENDANCE

(a) At least fifty (50) percent of general staff meetings duly convened pursuant to these bylaws; and

(b) At least fifty (50) percent of all meetings of each department, division, and committee of which he or she is a member.

Each member of the temporary, consulting or courtesy staff and members of the provisional staff who qualify under criteria applicable to courtesy or consulting members shall be required to attend such meetings as may be determined by the Medical Executive Committee. Temporary members of the medical staff under Section 6.1-3 are excluded from meetings requirements.

11.6-2 ABSENCE FROM MEETINGS

Any member who is compelled to be absent from any medical staff, department, division, or committee meeting shall promptly provide to the regular presiding officer thereof the reason for such absence. Unless excused for good cause by the presiding officer of the department, division,

or committee, or the Secretary of the medical staff meetings, failure to meet the attendance requirements may be grounds for removal from such committee or for corrective action.

11.6-3 **SPECIAL ATTENDANCE**

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

11.7 CONDUCT OF MEETINGS

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

ARTICLE XII

CONFIDENTIALITY, IMMUNITY AND RELEASES

12.1 AUTHORIZATION AND CONDITIONS

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

(a) Authorizes representatives of the hospital and the medical staff to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the applicant's professional ability and qualifications;

(b) Authorizes persons and organizations to provide information concerning such practitioner to the medical staff;

(c) Agrees to be bound by the provisions of this Article and waive all legal claims against any representative of the medical staff or the hospital who acts in accordance with the provisions of this Article; and

(d) Acknowledges that the provisions of this Article are express conditions to an application for medical staff membership, the continuation of such membership, and to the exercise of clinical privileges at this hospital.

12.2 CONFIDENTIALITY OF INFORMATION

12.2-1 GENERAL

Medical staff, department, division, or committee minutes, files, and records, including information regarding any member or applicant to this medical staff shall, to the fullest extent permitted by law, be confidential. 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 express approval of the Medical Executive Committee or its designee.

12.2-2 BREACH OF CONFIDENTIALITY

Inasmuch as 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, divisions, or

committees, except in conjunction with other hospital, professional society, or licensing authority, is outside appropriate standards of conduct for this medical staff and will be deemed disruptive to the operations of the hospital. If it is determined that such a breach has occurred, the Medical Executive Committee may undertake such corrective action as it deems appropriate.

12.3 IMMUNITY FROM LIABILITY

12.3-1 FOR ACTION TAKEN

Each representative of the medical staff and hospital 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 within the scope of his or her duties as a representative of the medical staff or hospital.

12.3-2 FOR PROVIDING INFORMATION

Each representative of the medical staff and hospital 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 hospital concerning such person who is, or has been, an applicant to or member of the staff or who did, or does, exercise clinical privileges or provide services at this hospital.

12.4 ACTIVITIES AND INFORMATION COVERED

12.4-1 ACTIVITIES

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

(a) Applications for appointment, reappointment, or clinical privileges;

(b) Corrective action;

(c) Hearings and appellate reviews;

(d) Utilization reviews;

(e) Other department, or division, committee, or medical staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and

(f) National Practitioner Data Bank queries and reports, peer review organizations, Medical Board of California and similar reports.

12.5 RELEASES

Each applicant or member shall, upon request of the medical staff or hospital, 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 a prerequisite to the effectiveness of this Article.

ARTICLE XIII

GENERAL PROVISIONS

13.1 MEDICAL STAFF CREDENTIALS FILES

13.1-1 INSERTION OF ADVERSE INFORMATION

The following applies to actions relating to requests for initiation of adverse information into the medical staff member's or practitioner's credentials file:

(a) As stated previously, in Section 6.1-1, any person may provide information to the medical staff about the conduct, performance or competence of its members or individuals privileged and credentialed in accordance with the provisions of these bylaws;

(b) When a request is made for insertion of adverse information into a practitioner's credentials file, the respective department chairman and Chief of Staff shall review such a request;

(c) After such review a decision will be made by the respective department chairman and the Chief of Staff to:

(1) Not insert the information;

(2) Insert the information along with the notation that no further review is warranted; or

(3) Insert the information along with a notation that a request has been made to the Medical Executive Committee for an investigation as outlined in Section 6.1-2 of these bylaws.

(d) This decision shall be reported to the Medical Executive Committee and the member. The Medical Executive Committee, when so informed, may either ratify or initiate contrary actions to this decision by a majority vote; and

(e) If there is a conflict of interest on the part of the department chairman, Chief of Staff or member of the Medical Executive Committee, that person shall be disqualified from the deliberations.

13.1-2 REVIEW OF ADVERSE INFORMATION AT THE TIME OF REAPPRAISAL AND REAPPOINTMENT

The following applies to the review of adverse information in a practitioner's credentials file at the time of reappraisal and reappointment:

(a) Prior to recommendation on reappointment, the Credentials Committee, as part of its reappraisal function, shall review any adverse information in the credentials file pertaining to a member;

(b) Following this review, the Credentials Committee shall determine whether documentation in the file warrants further action;

(c) With respect to such adverse information, if it does not appear that an investigation and/or adverse action on reappointment is warranted, the Credentials Committee shall so inform the Medical Executive Committee;

(d) However, if an investigation and/or adverse action on reappointment is warranted, the Credentials Committee shall so inform the Medical Executive Committee;

(e) No later than sixty (60) days following final action on reappointment, the Medical Executive Committee shall, except as provided in (g):

(1) Initiate a request for corrective action, based on such adverse information and on the Credentials Committee's recommendation relating thereto; or

(2) Cause the substance of such adverse information to be summarized and disclosed to the member.

(f) The member shall have the right to respond thereto in writing, and the Medical Executive Committee may elect to remove such adverse information on the basis of such response;

(g) In the event that adverse information is not utilized as the basis for a request for corrective action, or disclosed to the member as provided herein, it shall be removed from the file and discarded, unless the Medical Executive Committee, by majority vote, determines that such information is required for continuing evaluation of the member's:

(1) Character;

(2) Competence; or

(3) Professional performance.

13.1-3 **CONFIDENTIALITY**

The following applies to records of the medical staff and its committees responsible for the evaluation and improvement of patient care:

(a) The records of the medical staff and its committees responsible for the evaluation and improvement of quality of patient care rendered in the hospital shall be maintained as confidential;

(b) Access to such records shall be limited to duly appointed officers and committees of the medical staff for the sole purpose of discharging medical staff responsibilities and subject to the requirement that confidentiality be maintained;

(c) Information which is disclosed to the Governing Body of the hospital or its appointed representatives (in order that the Governing Body may discharge its lawful obligations and responsibilities) shall be maintained by that body as confidential;

(d) Information contained in the credentials file of any member may be disclosed with the member's consent, or to any medical staff, hospital, professional licensing board, medical school or underwriting committee. However, any disclosure outside of the medical staff shall require the authorization of the Chief of Staff and the concerned department chairman and notice to the member;

(e) A medical staff member shall be granted access to his/her own credentials file, subject to the following provisions:

(1) Timely notice of such shall be made by the member to the Chief of Staff or his/her designee;

(2) The member may review, and receive a copy of, only those documents provided by or addressed personally to the member. A summary of all other information including peer review committee findings, letters of reference, proctoring reports, complaints, etc. shall be provided to the member, in writing, by the designated officer of the medical staff, at the time the member reviews his/her credentials file, or if this is not

practicable within thirty (30) days. Such summary shall disclose the substance, but not the source, of the information summarized; and

(3) The review by the member shall take place in the medical staff office, during normal working hours, with an officer or designee of the medical staff present.

(f) In the event a Notice of Charges is filed against a member, access to his/her own credentials file shall be governed by Section 7.4-1.

ARTICLE XIV

ADOPTION AND AMENDMENT OF BYLAWS

14.1 PROCEDURE

Upon the request of the Chief of Staff, the Medical Executive Committee, or upon timely written petition signed by at least ten (10) percent of the members of the medical staff in good standing who are entitled to vote, consideration shall be given to the renewal, amendment, or repeal of these bylaws. Such action shall be taken at a regular or special meeting provided:

(a) Written notice of the proposed change was sent to all members on or before the last regular or special meeting of the medical staff, and such changes were offered at such prior meeting; and

(b) Notice of the next regular or special meeting at which action is to be taken included notice that a bylaw change would be considered, except that the next meeting shall be at least twenty eight (28) days subsequent to the notice in (a).

Both notices shall include the exact wording of the existing bylaw language, if any, and the proposed change.

14.2 ACTION ON BYLAW CHANGE

If a quorum is present for the purpose of enacting a bylaw change, the change shall require an affirmative vote of two thirds (2/3) percent of the active members eligible to vote whether present or not.

14.3 APPROVAL

Bylaw changes adopted by the medical staff shall become effective following approval by the Governing Body, which approval shall not be withheld unreasonably. If approval is withheld, the reasons for doing so shall be specified by the Governing Body in writing, and shall be forwarded to the Chief of Staff, the Medical Executive and ad-hoc Bylaws Committee.

14.4 EXCLUSIVITY

The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the medical staff bylaws. Notwithstanding these provisions,

the medical staff bylaws may be amended by the Governing Body if necessary to achieve consistency with California laws and regulations, California civil service requirements, or Department of Mental Health policies and procedures.