

LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER



LOMA LINDA
UNIVERSITY
BEHAVIORAL
MEDICINE CENTER

**Medical Staff Bylaws
And
Rules and Regulations**

2011-2012

Loma Linda University Behavioral Medicine Center
Medical Staff Administration
11314 Mountain View Ave.
Cambridge Building
Loma Linda, CA 91354
909/558-6479
X66479

Loma Linda University Behavioral Medicine Center
Medical Staff Bylaws 2011-2012

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P R E A M B L E

The Loma Linda University Behavioral Medicine Center has one of its primary purposes serving as a clinical base for affiliated programs for educating and training medical students, graduate physicians, allied health professionals, nurses, and paramedical personnel in a setting promoting optimal patient care, operating in accordance with the ethics, principles, and philosophy of the Seventh-day Adventist Church.

These Bylaws are adopted to provide for the organization of the Medical Staff of the Behavioral Medicine Center and to provide a framework for self-government of the Medical Staff in order for it to accept and assume its responsibility in matters involving the quality of medical care, and to govern the orderly resolution of those purposes.

D E F I N I T I O N S

1. **BEHAVIORAL MEDICINE CENTER** means Loma Linda University Behavioral Medicine Center (BMC).
2. **GOVERNING BODY** means the Behavioral Medicine Center's Board of Trustees or a duly authorized committee thereof.
3. **ADMINISTRATOR** means the person appointed by the Governing Body to act on its behalf in the overall management of the Behavioral Medicine Center, or authorized representative, and therefore refers to the Behavioral Medicine Center Administrator.
4. **MEDICAL STAFF or STAFF** means the formal organization of all licensed physicians who are privileged to attend patients in the Behavioral Medicine Center.
5. **PHYSICIAN** means an individual with an M.D. or D.O. degree who is licensed to practice medicine.
6. **PRACTITIONER** means, unless otherwise expressly limited, any physician who is applying for Medical Staff membership and/or clinical privileges or who is a Medical Staff member and/or who exercises clinical privileges in this Behavioral Medicine Center.
7. **CLINICAL PRIVILEGES or PRIVILEGES** means the permission granted to a Medical Staff member to render specific diagnostic, therapeutic, or medical services.

8. **ALLIED HEALTH PROFESSIONAL or AHP** means an individual, other than a licensed physician, dentist or podiatrist, who holds a valid license, certificate or other legal credential, as required by California law, that authorizes the individual to provide patient care services in collaboration with a physician, dentist or podiatrist. Based on their valid license, certificate or other legal credential an AHP at the Medical Center will be classified as a Limited License Independent Practitioner (AHP-LLIP) or a Dependent Practitioner (AHP-DP). The categories of AHPs authorized in the Medical Center are listed in the Rules and Regulations. “Allied Health Staff” means those Allied Health Professionals who are neither employees of the Medical Center nor, pursuant to the terms of these Bylaws, eligible for Medical Staff membership, but who have been granted “Practice Privileges” (as defined below) by the Medical Staff to provide patient care services in collaboration with a physician, dentist or podiatrist member of the Medical Staff.
9. **PRACTICE PRIVILEGES** means the permission granted by the Medical Staff to an **ALLIED HEALTH PROFESSIONAL (AHP)** who has been granted Allied Health Staff status to render specific diagnostic or therapeutic services to Medical Center patients when such services are within the individual AHP’s legal scope of practice, qualifications, and competency, and when such services by an Allied Health Professional are within the rules and limits established by the Governing Body, the Medical Staff, these Bylaws, the Medical Staff Rules and Regulations, and any applicable state or federal law or regulation.
10. **MEDICO-ADMINISTRATIVE OFFICER** means a practitioner, employed by or otherwise serving the Behavioral Medicine Center on a full or part-time basis, whose duties include certain responsibilities that are both administrative and clinical in nature.
11. **MSEC** means the Medical Staff Executive Committee.
12. **BOARD CERTIFIED** means Currently Board Certified by a certifying Board recognized by the American Board of Medical Specialties.
13. **RESIDENT:** A physician or dentist in an accredited graduate medical or dental education specialty program.
14. **FELLOW:** A physician or dentist in a program of graduate medical or dental education accredited by the ACGME and who has completed the requirements for eligibility for first board certification in the specialty. The term “subspecialty residents” is also applied to such physicians. Other uses of the term “fellow” require modifiers for precision and clarity, e.g., research fellow.

ARTICLE I: NAME

The name of this organization shall be the Medical Staff of the Behavioral Medicine Center.

ARTICLE II: PURPOSES

The purposes of this organization are:

- 2.1** To promote education, research, and to maintain standards which meet the educational requirements of the health-related schools and teaching programs of Loma Linda University.
- 2.2** To promote a high level of professional performance of all physicians and AHPs authorized to practice in the Behavioral Medicine Center through the appropriate delineation of privileges and through an ongoing review and evaluation of each practitioner's and AHP's performance in the Behavioral Medicine Center.
- 2.3** To initiate and maintain Rules and Regulations for the Medical Staff.
- 2.4** To provide means whereby issues concerning the Medical Staff and the Behavioral Medicine Center may be discussed by the Medical Staff with the Governing Body and the Administrator.

ARTICLE III: MEMBERSHIP

3.1 NATURE OF MEMBERSHIP

No physician, including those in a medical administrative position by virtue of a contract with the Behavioral Medicine Center, shall admit patients to the Behavioral Medicine Center unless the practitioner is a member of the Medical Staff or the practitioner has been granted temporary clinical privileges in accordance with these Bylaws. Membership in the Medical Staff and/or clinical privileges shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws. Membership and/or clinical privileges may be limited based upon 1) the Behavioral Medicine Center's provision of specific facilities, supportive services and courses of treatment for an applicant, and his or her patients, or 2) the patient care needs for additional staff members as reasonably determined by the Medical Staff and the Behavioral Medicine Center.

Every appointment and reappointment to the Medical Staff shall be made by the Governing Body after a recommendation and report has been made in accordance with these Bylaws. Appointment to and membership in the Medical Staff shall confer on the member only such clinical privileges as have been granted by the Governing Body in accordance with these Bylaws. Medical Staff membership or clinical privileges shall not be denied on the basis of race, color, creed, sex or national origin.

3.2 QUALIFICATIONS FOR MEMBERSHIP

3.2-1 GENERAL QUALIFICATIONS

Practitioners shall be qualified for Medical Staff membership only if they provide evidence of their current licensure, experience, background, training, current competence, judgment, and health status to adequately demonstrate to the satisfaction of the Medical Staff that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency established by the Medical Staff. Practitioners must adhere strictly to the ethics of their professions, work cooperatively with others in the Behavioral Medicine Center, be willing to participate in and properly discharge Staff responsibilities, and be willing to commit to and regularly assist the Medical Staff in fulfilling its obligations related to patient care and medical education. Practitioners must maintain in force professional liability insurance in not less than the minimum amounts jointly determined by the Governing Body and the MSEC. Each practitioner must also be willing to maintain a standard of conduct in all settings which will not be in conflict with the ethics, principles, and philosophy of the Seventh-day Adventist Church.

3.2-2 SPECIFIC QUALIFICATIONS

Physicians applying for membership in the Medical Staff must hold an M.D. or D.O. degree (or their equivalent if issued from a school outside the United States; the equivalence must be recognized by the licensing boards in the State of California) and 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. Physicians who have been granted a certificate of registration by the Medical Board of California under Section 2113 of the Business and Professions Code may be eligible to apply for membership on the Medical Staff only if they have completed postgraduate training as defined in Section 2065 or 2066 of the Business and Professions Code.

3.2-3 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

The ongoing responsibilities of each member of the Medical Staff shall include:

- a. Providing patients on a continuous basis with the quality of care meeting the professional standard of the Medical Staff of the Behavioral Medicine Center.
- b. Abiding by the Medical Staff Bylaws, Rules and Regulations, and policies.

- 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 the patients to whom the member provides care in the Behavioral Medicine Center.
- e. Abiding by the lawful ethical principles of the American Medical Association, the California Medical Association and the Member's professional association.
- f. Aiding in any Medical Staff approved educational programs for medical students, interns, resident physicians, Medical Staff physicians, nurses and other personnel.
- g. Working cooperatively with members, nurses, Behavioral Medicine Center Administration and others so as not to adversely affect patient care.
- h. Making appropriate arrangements for coverage for the member's patients as determined by the Medical Staff.
- i. Refusing to engage in improper inducements for patient referral.
- j. Participate in continuing education programs as determined by the Medical Staff.
- k. Participating in such emergency service coverage or consultation panels as may be determined by the Medical Staff.
- l. Discharging such other staff obligations as may be lawfully established from time to time by the Medical Staff or MSEC.
- m. Providing information to and/or testifying on behalf of the Medical Staff or an accused practitioner regarding any matter under and investigation pursuant to Article VIII and those which are the subject of a hearing pursuant to Article IX.
- n. Reporting to Behavioral Medicine Center Administration whenever asked to give a deposition in a case involving a Behavioral Medicine Center patient.
- o. Reporting to Medical Staff Administration within 30 days any termination, restriction/suspension, or the loss of licensure or clinical privileges at other hospital(s) or health care facilities where he or she currently holds staff membership.
- p. Reporting to Medical Staff Administration within 30 days any communication from a peer review organization where questions are raised regarding the quality of care rendered to a patient in the Behavioral Medicine Center.
- q. Reporting to the Medical staff Administration within 30 days any voluntary relinquishing of privileges of Medical Staff membership and sanction by a third party payer or regulatory agency.
- r. Reporting to Medical Staff Administration within 30 days, any malpractice judgment, settlement, or arbitration against the member.
- s. Notifying the Medical Staff Administration of any change to address, telephone number, or email within 30 days of change.

3.2-4 HARASSMENT PROHIBITED

Harassment by a Medical Staff member against any individual including patients, Behavioral Medicine Center visitors, and/or other members of the Medical Staff on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, marital status, or sex shall not be tolerated.

“Sexual harassment” is unwelcome verbal or physical conduct of a sexual nature. Sexual harassment may be verbal (including offensive language not directed at any particular individual), and/or physical (including such actions as assault, unwelcome touching, or interference with movement), and/or visual (such as unnecessary display of sexually related anatomy or displaying offensive printed material).

Sexual harassment also includes unwelcome advances, requests for sexually related favors, and any other verbal, visual, or physical conduct of a sexual nature when:

- a. Submission to or rejection of this conduct by an individual is used as a factor in decisions regarding evaluations, promotions, hiring or dismissal.
- b. This conduct substantially interferes with the individual’s employment or creates an intimidating, hostile, or offensive work environment; or
- c. The conduct is directed to a patient.

All allegations of harassment shall be immediately investigated by the Medical Staff and, if confirmed, will result in appropriate corrective action. Such corrective action may range from reprimand up to and including termination of Medical Staff privileges or membership.

3.2-5 PRACTITIONERS APPLYING FOR CLINICAL PRIVILEGES IN A RECOGNIZED SPECIALTY

Each Medical Staff member who applies for clinical privileges in a recognized specialty must demonstrate ability to provide a standard of care that is consistent with the special requirements and standards necessary for the Behavioral Medicine Center to maintain and enhance its reputation and meet its patient care responsibilities in its function as a tertiary care teaching institution. In the determination as to whether an applicant meets this standard, the minimum criteria that each applicant must demonstrate compliance with shall be:

- a. Satisfactory completion of the educational requirements for board certification in the relevant specialty.
- b. Each applicant must also demonstrate aptitude for and interest in participating in the clinical educational and training programs conducted at the Behavioral Medicine Center.

3.2-6 EFFECT OF OTHER AFFILIATIONS

No practitioner shall be automatically entitled to Medical Staff membership or to exercise any particular clinical privileges merely because the practitioner holds a certain degree; is licensed to practice in California or any other state; is a member of any professional organization; is certified by any clinical board; or had, or

presently has, Staff membership or privileges at the Behavioral Medicine Center or at another health care facility.

3.3 EXCLUSIVE CONTRACT/INDEPENDENT CONTRACTORS

A practitioner who performs services as an independent contractor must be a Medical Staff member, achieving staff membership and obtaining all necessary clinical privileges through the procedures provided in Articles VI and VII. Any such practitioner is subject to the duties, responsibilities and obligations contained in these Bylaws and any contract shall be consistent with the requirements of these Bylaws.

The Medical Staff recognizes the value of exclusive contracts and/or closed service arrangements in furthering the quality of care at the Behavioral Medicine Center. Therefore, privileges made exclusive pursuant to a contract or closed service arrangement may be terminated automatically upon termination of practitioner's contract or closed service arrangement without affording access to the procedures contained in Articles VIII and IX of the Bylaws and requests for privileges may be denied when such a request is in conflict with an exclusive contract or closed service arrangement without affording access to the procedures contained in Article VIII and IX of the Bylaws. Practitioners providing services under an exclusive contract or closed service arrangement must include any applicable exclusivity and automatic termination provisions in any subcontracts or arrangements such practitioners may have with any other practitioners ("subcontractors") providing services under the exclusive contract or closed services arrangement. However, failure to include such provisions shall not affect the Behavioral Medicine Center's right to enforce exclusivity and/or automatic termination provisions against such subcontractors.

Any challenge to the substantive validity of an exclusive contract and/or closed service arrangement must utilize the procedures provided in Section 9.1-1 of these Bylaws prior to seeking judicial review.

3.4 DURATION OF APPOINTMENT

Provisional Staff members shall be appointed initially for a period of one year, or until the next renewal date for their state license, whichever is shorter. In all circumstances, Provisional Staff members shall not be eligible for appointment to the Active Staff or the Courtesy Staff for at least one (1) year from the date of their initial appointment. All other staff appointments and reappointments shall be for a period to extend to the next state license renewal date. Under no circumstance shall the interval between appointment and reappointment exceed two (2) years.

3.5 LEAVE STATUS

3.5-1 LEAVE STATUS

A Medical Staff member may obtain a voluntary leave of absence from the Medical Staff for up to two (2) years. Any leave of absence must be approved by

the MSEC after submission by the member of a request stating the approximate period of time of the leave, which may not exceed two (2) years. During the period of the leave, the member's clinical privileges and responsibilities shall be suspended.

Medical Leave of Absence: The MSEC shall determine the circumstances under which a particular Medical Staff member shall be granted a leave of absence for the purpose of obtaining treatment for a medical condition or disability. In the discretion of the MSEC, unless accompanied by a reportable restriction of privileges, the leave shall be deemed a "medical leave" which is not granted for a medical disciplinary cause or reason.

Military Leave of Absence: Requests for leave of absence to fulfill military service obligation shall be granted upon notice and review by the MSEC. Reactivation of membership and clinical privileges previously held shall be granted, notwithstanding the provisions of Sections 3.5-2 and 3.6, but may be granted subject to monitoring and proctoring as determined by the MSEC.

3.5-2 TERMINATION OF LEAVE

At least thirty (30) days prior to the termination of the leave, or at any earlier time, the Medical Staff member may request reinstatement of his or her privileges by submitting a written notice to that effect to the Administrator and to the MSEC. If so requested by the MSEC or the Administrator, the Staff member shall submit a written summary of his or her relevant activities during the leave. The MSEC shall recommend whether to approve the member's request for reinstatement of his or her privileges and, thereafter, the procedure set forth in Sections 6.3-7 through 6.3-11 shall be followed. If the member's appointment expires during a leave, it is the member's responsibility to assure that a reappointment application and any other necessary information is submitted in a timely fashion so that the reappointment process may be completed prior to the termination of the leave. Failure, without good cause, to request reinstatement or to provide a requested summary of activities shall be deemed to be a voluntary resignation from the Medical Staff and shall result in automatic termination of membership privileges. A practitioner whose membership is terminated shall be entitled to the procedural rights provided in Article VIII for the sole purpose of determining whether the failure was with or without good cause. 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.

3.6 VOLUNTARY TERMINATION OF STAFF MEMBERSHIP AND CLINICAL PRIVILEGES

A member of the Medical Staff in good standing may, at any time, terminate his or her Staff membership and clinical privileges. Such termination shall be effectuated through submission of a letter of resignation to Medical Staff Administration requesting

termination of Staff membership and privileges. The termination shall be effective upon receipt of such a letter of resignation by Medical Staff Administration and upon receipt by Medical Staff Administration of a notice from the Medical Records Department that the resigning Staff member has completed all medical records. A Staff member is responsible for assuring continuity of care for any patients for which that member is responsible at the Behavioral Medicine Center subsequent to such voluntary termination of membership. This section shall not limit the right of the Medical Staff to deem a Staff member's resignation or to otherwise limit a practitioner's Staff membership or clinical privileges consistent with the provisions of these Bylaws.

ARTICLE IV: CATEGORIES OF MEMBERSHIP

4.1 CATEGORIES

The categories of the Medical Staff shall include the following: Active, Provisional, Courtesy, Consulting, Associate, and Honorary.

4.2 ACTIVE STAFF

4.2-1 QUALIFICATIONS

The Active Staff shall consist of practitioners who:

- a. Regularly admit patients to, or otherwise regularly provide professional services for patients in the Behavioral Medicine Center and are located closely enough to the Medical Center to provide appropriate care to their patients.
- b. A practitioner seeking an initial Active Staff appointment must also have completed all proctoring requirements applicable under these Bylaws, including demonstration of his or her ability to continuously meet the standard of care expected of Active Staff members. The practitioner must also have received a favorable recommendation as to his or her ability to cooperate with and contribute to the clinical education and training programs at the Behavioral Medicine Center, and have been a member in good standing of the Provisional Staff for one (1) year and must have cared for an adequate number of patients, as determined by the Service, in LLUBMC during the Provisional period to allow the Service and Committee of the Whole to evaluate the qualifications for continued membership.

4.2-2 PREROGATIVES

The prerogatives of an Active Staff member shall be to admit patients to the Medical Center, care for patients in outpatient services or facilities owned, operated by, or otherwise affiliated with the Behavioral Medicine Center, and exercise clinical privileges granted pursuant to Article VII.

4.2-3 RIGHTS TO VOTE AND HOLD OFFICE

Each Active Staff member shall be eligible to:

- a. Hold office and serve on committees in the Medical Staff.
- b. Vote for Medical Staff Officers, on bylaws amendments and on all matters presented at general and special meetings of the Medical Staff and of the clinical service and committees of which he or she is a member.

4.2-4 RESPONSIBILITIES

Each Active Staff member shall meet the standards in Section 3.2.

4.3 PROVISIONAL STAFF

4.3-1 QUALIFICATIONS

- a. The Provisional Staff shall consist of practitioners who have been Medical Staff Members for less than one (1) year.
- b. A practitioner may be appointed as a Provisional Staff member for an initial period of twelve (12) months or until the practitioner's license renewal date, whichever occurs first. Subsequent reappointments shall be for two (2) year periods.
- c. Neither the initial appointment nor any reappointment to the Provisional Staff shall create in the appointee any vested right to reappointment to the same or to another staff category at the completion of any appointment period. The Medical Staff membership and clinical privileges of a practitioner who does not qualify for advancement to Active, or Courtesy at the end of the one (1) year period of Provisional Staff category shall be entitled to the procedural rights set forth in Article IX.
- d. Advancement to another category of staff membership is based on meeting the qualification requirements of that category.

4.3-2 PREROGATIVES

The prerogatives of a Provisional Staff member shall be to:

- a. Admit patients to the Behavioral Medicine Center, care for patients in outpatient services or facilities owned, operated by, or otherwise affiliated with the Behavioral Medicine Center, and exercise clinical privileges granted pursuant to Article VII.

4.3-3 RIGHTS TO VOTE AND HOLD OFFICE

A Provisional Staff member may:

- a. Serve as a voting member on committees, unless provided otherwise in these Bylaws. A Provisional member may not hold office in the Medical Staff.
- b. Not vote for Medical Staff Officers, on Bylaws amendments, or on any matters presented at general and special meetings of the Medical Staff.

4.3-4 RESPONSIBILITIES

Each Provisional Staff member shall meet the standard in Section 3.2.

4.4 COURTESY STAFF

4.4-1 QUALIFICATIONS

The Courtesy Staff shall consist of practitioners who:

- a. Admit, or otherwise provide professional services for not more than twelve (12) patients in the Behavioral Medicine Center during each Medical Staff year.
- b. Are, and document their status as, members in good standing of the Active Medical Staff of another hospital.

- c. Have been a member in good standing of the Provisional Staff for at least one (1) year.
- d. Have completed the initial proctoring as discussed in Section 7.4.

4.4-2 PREROGATIVES

The prerogatives of a Courtesy Staff member shall be to:

- a. Admit or provide professional services for not more than twelve (12) patients in the Behavioral Medicine Center during each year. Members whose activity will exceed this limit must apply for Active Staff Status.
- b. Exercise such clinical privileges as are granted to the member pursuant to Article VII.
- c. Attend meetings of the Medical Staff of which he or she is a member as outlined in Section 13.7-1.

4.4-3 RIGHTS TO VOTE AND HOLD OFFICE

A Courtesy Staff member may not vote or hold office in the Medical Staff but may serve as a voting member on committees, unless provided otherwise in these Bylaws.

4.4-4 RESPONSIBILITIES

Each Courtesy Staff member shall meet the standards in Section 3.2.

4.5 CONSULTING STAFF

4.5-1 QUALIFICATIONS

The Consulting Staff shall consist of practitioners who:

- a. Possess clinical expertise and come to the Behavioral Medicine Center when so scheduled or when called to render a clinical opinion within their competence.
- b. Are members in good standing of the Active Medical Staff of another hospital and must have cared for an adequate number of patients, as determined by the Service, in LLUBMC during the Provisional period to allow the Service and Committee of the Whole to evaluate the qualifications for continued membership.

4.5-2 PREROGATIVES

The prerogatives of a Consulting Staff member shall be to:

- a. Exercise such clinical privileges as are granted to the member pursuant to Article VII; however, he or she shall not be eligible to admit patients or to assume responsibility for continuing care of patients in the Behavioral Medicine Center.
- b. Attend meetings of the Medical Staff as outlined in Section 13.7-1.

4.5-3 RIGHTS TO VOTE AND HOLD OFFICE

A Consulting Staff member may not vote or hold office in the Medical Staff or serve on standing committees, but may serve as a voting member on special committees.

4.5-4 RESPONSIBILITIES

Each Consulting Staff member shall meet the standards in Section 3.2 and responsibilities set forth in Section 3.2-3.

4.6 HONORARY STAFF

4.6-1 QUALIFICATIONS

The Honorary Staff shall consist of practitioners recognized for their outstanding reputations, their noteworthy contributions to the health and medical sciences, or their previous long-standing service to the Behavioral Medicine Center, but who are not active in the Behavioral Medicine Center.

4.6-2 PREROGATIVES

Honorary Staff members are not eligible to admit patients to the Behavioral Medicine Center or to exercise clinical privileges in the Behavioral Medicine Center.

4.6-3 RIGHTS TO VOTE AND HOLD OFFICE

Honorary Staff members may attend Medical Staff meetings. An Honorary Staff member may not vote or hold office in the Medical Staff or serve on committees.

4.7 ADMINISTRATIVE STAFF

4.7-1 QUALIFICATIONS

The Administrative Staff shall consist of practitioners who are members of the Medical Staff but who have no clinical privileges and who:

- a. Have been a member in good standing of the Active Staff, Courtesy Staff, or Provisional Staff for at least one (1) year.
- b. If at the time of re-appointment have not had sufficient clinical activity for advancement or reappointment in their current staff category or for good reason do not plan to have continuing sufficient clinical activity to qualify for advancement or reappointment in their current staff category.
- c. Provide a significant service to the Behavioral Medicine Center and the Medical Staff despite this lack or planned lack of clinical activity within the Behavioral Medicine Center.

Failure to meet these qualifications will be considered a voluntary resignation after two (2) years in this category.

4.7-2 PREROGATIVES

The prerogatives of an Administrative Staff member shall be to:

- a. Attend meetings of the Medical Staff as outlined in Section 13.7-1.

4.7-3 RIGHTS TO VOTE AND HOLD OFFICE

A member of the Administrative Staff may serve as chair or as a voting member on committees. A member of the Administrative Staff may not hold office in the Medical Staff.

4.7-4 RESPONSIBILITIES

Each member of the Administrative Staff shall meet the standards in Section 3.2 other than those standards that in the judgment of the MSEC do not apply because of the absence of clinical activity. If a patient of a member of the Administrative Staff requires care by the Behavioral Medicine Center, the Administrative Staff member shall relinquish all responsibility for the patient to a Medical Staff member with the appropriate clinical privileges.

4.7-5 CARE OF PATIENTS

Should a member of the Administrative Staff wish to provide clinical care for a patient in the Behavioral Medicine Center, that Administrative Staff member must obtain Temporary Privileges as outlined in Section 7.5. If the Administrative Staff member wishes to resume caring for patients in the Behavioral Medicine Center on a regular basis, that member must apply for transfer to another staff category and must apply for relevant clinical privileges.

4.8 MODIFICATION OF MEMBERSHIP

On its own, or pursuant to a request by a member, or upon direction of the Governing Body, the MSEC may recommend a change in the Medical Staff category of a member consistent with the requirements of the Bylaws.

ARTICLE V: ALLIED HEALTH PROFESSIONALS

5.1 QUALIFICATIONS

Allied Health Professionals (AHPs) are not eligible for Medical Staff membership. AHPs may provide patient care services either independently or under the direction and supervision of a member of the Medical Staff.

An AHP who provides patient care services independently may be eligible for practice privileges in the Behavioral Medicine Center only if:

- a. He or she seeks to provide those services in a category of AHPs previously authorized by the Governing Body as eligible to apply for practice privileges.
- b. He or she holds a license, certificate, or other legal credential required for granting of the requested practice privileges.
- c. The MSEC recommends the granting of specified practice privileges and assures the MSEC that the individual is in a category approved by the Governing Body and holds those minimum credentials specified by the Governing Body.
- d. He or she meets the same qualifications specified in Section 3.2 for Medical Staff members as they may reasonably be applied to AHPs.
- e. He or she maintains professional liability insurance consistent with the requirements of Section 15.2.

An AHP may be eligible to provide patient care services under the direction and supervision of a member of the Medical Staff only if:

- a. The patient care services he or she proposed to provide are described in a written description, which specifies the scope and circumstances of the requested patient care services.
- b. The written description of practice privileges of the AHP have been approved by the MSEC.
- c. The qualifications of the AHP have been reviewed and approved by the MSEC.
- d. The training, experience, and privileges of the Medical Staff members who will direct and supervise the AHP are appropriate to the patient care services that the AHP proposes to provide.
- e. The Medical Staff member who will direct and supervise the AHP provides evidence satisfactory to the Medical Staff that the member and the supervised AHP maintain professional liability insurance consistent with requirement of Section 15.2.
- f. The Medical Staff member who will direct and supervise the AHP has been granted the privilege of directing and supervising the specific AHP approved by the MSEC utilizing the specific written description approved

by the MSEC and if the AHP is a Physician's Assistant (PA), the supervising staff member shall hold appropriate state license.

5.2 DELINEATION OF CATEGORIES OF AHPs ELIGIBLE TO APPLY FOR PRACTICE PRIVILEGES

The MSEC shall, as reasonably necessary identify the categories of AHPs that it recommends to the Governing Body. For each AHP category approved by the MSEC and the Governing Body, the specific practice privileges, prerogatives, and terms shall be set forth in the Medical Staff Rules and Regulations and/or in Medical Staff policies.

5.3 PROCEDURE FOR GRANTING PRACTICE PRIVILEGES

An AHP seeking practice privileges must apply and qualify for those practice privileges. Applications for initial granting of practice privileges and bi-annual renewal thereof shall be submitted and processed as provided in Articles VI and VII for practitioners, unless otherwise specified in the Medical Staff Rules and Regulations.

Each AHP shall be assigned to the Clinical Service appropriate to his or her occupational or professional training and, unless otherwise specified in the Rules and Regulations, shall be subject to terms and conditions paralleling those specified in Article III and Article VII as they may logically be applied to AHPs.

5.4 PREROGATIVES

The prerogatives which may be extended to an AHP shall be defined in the Medical Staff Rules and Regulations or Behavioral Medicine Center policies. Such prerogatives may include:

- a. Provision of specified patient care services under the supervision and direction of a member of the Medical Staff who has been granted the privilege to supervise the AHP.
- b. Provision of specified patient care services independently only when those services are consistent with the practice privileges granted to the AHP and within the scope of the AHPs licensure or certification.
- c. Service on Medical Staff and Behavioral Medicine Center committees.
- d. Attendance at the meetings of the Medical Staff and attendance at Behavioral Medicine Center education programs in his or her field of practice.

5.5 RESPONSIBILITIES

Each AHP shall:

- a. Meet those responsibilities required by these Bylaws and the Medical Staff Rules and Regulations, and such policies as are applicable to the more limited practice of the AHP.
- b. Assure that all supervision requirements applicable to his or her practice privileges are continuously met.

- c. Retain appropriate responsibility within his or her area of professional competence for the care and supervision of each patient in the Behavioral Medicine Center for whom the AHP is providing services.
- d. Participate, as appropriate, in quality review, evaluation, and monitoring activities required of AHPs, in supervising initial appointees of his or her same occupation or profession or of a lesser included occupation or profession, and in discharging such other functions as may be required from time to time by the Medical Staff or the Service to which the AHP is assigned.
- e. Attend meetings of the Staff, to which the AHP is assigned, and the Committees of which he or she is a member in accordance with attendance requirements and conditions parallel to those set forth for members of the Active and Provisional Medical Staffs in Section 13.7 of these Bylaws.

5.6 AUTOMATIC SUSPENSION/TERMINATION

- a. The AHPs practice privileges shall be automatically suspended when:
 - 1) The Medical Staff membership of any supervising physician is terminated, whether voluntary or involuntary, or when that member no longer is a member of the Active Medical Staff; or
 - 2) A supervising physician no longer agrees to act as the supervising physician, for any reason, or the relationship between the AHP and the supervising physician is otherwise terminated, regardless of the reason;
 - 3) The AHPs certificate or license is suspended.
- b. The AHPs practice privileges shall be automatically terminated when the AHPs certificate or license expires or is revoked.
- c. Except as required by law, the AHP shall not be entitled to the procedural rights afforded by Section 9 when action to suspend or terminate practice privileges is taken under Section 5.6 or 5.6.
- d. Applicable AHP hearing rights are set forth in Section 9.6 of these Bylaws.

ARTICLE VI: PROCEDURE FOR APPOINTMENT AND REVIEW

6.1 GENERAL PROCEDURE

The Medical Staff, through its designated Services, committees, and officers shall consider each application for appointment or reappointment to the Medical Staff, for clinical privileges and for each request for modification of Medical Staff membership status or clinical privileges, and shall investigate and validate the contents of each application before adopting and transmitting its recommendations to the Governing Body.

The Medical Staff shall perform the same function in connection with any individual who has applied only for temporary privileges or who otherwise seeks to exercise privileges or to provide specified services in any Behavioral Medicine Center Service.

6.2 DURATION OF APPOINTMENT

All initial appointments to the Medical Staff shall be for a period extending until the end of the month in which the state license renewal is due if that month is less than two (2) years after the initial appointment date, otherwise the initial appointment period shall be for 12 months. All other Staff appointments and reappointments shall be for a period to extend to the end of the month in which the next license renewal is due. Under no circumstance shall the interval between appointment and reappointment exceed two (2) years. Under no circumstances shall the interval between reappointments exceed two (2) years. The Credentials Committee may recommend to the MSEC a period of appointment or reappointment of less than two (2) years specifically for cause, which may or may not be reportable.

6.3 APPLICATION FOR APPOINTMENT

Each individual who applies for appointment/reappointment to the Medical Staff must demonstrate ability to provide a standard of service that is consistent with the special requirements and standards necessary for Loma Linda University Behavioral Medicine Center to maintain and enhance its reputation and meet its educational and patient care responsibilities in its function as a teaching institution. The criteria used in determining whether an applicant meets this standard at a minimum shall include:

- a. Evidence that the applicant meets the General and Specific Qualifications for Medical Staff membership found in Article III of these Bylaws.
- b. Written certification by the applicant that he/she will under all circumstances cooperate with the educational programs of the BMC and when asked by their Service Chief will agree to participate in the educational activities of the BMC.

6.3-1 CONTENT

All applications for appointment to the Medical Staff shall be in writing, signed by the applicant and the Chief of the appropriate Clinical Service, and shall be submitted on a form prescribed by the Medical Staff. The application shall require the applicant to provide:

- a. Detailed information concerning the applicant's professional qualifications, competency, current California licensure, and current DEA Certificate unless exemption is granted upon written attestation of the physician that the physician will not prescribe controlled substances in the Hospital. Concurrence from the Service Chief and Medical Director is required. The applicant must submit a written request for waiver. In the case of temporary privileges, the Medical Director may serve as the agent of the Committee to determine if a DEA is required.
- b. The names of at least three (3) persons who hold the same professional license as does the applicant including, whenever possible, a letter from the Director of the postgraduate training program(s), a letter from the Chief of the Department or Service of previous and current Hospitals, and at least two (2) Active Staff members who can provide adequate references based on their current knowledge, gained through observation of or working with the applicant, of the applicant's qualifications, competency, and ethical character. Additional letters of recommendation may be required at the discretion of the MSEC.
- c. Information as to whether any action, including any investigation, has ever been undertaken, whether still pending or completed, which involves denial, revocation, suspension, reduction, limitation, loss, probation, non-renewal, or voluntary or involuntary relinquishment by termination, resignation or expiration (including relinquishment that was requested or bargained for) of the applicant's Medical Staff membership status and/or clinical privileges at any other Medical Center or institution; membership or fellowship in any professional organization; license to practice any profession in any jurisdiction; Drug Enforcement Administration (DEA) or other controlled substances registration; specialty board certification; and/or professional organization; license to practice any professional school faculty position or membership.
- d. Documentation pertaining to the applicant's professional liability insurance coverage and information as to any professional liability claims, pending claims, and/or final judgments, and/or settlements, complaints, or causes of action that have been lodged against him/her and the status or outcome of such matters.
- e. Information as to any pending or final administrative agency or court cases in which the applicant is alleged to have violated or was found guilty of violating any criminal law (excluding minor traffic violations.)

- f. Information pertaining to the condition of the applicant's health as it relates to the ability to perform patient care services and privileges, with or without reasonable accommodations.
- g. Applicant acknowledges that he/she has received the Medical Staff Bylaws and Rules and Regulations and agrees to abide and be bound by the contents therein.
- h. The applicant shall provide valid picture ID issued by a state or federal agency (e.g. drivers license or passport) verifying that the practitioner requesting approval is the same practitioner identified in the credentialing documents. This identification will be copied, attested to authenticity, and filed with the application documents (JC MS 4.10-5)

6.3-2 APPLICATION FEE

Subject to the Governing Body's approval, the MSEC shall establish a Medical Staff application fee at a level reasonably expected to cover the expenses associated with processing applications and proctoring and otherwise monitoring the activities of Provisional members. Each applicant for Staff membership shall be required to submit the application fee with the application form. No part of the application fee shall be refunded.

6.3-3 EFFECT OF APPLICATION

By applying for appointment to the Medical Staff, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application; authorizes the Medical Staff or its designee to consult with and receive information from Medical Staffs of other hospitals with which the applicant has been associated; and with others who may have information bearing on the applicant's competence, character and ethical qualifications; consents to the BMC's inspection of all records and documents that may be material to a full evaluation of the application for Medical Staff membership and the clinical privileges he/she requested; certifies that he/she will report any changes in the information submitted on the application form which may subsequently occur, to the Credentials Committee (via Medical Staff Administration) and the Administrator; and releases from any liability, to the fullest extent permitted by law, all individuals and organizations providing information to the Behavioral Medicine Center concerning the applicant and all representatives of the Behavioral Medicine Center and its Medical Staff for their acts performed in connection with evaluating his or her application and credentials.

By applying for appointment to the Medical Staff, the applicant signifies his/her understanding and acknowledgment that the Behavioral Medicine Center is a clinical education and training institution, and therefore patients who are admitted to the Behavioral Medicine Center for treatment must be available for health care education and training purposes, and that each member's ability, training and academic qualifications necessary to cooperate with and to contribute to the Behavioral Medicine Center's health care education and training programs are conditions of Medical Staff membership, as required.

A copy of the Medical Staff Bylaws and Rules and Regulations is provided to each applicant and the applicant agrees to be bound by the provisions set forth. It is the responsibility of the applicant to familiarize themselves with the Bylaws and Rules and Regulations.

6.4 PROCESSING THE APPLICATION

6.4-1 APPLICANT'S BURDEN

The applicant shall have the burden of producing accurate and adequate information for a proper evaluation of his or her experience, background, training, demonstrated ability, health status, and all other qualifications specified in the Medical Staff Bylaws and Rules and Regulations, and of his or her compliance with standards and criteria set forth in the Medical Staff Bylaws and Rules and Regulations, and for resolving any doubts about these matters. The provision of information containing significant misrepresentations or omissions and/or failure to sustain the burden of producing adequate information shall be grounds for denial of the application.

It is the applicant's responsibility to keep Medical Staff Administration informed of his/her current address and telephone number. Failure to notify Medical Staff Administration of a change will be deemed a voluntary, automatic withdrawal of Medical Staff membership and privileges.

6.4-2 VERIFICATION OF INFORMATION

The applicant shall deliver a fully filled out and signed application along with all required supporting documentation to Medical Staff Administration. Medical Staff Administration will verify the information provided by contacting all primary sources, whenever feasible, as well as obtaining reports from the National Practitioner Data Bank, the appropriate California and other applicable licensing boards, and other queries as required. Medical Staff Administration shall promptly notify the applicant of any problems in obtaining the information required, and it shall then be the applicant's obligation to obtain for, and/or assist Medical Staff Administration in obtaining the required information. Action by the Medical Staff on the individual's application for appointment or initial clinical privileges will be withheld until the information is available and verified. An application is considered complete when all requested information has been collected and verified.

An application that is not complete within six (6) months of the date of the applicants signature on the application will be considered expired and will automatically be removed from consideration for Medical Staff membership and privileges. Such an application may thereafter be reconsidered only if all information is updated and re-signed and dated by the applicant, and if all verifications are re-verified, as appropriate, by Medical Staff Administration.

Verifications will not be more than six (6) months old on the date of the Board approval.

6.4-3 ACTION BY SERVICE CHIEF(S)

Upon receipt of the application and verifications, the Chief of each Service in which the applicant seeks privileges, and the Medical Director, shall review the application and supporting documentation and may conduct a personal interview with the applicant. The Chief of Service will then submit a written recommendation to the Credentials Committee, who will forward their recommendation to the MSEC, in accordance with Section 6 of these Bylaws.

6.4-4 CREDENTIALS COMMITTEE ACTION

The Credentials Committee shall review the application, the supporting documentation, the report(s) and recommendation(s) submitted by the Chief(s) of Service, and such other relevant information as may be available. The Credentials Committee shall transmit to the Medical Staff Executive Committee its report and recommendations, which are prepared in accordance with Section 6 of these Bylaws, or it may request further information.

6.4-5 MEDICAL STAFF EXECUTIVE COMMITTEE ACTION

The MSEC shall consider the Credentials Committee and Chief of Service's recommendations and such other relevant information as may be available in accordance with 6. The MSEC shall then forward to the Governing Body its written report and recommendations, which are prepared in accordance with Section 6. The MSEC may also request further information prior to taking action.

6.4-6 APPOINTMENT REPORTS AND BASIS FOR APPOINTMENT RECOMMENDATION

The Chief of Service, Credentials Committee, and MSEC reports and recommendations shall be submitted in the form prescribed by the MSEC. Each report and recommendation shall specify whether Medical Staff appointment is recommended, and, if so, the membership category, Clinical Service affiliation, clinical privileges to be granted and any special conditions to be attached to the appointment. The reasons for each recommendation shall be stated and supported by reference to the completed application and all other documentation, which was considered, all of which shall be transmitted with the report.

Each recommendation concerning an applicant for Medical Staff membership and clinical privileges shall be based upon, and state whether the applicant meets the qualifications specified in Section 3., can carry out the responsibilities specified in Section 3 and meets all of the standards and requirements set forth in all sections of these Bylaws and Rules and Regulations.

6.4-7 EFFECT OF EXECUTIVE COMMITTEE ACTION

- a. **Favorable Recommendation:** When the MSEC's recommendation is favorable to the applicant, it shall be forwarded promptly to the Governing Body, with the recommendations of the Chief(s) of Service and the Credentials Committee.
- b. **Adverse Recommendation:** When the MSEC's recommendation is adverse to the applicant, the applicant shall be given written notice of the adverse recommendation and of the right to request a hearing in the manner specified in Section 9, and the applicant shall be entitled to the procedural rights as provided in Article IX. Any such adverse recommendation shall also be sent to the Governing Body.

6.4-8 ACTION BY THE GOVERNING BODY

- a. **On Favorable MSEC Recommendation:** The Governing Body shall, in whole or in part, adopt or reject a MSEC recommendation or refer the recommendation back to the MSEC for further consideration, stating the reasons for such referral back and setting a time limit within which a subsequent recommendation shall be made. If the recommendation of the Governing Body is one of those set forth in Section 9, the Administrator shall give the applicant written notice of the tentative adverse recommendation and of the applicant's right to request a hearing before any final action is taken. If the Governing Body's recommendation is not one of those set forth in Section 9, it shall become effective as the final decision of the Governing Body.
- b. **Without Benefit of MSEC Recommendation:** If the Governing Body does not receive a MSEC recommendation within the time period specified in Section 6.4-8 a., it may, after notifying the MSEC, take action on its own initiative.
- c. **Where Recommendation is Adverse:** In the case of an adverse MSEC recommendation pursuant to Section 6.4-7 or an adverse Governing Body recommendation pursuant to Section 6.4-8, the Governing Body shall take final action in the matter only after the applicant has exhausted or has waived his or her procedural rights as provided in Article IX. Action thus taken shall be the conclusive decision of the Governing Body, except that the Governing Body may defer final determination by referring the matter back for further reconsideration. Any such referral back shall state the reasons therefore, shall set a time limit within which a subsequent recommendation to the Governing Body shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. After receipt of such subsequent recommendation and of new evidence in the matter, if any, the Governing Body shall make a final decision.

6.4-9 NOTICE OF FINAL DECISION

- a. Notice of the Governing Body’s final decision shall be given through the Administrator to the MSEC, the Credentials Committee, the Chief of each Service concerned, the President of the Medical Staff, and the applicant.
- b. A decision and notice to appoint shall include 1) the Staff category to which the applicant is appointed; 2) the Clinical Service to which he/she is assigned; 3) the clinical privileges he/she may exercise; and 4) any special conditions attached to the appointment.

6.4-10 REAPPLICATION AFTER ADVERSE DECISION DENYING APPLICATION, ADVERSE CORRECTIVE ACTION DECISION, OR RESIGNATION IN LIEU OF MEDICAL DISCIPLINARY ACTION

An applicant, former Medical Staff member or current Medical Staff member who has received a final adverse decision regarding Staff membership or clinical privileges or who has resigned from the Medical Staff or withdrawn his or her application for Medical Staff membership or clinical privileges prior to a final decision, shall not be eligible to reapply for Medical Staff membership and/or clinical privileges for a period of at least thirty-six (36) months from the date the adverse decision became final, the date the application was withdrawn, or the date the former Medical Staff member’s resignation became effective, whichever is applicable.

After the thirty-six (36) month period, the affected individual may submit a new application for Medical Staff membership and/or clinical privileges, which shall be processed as an initial application. As part of its decision on the new application, the MSEC shall decide, based on the submission of satisfactory evidence, whether the previous problem has been resolved.

This section shall not apply to an individual who has resigned from the Medical Staff or given up clinical privileges while in good standing or to an individual who has withdrawn an application without the presence of an adverse recommendation. Such individuals shall be allowed to reapply or renew their applications in the same manner as any other applicant or Medical Staff member seeking initial or additional privileges.

6.4-11 TIME PERIODS FOR PROCESSING

Applications shall be considered in a timely and good faith manner by all individuals and groups required to act thereon by these Bylaws. Medical Staff Administration shall transmit the application to the concerned Chief(s) of Service within thirty-five (35) days after all the information collection and verification tasks are completed and all relevant materials have been received. In the event the relevant materials are not received within sixty (60) days after the application is received, the applicant shall be notified, and the application shall remain pending until either the materials are received by Medical Staff Administration or the expiration of six (6) months from the date the application was received. The applicable Chief(s) of Service shall act on an application within forty-five (45)

days after receiving it from Medical Staff Administration. The Credentials Committee shall then make its recommendation within forty-five (45) days after the Chief(s) of Service has acted. The MSEC shall review the application and make its recommendation to the Governing Body within forty-five (45) days after receiving the Credentials Committee recommendations. The Governing Body shall then take final action on the application within forty-five (45) days. The time periods specified herein are to assist those named in accomplishing their tasks, are subject to change in accordance with deferral of action for further investigation or consideration or pendency of any appeal under Article IX, extension for good cause, and shall not be deemed to create any right for the applicant to have his or her application processed within those periods.

6.5 REAPPOINTMENTS

6.5-1 APPLICATION FOR REAPPOINTMENT; SCHEDULE FOR REVIEW

- a. At least one hundred eighty (180) days prior to the expiration date of each Medical Staff Member's appointment, Medical Staff Administration shall mail a reappointment application to each Staff member.
- b. At least one hundred twenty (120) days prior to the appointment expiration date, each Medical Staff member shall submit to Medical Staff Administration a completed reappointment application. The application shall be in writing, on a form prescribed by the Medical Staff, and it shall require detailed information concerning the changes in the applicant's qualifications described in Section 6.3 since his/her last review. The application must also include evidence of the applicant's participation in continuing medical education, relating to the practicing specialty, in the minimum amount required by the State of California for licensure. It must include the reappointment fee and any other applicable fee(s) as established by the MSEC with the Governing Body's approval. Each Medical Staff member shall submit appropriate evidence of the renewal of his or her state professional license prior to, or as soon as reasonably possible following, its expiration date. The form shall also require information as to whether the applicant requests any change in Staff status or clinical privileges. A request for additional privileges must be supported by the type and nature of evidence which would be necessary for such privileges to be granted in an initial application.

6.5-2 VERIFICATION INFORMATION

Medical Staff Administration shall transmit the completed reappointment application and supporting materials to the Chief(s) of the Service(s) in which the applicant is a member and/or has privileges sixty (60) days prior to expiration of appointment. Medical Staff Administration shall gather reports from Risk Management, Quality Resource Management, Hospital Epidemiology, and Medical Records for the Service Chiefs to review. Any additional service requirements shall be collected by the requesting Service.

6.5-3 ACTION BY SERVICE CHIEFS AND PRESIDENT OF THE MEDICAL STAFF

The Chief(s) of Service in which the applicant has or requests privileges shall review and evaluate the application. Each Chief of Service concerned shall prepare, consistent with Section 6.4-3, and transmit to the Credentials Committee, the Service's written report and recommendation.

6.5-4 CREDENTIALS COMMITTEE, MSEC & GOVERNING BODY ACTION

The actions of the Credentials Committee, MSEC and Governing Body shall be in accordance with those provided in Sections 6.4-4 through 6.4-10 for initial appointments. Additional information may be requested by the Credentials Committee, the MSEC, or the Governing Body prior to taking action.

6.5-5 FAILURE TO FILE REAPPOINTMENT APPLICATION

Failure to file a complete application for reappointment (including all required supporting documentation as well as current address and telephone number) by the date specified by the MSEC shall result in an automatic determination by the Medical Staff that the Medical Staff membership and clinical privileges have been voluntarily relinquished.

6.5-6 REINSTATEMENT TO MEDICAL STAFF

Practitioners who, within the past four years were members of the Medical Staff and whose appointment was terminated for other than disciplinary reasons may be eligible to apply for reinstatement upon completion of the reappointment process. A recommendation for reinstatement will be at the discretion of the Governing Body based on recommendations from the Service Chief, Credentials Committee and the MSEC, but must include:

- a. All portions of regular reappointment process;
- b. Verification of activities during term of absence;
- c. Letters of recommendation.
- d. Payment of all previously due fees and fines.

6.6 REVIEW OF APPOINTMENT IN THE EVENT OF CHANGED INFORMATION

A Medical Staff member's appointment shall be subject to review in the event changes are reported by the member or other responsible parties in the information submitted in the member's appointment or reappointment application or documentation supporting the application subsequent to the submission of the application. The Chief of the member's Service shall be responsible for verifying, if appropriate, and evaluating the information changes to determine whether there is reason to believe the member no longer meets the qualifications applicable to his or her appointment.

If the Chief of Service reasonably believes the reported information changes indicate that one or more criteria for initiation of corrective action are met, then he or she shall initiate corrective action as provided in Article VIII. Otherwise he or she shall initiate a review process for consideration of the information changes in accordance with the procedures

for review of reappointment applications as set forth in Section 6.4 through Section 6.6. A change in practice location or status, or a change in faculty appointment shall be cause for review of the member's Medical Staff appointment.

No person or entity duly authorized by these Bylaws shall be precluded by this Section 6.5 from making a request for or initiating corrective action, as provided in Section 8.1 based on the matter to which the information changes relate.

ARTICLE VII: CLINICAL PRIVILEGES

The Behavioral Medicine Center (BMC) Governing Body on the advice of the Medical Staff Executive Committee (MSEC) shall determine what privileges will be offered (to Medical Staff members) and which Clinical Service or combination of Clinical Services shall be responsible for recommending the granting of those privileges. When a Medical Staff member requests privileges that his/her Clinical Service has not been granted the authority to recommend, the Credentials Committee shall designate a Service which has such responsibility to review such a request and to make a recommendation regarding granting the requested privileges.

7.1 EXERCISE OF CLINICAL PRIVILEGES

Except as otherwise provided in these Bylaws, a member providing clinical services at the Behavioral Medicine Center shall be entitled to exercise only those clinical privileges specifically granted. Said privileges and services must be specific to the Behavioral Medicine Center and within the scope of any license, certificate or other legal credential authorizing practice in the State of California and consistent with any restriction thereon, and shall be subject to the authority of the Chief of Service and the Medical Staff. Medical Staff clinical privileges may be granted, continued, modified or terminated by the Governing Body of the BMC only upon recommendation of the Medical Staff, only for reasons directly related to quality of patient care and other provisions of the Medical Staff Bylaws, and only following the procedures outlined in these Bylaws.

7.2 DELINEATION OF CLINICAL PRIVILEGES IN GENERAL

7.2-1 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 requests must be supported by documentation of training and/or experience supportive of the request.

7.2-2 BASIS FOR CLINICAL PRIVILEGES DETERMINATION

Requests for clinical privileges must be supported by documentation and shall be evaluated on the basis of the member's education, training, experience, health status and demonstrated ability and judgment. Specific elements to be considered in making determinations regarding privileges, whether in connection with periodic reappointment or otherwise, shall include education, training, observed clinical performance and judgment, performance of a sufficient number of procedures over an appropriate period of time as determined by the Clinical Service to develop and maintain the practitioner's skills and knowledge, and the documented results of quality review, evaluation, and monitoring activities required by these Bylaws and the Behavioral Medicine Center Corporate Bylaws.

Privilege determinations shall also take into account pertinent information concerning clinical performance obtained from other sources, including other institutions and health care settings where the member exercises clinical privileges.

7.2-3 PRACTITIONERS APPLYING FOR CLINICAL PRIVILEGES IN A RECOGNIZED SPECIALTY

Each Medical Staff member who applies for clinical privileges in a recognized specialty must demonstrate ability to provide a standard of care that is consistent with the special requirements and standards necessary for the BMC to maintain and enhance its reputation and meet its patient care responsibilities in its function as a tertiary care teaching institution. In the determination as to whether an applicant meets this standard, the minimum criteria which each applicant must demonstrate compliance with shall be:

- a. Satisfactory completion of the educational requirements for board certification in the relevant specialty.
- b. Each applicant must also demonstrate aptitude for an interest in participating in the clinical education and training programs conducted at the BMC, as required.

7.2-4 PROCEDURE

All requests for clinical privileges shall be processed pursuant to the procedure outlined in Article VI.

7.3 PROCTORING

7.3-1 FOR INITIAL APPOINTMENTS and ADDITIONAL PRIVILEGES

Except as otherwise determined by the MSEC, all initial appointees to the Medical Staff and all members granted new clinical privileges which are substantially different from previously granted clinical privileges, shall be subject to a period of proctoring. The Chief of Service to whom the practitioner is assigned shall designate an Active Medical Staff member(s) with privileges similar to those of the applicant to serve as the applicants' proctor(s).

Proctoring refers to the process by which a practitioner's ability to satisfactorily discharge the basic responsibilities of Medical Staff membership as contained in these Bylaws, and to exercise the requested clinical privileges is confirmed. Proctoring also involves the evaluation of the practitioner's ability to cooperate with colleagues and hospital employees and the practitioner's ability to cooperate with and contribute to the clinical education and training programs of the BMC.

Proctoring consists of the concurrent or retrospective review of a minimum of five (5) cases/patients, in line with privileges granted.

Proctoring must either be performed at the BMC by a BMC Active Medical Staff member, or proctoring from another institution may be accepted after review and

recommendation by a BMC Active Medical Staff member. Failure to adequately demonstrate the ability to cooperate with colleagues, BMC employees, and the educational and training activities of the BMC shall also be subject to the provisions of 7.3-3.

7.3-2 TERM OF PROCTORING PERIOD

All initial appointees shall remain subject to proctoring until the relevant Chief(s) of Service submits a written report stating that all proctoring and related requirements in that particular Service have been satisfactorily met and the physician has been officially released from proctoring requirements by the Board of Trustees.

The Service Chief's written report should include the cases observed, an evaluation of the applicant's performance, a statement regarding the applicant meeting all qualifications for unsupervised practice in that service, a statement that the applicant has discharged all of the responsibilities of Medical Staff membership, a statement that the applicant has not exceeded or abused the prerogatives of the category to which the appointment was made, and a recommendation regarding release from proctoring. The Service Chief's report, with completed proctor forms or other documentation attached, shall be submitted to Medical Staff Administration to begin the Committee review and Board approval process prior to the expiration of the physician's current privileges.

Failure to Complete Proctoring:

If the individual fails to satisfactorily complete the proctoring requirements or fails to submit required proctor forms and a Service Chief recommendation letter to the Credentials Committee prior to the expiration of their Provisional period s/he will not be eligible for reappointment and therefore the individual's Medical Staff membership and privileges shall automatically terminate.

If the individual fails to satisfactorily complete the proctoring requirements, the Board of Trustees shall give the affected initial appointee or Medical Staff member written notice that his/her request for renewal of clinical privileges has been denied because he/she failed to satisfactorily complete the proctoring requirements and that the affected practitioner has the right to request a hearing pursuant to Section 9.1. Thereafter the procedure set forth in Article IX shall be followed.

7.3-3 MEDICAL STAFF ADVANCEMENT

The failure to obtain approval for any specific clinical privileges shall not, of itself, preclude advancement in Medical Staff category of any member. After completion of proctoring and the Provisional period, the physician will automatically be considered for advancement from Provisional. The physician's Service Chief will recommend to which category the physician will be advanced.

7.3-4 LACK OF CLINICAL ACTIVITY

If there is insufficient clinical activity to determine the member's ability to exercise existing privileges at the time of reappointment, any such privileges shall be determined by the Medical Staff to have automatically terminated. The member shall be entitled to a hearing, upon request, pursuant to Article IX.

7.4 TEMPORARY CLINICAL/PRACTICE PRIVILEGES

The granting of temporary clinical/practice privileges does not entitle a practitioner to Medical Staff membership. The Medical Staff Executive Committee shall develop and implement, upon approval of the Governing Body, specific policies and procedures for application and verification of qualifications for and granting of temporary clinical privileges. All persons requesting or receiving temporary clinical privileges shall be bound by the Bylaws and Rules and Regulations of the Medical Staff.

The types of Temporary Clinical Privileges available at the BMC are:

- *Temporary Clinical Privileges for Applicants*
- *Temporary Clinical Privileges for Care of a Specific Group of Patients*
- *Temporary Clinical Privileges for Consultation on a Single Patient*

The types of Emergency Clinical Privileges available at the BMC are:

- *Emergency Temporary Clinical Privileges to Care for a Single Patient*
- *Emergency Temporary Privileges As a Part of the Medical Centers Emergency Disaster Plan*

GENERAL CONDITIONS THAT APPLY TO ALL INSTANCES OF TEMPORARY CLINICAL PRIVILEGES

- a) Temporary clinical privileges shall not be recommended or granted without adequate information regarding qualifications, ability and judgment.
- b) All requests for temporary clinical privileges shall be in writing and shall be signed by the applicant.
- c) If granted temporary clinical privileges, the applicant shall act under the supervision of the Chief of Service to which the applicant has been assigned, and shall ensure that the Chief of Service, or the Chief's designee, is kept closely informed as to the applicant's activities within the Medical Center.
- d) If granted, temporary clinical privileges shall be granted for specified period of time not to exceed ninety (90) days.
- e) Temporary clinical privileges shall automatically terminate at the end of the designated period unless affirmatively renewed following the procedure as set forth in Section 7.5-2.
- f) Temporary privileges may at any time be terminated by the Medical Director or the Medical Staff President with the concurrence of the Chief of Service or their designee(s), subject to prompt review by the Medical Staff Executive Committee. In such cases, the appropriate Chief of Service or, in the Chief's absence, the Chair of the Medical Staff Executive Committee,

shall assign a member of the Medical Staff to assume responsibility for the care of such member's patient(s).

- g) Requirements for proctoring and monitoring shall be imposed on such terms as may be appropriate under the circumstances upon any individual granted temporary privileges.
- h) A practitioner shall not be entitled to the procedural rights afforded by Article IX because his/her request for temporary privileges is refused or because all or any portion of those temporary privileges are terminated unless the action taken requires a report to the Medical Board of California under Section 805 of the California Business and Professions Code.

7.4-1 CIRCUMSTANCES

Temporary Clinical/Practice Privileges for Applicants: Temporary clinical/practice privileges shall not routinely be granted to applicants. In situations when necessary to avoid undue hardship to the applicant and the applicant's patients, the Administrator (or designee) may, after receipt of a completed application for Medical Staff appointment and specific clinical/practice privileges, and upon the recommendation of the appropriate Chief of Service as well as the recommendation of the President of the Medical Staff (or designee), grant temporary clinical privileges to an applicant for a limited period of time, not to exceed ninety (90) days. Renewal(s) of temporary clinical privileges may be granted by the same procedure used during the application processing period. In exercising any clinical privileges granted under this section, the applicant shall act under the supervision of the Chief (or appropriate designee) of the Service in which the applicant has requested clinical/practice privileges.

7.4-2 TEMPORARY CLINICAL PRIVILEGES FOR CARE OF A SPECIFIC GROUP OF PATIENTS

Temporary clinical privileges for the care of specific patients may be granted by the Administrator (or designee), upon the recommendation of the appropriate Chief of Service as well as the recommendation of the President of the Medical Staff (or designee), to a practitioner who is not an applicant for appointment provided that no clinical privileges will be recommended or granted until adequate information about the applicant's education, training, experience, and malpractice insurance has been obtained and confirmed as appropriate. Such individual's signed acknowledgment to be bound by the Medical Staff Bylaws and Rules and Regulations, and BMC policies must also be obtained. In addition, the Medical Board of California (or Dental Board) must confirm that it is legal for the practitioner to practice in the state of California. Such clinical privileges granted pursuant to this paragraph shall be restricted to the specific patients for which they are granted.

7.4-3 TEMPORARY CLINICAL PRIVILEGES FOR CONSULTATION ON A SPECIFIC GROUP OF PATIENTS

Temporary clinical privileges limited to the rendering of a consultative opinion and recommendation in a single case may be granted to a practitioner by the Administrator (or designee) upon the written request of a member of the Active Medical Staff. If the requested consultant is not licensed in the State of California, then the requirements of California Business and Professions Code Section 2060 must be met. It shall be the responsibility of the Administrator to provide notification to the Nursing Service and the Medical Staff Administration office regarding the granting of temporary clinical privileges under these circumstances.

7.4-4 EMERGENCY CLINICAL PRIVILEGES

In the case of an emergency, and in the absence of a Medical Staff member with appropriate privileges, any practitioner, to the degree permitted by his/her license and regardless of Clinical Service, Medical Staff status, or clinical privileges, shall be permitted to do, and shall be assisted by BMC personnel in doing everything reasonable to save a patient in such an emergency. Emergency privileges expire when a Medical Staff member with appropriate privileges assumes the responsibility for care of the patient. For the purposes of this Section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger.

7.4-5 EMERGENCY TEMPORARY CLINICAL PRIVILEGES AS A PART OF THE BMC'S EMERGENCY DISASTER PLAN

- a. Emergency Temporary Privileges may be granted to physicians when the BMC's Emergency Disaster Plan has been activated and it is found that there are an insufficient number of Medical Staff members available to provide for immediate patient needs.
- b. The individual who is acting as the BMC's administrator, in collaboration with the individual who is acting as the President of the Medical Staff shall, after consultation with the individuals acting as Chiefs of Service and the individual acting as the Medical Director, determine the number and type of additional physicians needed.
- c. The individual who is acting as the BMC's administrator in collaboration with the individual who is acting as the President of the Medical Staff may grant Emergency Temporary Privileges to physicians with the needed qualifications after examining the following documents presented by the candidate(s) for Emergency Clinical Privileges:
 - 1) A photo identification document issued by a State, Federal, or Regulatory agency.
 - 2) A document issued by the Medical Board of California or the Osteopathic Medical Board of California indicating that the individual has a valid certificate to practice as a physician or osteopathic physician. If because of the emergency, the State of California has

- suspended the requirement for California licensure, then a document issued by any State licensing authority granting a certificate to practice as a physician or osteopathic physician may be substituted for the California issued certificate.
- d. The practitioner granted Emergency Clinical Privileges shall exercise those privileges only under the supervision of a Medical Staff member designated by the individual acting as the Chief of the appropriate Clinical Service.
 - e. All Emergency Clinical Privileges shall expire immediately upon the termination of the activation of the BMC's Emergency Disaster Plan.
 - f. Any Emergency Clinical Privileges for a specific group of practitioners may be withdrawn by the individual acting as the Chief of Service or by the individual acting as the President of the Medical Staff at any time prior to termination of the activation of the Emergency Disaster Plan.
 - g. Any Emergency Clinical Privileges for an individual practitioner may be withdrawn by the individual acting as the Chief of Service or by the individual acting as the President of the Medical Staff at any time prior to termination of the activation of the Emergency Disaster Plan.
 - h. Immediately upon the granting of Emergency Clinical Privileges the Medical Staff, working through Medical Staff Administration, shall commence verification of credentials and qualifications for clinical privileges by the same mechanisms used for applicants for Medical Staff membership.
 - i. Any termination of Emergency Clinical Privileges shall not entitle the practitioner to procedural rights afforded by Article IX because all or any portion of those emergency privileges are terminated unless the action taken requires a report to the Medical Board of California under Section 805 of the California Business and Professions Code.

ARTICLE VIII: CORRECTIVE ACTION

8.1 ROUTINE CORRECTIVE ACTION

8.1-1 REQUEST FOR INITIATION AND CRITERIA FOR INITIATION

Whenever a practitioner engages in activities or conduct, either within or outside of the Behavioral Medicine Center, and the same is, or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Behavioral Medicine Center, to be disruptive to Behavioral Medicine Center operations, to violate the requirements of these Bylaws, or to constitute fraud or abuse; or the same results in the imposition of sanctions by any governmental authority; an investigation or corrective action against such person may be initiated as provided in this Article.

8.1-2 INITIATION

Proposed corrective action or investigation shall be initiated by the MSEC on its own initiative or upon a written request submitted to the MSEC which identifies the specific activities or conduct alleged to constitute the grounds for proposing an investigation or specific corrective action. Written requests may be submitted by any Medical Staff Officer, Chief of the Service in which the practitioner has privileges, the Governing Body, or the Administrator upon any complaint or request. The MSEC Chairman shall promptly notify the Administrator and Governing Body and shall continue to keep them fully informed of all action taken.

8.1-3 INVESTIGATION

The MSEC may conduct the investigation itself or may designate an appropriately charged Medical Staff Officer, or Chief of Service, or Medical Staff committee to conduct the investigation. No part of such investigative process shall be deemed to be a “hearing” as that term is used in Article IX.

Whenever the proposed corrective action could result in termination, reduction, or suspension of clinical privileges, the MSEC shall, whenever indicated, assign the task of conducting the investigation to the Chief of the Service in which the affected practitioner is a member or exercises the clinical privileges which may be adversely affected. As soon as reasonably practical after receipt of the assignment, the Chief of Service shall appoint an ad hoc committee composed of members of his or her Service to assist him in conducting the investigation. The Service ad hoc committee shall, upon request by the practitioner or upon its own initiative, give the affected practitioner an opportunity for an interview. In the event an interview is granted, the practitioner shall be informed of the general circumstances leading to the investigation and may present relevant information.

A record of the interview and any finding resulting from such interview shall be made.

If the investigation is delegated to an Officer, a Chief of Service, or Committee other than the MSEC, such official or Committee shall forward a written report of the investigation to the MSEC as soon as is practicable. In any event, such report shall be submitted within forty-five (45) days after the initiation of proposed corrective action, subject to such extensions as may be granted by the MSEC at the request of such official or Committee for additional time to complete the investigative process despite the status of any investigation, the MSEC may, at any time, take disciplinary action, including summary suspension which it finds to be justified by the circumstances.

8.1-4 EXECUTIVE COMMITTEE ACTION

As soon as is practicable after the conclusion of the investigative process, but in any event within sixty (60) days after the initiation of proposed corrective action, unless deferred pursuant to Section 8.1-5, the MSEC shall act thereon. If the proposed corrective action could result in termination, reduction, or suspension of clinical privileges or suspension or expulsion from the Medical Staff, the affected practitioner shall be given an opportunity to have an interview with the MSEC prior to the Committee's taking action. Such an interview shall be conducted in the same manner as that provided in Section 8.1-3. MSEC action on a proposal for corrective action may include, without limitation, recommending:

- a. No corrective action.
- b. Letter of admonition, reprimand, or warning.
- c. Terms of probation or individual requirements of consultation.
- d. Reduction or revocation of clinical privileges.
- e. Suspension of clinical privileges until completion of specific conditions or requirements.
- f. Reduction of membership status or limitation of any prerogatives directly related to the practitioner's delivery of patient care.
- g. Suspension of Medical Staff membership until completion of specific conditions or requirements.
- h. Revocation of Medical Staff membership.
- i. Other actions appropriate to the facts which prompted the investigation.

8.1-5 PROCEDURAL RIGHTS

Any recommendation by the MSEC pursuant to Section 8.1-4 which constitutes grounds for a hearing as set forth in Section 9.2 shall entitle the practitioner to the procedural rights as provided in Article IX. In such cases, the MSEC shall give the practitioner written notice of the adverse recommendation and of his or her right to request a hearing in the manner specified in Section 9.1.

8.2 SUMMARY SUSPENSION

8.2-1 CRITERIA FOR INITIATION

Whenever a practitioner's conduct requires immediate action to be taken to reduce a substantial likelihood of immediate danger to the health or safety of any patient, prospective patient, employee or other person present in the Behavioral Medicine Center, any person or body authorized to request or initiate proposed corrective action pursuant to Section 8.1-2 hereof shall have the authority to summarily suspend the Medical Staff membership status, including any of the clinical privileges of such practitioner.

Such summary suspension shall become effective immediately upon imposition, and the person or body responsible therefore shall promptly, within one day, give written notice of the suspension to the practitioner, the Administrator and the President of the Medical Staff. Written notice shall include a statement of facts demonstrating that the suspension was necessary because failure to suspend or restrict the practitioner's privileges summarily could reasonably result in an imminent danger to the health of an individual. The Administrator shall then be responsible for notifying the Governing Body and the Medical Staff President shall notify the MSEC and the appropriate Chief(s) of Service. Any report required under Section 805 of the California Business and Professions Code shall be filed jointly by the Medical Staff President and the Administrator. The notice of the suspension given to the MSEC shall constitute a request for corrective action and the procedures set forth in Section 8.1 shall be followed. In the event of any such suspension, the practitioner's patients shall be assigned to another practitioner by the appropriate Chief of Service or by the Medical Staff President. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

8.2-2 MEDICAL STAFF EXECUTIVE COMMITTEE ACTION

After such summary suspension of the affected practitioner, the MSEC meeting shall be convened as soon as reasonably possible, at which time the MSEC shall confer with the affected practitioner and review and reconsider the summary suspension. The MSEC may thereafter modify, continue, or terminate the terms of the summary suspension order and it shall give the practitioner written notice of its decision. Such a meeting shall not be deemed a "hearing" as that term is used in Article IX and the scheduling or holding of such a meeting shall not toll the running of any time interval specified in this Article VII or in Article IX. If the summary suspension is found to be without merit and is terminated by the MSEC, notice of such termination shall be given to those who received notice of the suspension under 8.2. Frivolous initiation of the summary suspension process shall be grounds for corrective action under this Article VIII.

8.2-3 PROCEDURAL RIGHTS

Unless the MSEC terminates the suspension, it shall remain in effect during the pendency of and the completion of the corrective action process and of the

hearing and appellate review process, unless the summary suspension is terminated by the Judicial Hearing Committee. The practitioner shall not be entitled to the procedural rights afforded by Article IX until such time as the MSEC has taken action pursuant to Section 8.1 through 8.1, and then only if the action taken constitutes grounds for a hearing as set forth in Section 9.2.

8.3 AUTOMATIC SUSPENSION

8.3-1 CRITERIA FOR INITIATION

The following shall result in automatic suspension or revocation of Medical Staff membership and/or clinical privileges and shall not, unless otherwise expressly provided or required by law, entitle the affected Medical Staff member to the rights provided in Article IX of these Bylaws, or to any other procedural rights.

8.3-2 LICENSE

Whenever a practitioner's license authorizing him/her to practice in the State of California is revoked, restricted, suspended, expired or the practitioner is placed on probation, the action and its terms shall automatically apply to the practitioner's Medical Staff membership and privileges, as appropriate. Such practitioners shall not be entitled to the procedural rights afforded by Article IX regarding such automatic action based on revocation, restriction or suspension of license. Expiration of license will be as communicated by the applicable licensing agency.

8.3-3 DRUG ENFORCEMENT ADMINISTRATION CERTIFICATION

Whenever a practitioner's DEA certificate is revoked, suspended or subject to probation, the action and its terms shall automatically apply to the practitioner's right to prescribe, dispense or administer medications covered by the certificate.

8.3-4 EXECUTIVE COMMITTEE DELIBERATION ON MATTERS INVOLVING LICENSE AND DRUG ENFORCEMENT ADMINISTRATION

As soon as practicable after action is taken as described in Section 8.3-1, or in Section 8.3-2, the MSEC shall convene to review and consider the facts upon which such action was predicated. The MSEC may then recommend such further corrective action as may be appropriate based upon information disclosed or otherwise made available to it and/or it may direct that an investigation be undertaken pursuant to Section 8.1-3 and following, as appropriate.

8.3-5 MEDICAL RECORDS DELINQUENCY

For failure to complete medical records in the manner and within the time limits established by the Medical Staff Rules and Regulations and Behavioral Medicine Center policies, a practitioner shall be subject to fines (monetary penalties) as established by the Medical Staff Executive Committee. A failure to complete the medical records within 30 days after the delinquency has occurred shall result in suspension of his/her admitting privileges. The practitioner shall remain on

suspension until all delinquent medical records are completed and fine (as set by the MSEC) paid.

Practitioners who have repetitive and/or persistent chart completion problem(s) may be subject to revocation of Medical Staff membership and/or privileges. Practitioners who have or have had a repetitive and/or persistent chart completion problem(s) may be denied reappointment.

8.3-6 FAILURE TO MAINTAIN REQUIRED MALPRACTICE INSURANCE AND FAILURE TO PAY REAPPOINTMENT FEES

- a. For failure to maintain the amount of professional liability insurance required under Section 15.2, a practitioner's membership and clinical privileges shall be automatically suspended effective immediately with the lapse of such professional liability insurance. Membership and clinical privileges shall remain so suspended until the practitioner provides evidence to the MSEC that he or she has corrected the delinquency. A failure to provide such evidence within ninety (90) days after the date the automatic suspension became effective shall be deemed to be a voluntary relinquishment of privileges.
- b. Failure to pay reappointment fees as required under Section 6.4-1 shall also, after written warning of the delinquency, result in automatic suspension of the practitioner's membership and clinical privileges. Membership and clinical privileges shall remain so suspended until the reappointment fee has been paid. Failure to pay reappointment fees within ninety (90) days of the date the automatic suspension became effective shall be deemed a voluntary relinquishment of privileges.

8.3-7 PROCEDURAL RIGHTS – MEDICAL RECORDS, MALPRACTICE INSURANCE, AND FAILURE TO PAY REAPPOINTMENT FEES

Practitioners whose clinical privileges are automatically suspended and/or who have resigned their Medical Staff membership pursuant to the provisions of 8.3-4 and 8.3-5 shall not be entitled to the procedural rights set forth in Article IX.

8.3-8 NOTIFICATION OF AUTOMATIC SUSPENSION AND REASSIGNMENT OF PATIENTS

Upon the occurrence of an event which gives rise to automatic suspension or voluntary resignation from the Medical Staff, following such automatic suspension, as set forth in Section 8.3, or as soon thereafter as reasonably practical, the MSEC shall notify the appropriate Chief(s) of Service and the Administrator, who shall notify the Governing Body, of the resultant automatic suspension or resignation by the affected practitioner. Written confirmation of such automatic suspension or resultant voluntary resignation shall be sent to the practitioner by certified mail, return receipt requested, postage prepaid.

In the event of any such automatic suspension, the practitioner's patients whose treatment by the affected practitioner is terminated by the automatic suspension

shall be assigned to another practitioner by the appropriate Chief of Service or by the Medical Staff President. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

ARTICLE IX: HEARINGS AND APPELLATE REVIEWS

9.1 RIGHT TO HEARING AND NOTICE

- a. In all cases in which the body or committee which, under these Bylaws has the authority to, and pursuant to this authority, has taken any of the actions constituting grounds for hearing as set forth in Section 9.3 below, the applicant/member shall be given prompt notice by the Medical Staff President. The notice shall be in writing; shall state that the action, if adopted, will be reported to the Medical Board of California pursuant to Section 805 of the California Business and Professions Code; shall state the final proposed action; and shall advise that the applicant/member has a right to request a hearing before the Review Panel within thirty (30) days following the date of the receipt of the notice. The notice shall be sent by certified mail, return receipt requested.
- b. If the applicant/member wishes to request a hearing, he or she must do so within the above-stated time period, and such request shall be sent in writing to the Medical Staff President via certified mail, return receipt requested. Failure to request a hearing as specified in this Section 9.1 constitutes a waiver of all hearing and appeal rights and acceptance of the proposed action.

9.2 GROUNDS FOR HEARING

Except as otherwise specified in these Bylaws, any one or more of the following actions or recommended actions, which if finalized will result in the filing of a Section 805 report with the Medical Board of California, shall be deemed actual or potential adverse action and constitute grounds for a hearing:

- a. Denial of Medical Staff membership;
- b. Denial of Medical Staff reappointment;
- c. Denial of requested advancement in Medical Staff reappointment;
- d. Involuntary demotion to lower staff category;
- e. Suspension of Medical Staff membership;
- f. Expulsion from Medical Staff membership;
- g. Denial of requested Medical Staff privileges;
- h. Involuntary reduction of Medical Staff privileges;
- i. Suspension of all Medical Staff privileges;
- j. Termination of all Medical Staff privileges;
- k. Involuntary requirement of significant Medical Staff consultation or monitoring (excluding that incidental to provisional status).

9.3 JUDICIAL HEARING COMMITTEE

When a hearing is requested, the President shall appoint a Judicial Hearing Committee consisting of at least three (3) members, and alternates as appropriate. The members selected to serve on the Judicial Hearing Committee shall be impartial and shall not have

activity participated in the formal consideration of the matter at any previous level. The President shall designate a Chair who shall preside in the manner described in Section 9.4-6 and handle all pre-hearing matters and preside until a hearing officer, as described in Section 9.4-5, is appointed.

9.4 REQUEST FOR HEARING

9.4-1 NOTICE TO MSEC

Upon timely receipt of a request for hearing, the Medical Staff President shall immediately transmit the request to the MSEC. Within thirty (30) days after receipt of such written request, the MSEC shall arrange for a hearing.

9.4-2 TIME, PLACE AND DATE FOR HEARING

- a. The MSEC, through the Medical Staff President, shall give the applicant/member written notice sent by certified mail, return receipt requested, of the time, place and date of the hearing. Such notice shall set forth the reasons for the final proposed action taken or recommended, including the acts or omissions with which the applicant/member is charged. The date set must be at least thirty (30) days, but no more than sixty (60) days, from the date the Medical Staff President received the request for hearing.
- b. However, if the request is made by someone under suspension, the hearing shall be scheduled as soon as reasonably possible, but no more than forty-five (45) days from the date the request for hearing was received by the Medical Staff President.

9.4-3 WITNESSES

If either party requests in writing a list of witnesses, each party shall furnish the other with a list of names and addresses of witnesses who will give testimony or evidence. Such lists must be provided within ten (10) days of the request. Failure to disclose the identity of witnesses, upon request, at least ten (10) days before the hearing shall constitute good cause for a continuance.

9.4-4 ACCESS TO INFORMATION

- a. The practitioner shall have the right to inspect and copy at his or her expense any documentary information relevant to the charges which the MSEC has in its possession or under its control, as soon as practicable after the receipt of the practitioner's request. The MSEC shall have the right to inspect and copy at the MSEC's expense any documentary information relevant to the charges which the practitioner has in his or her possession or control as soon as practicable after the MSEC's request.
- b. The failure by either the MSEC or the practitioner to provide access to the information requested at least thirty (30) days before the hearing, or to provide upon request and within ten (10) days of the hearing, copies of all documents expected to be introduced, shall constitute good cause for a continuance.

- c. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable practitioners, other than the practitioner requesting the hearing.

The presiding 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. When ruling upon requests for access to information and determining the relevance thereof, the presiding officer shall consider, among other factors, the following:

- a. Whether the information sought may be introduced to support or defend the charges;
- b. The exculpatory or inculpatory nature of the information sought;
- c. The burden imposed on the party in possession of the information sought, if access is granted;
- d. Any previous requests for access to information submitted or resisted by the parties to the same proceeding.

9.4-5 HEARING OFFICER

The MSEC, on its own, or at the request of the person requesting the hearing, may appoint a hearing officer to preside over the hearing. If a hearing officer is appointed, the hearing officer shall not be Hospital counsel and shall not be a person who stands to gain direct financial benefit from the outcome. The hearing officer may not act as a prosecuting officer or as an advocate. The hearing officer may participate in the deliberation of the Review Panel and be an advisor to it, but shall not vote.

9.4-6 PRESIDING OFFICER

The presiding officer at the hearing shall be a hearing officer as described above or, if no such hearing officer has been appointed, the Chairman of the Review Panel. The presiding officer shall act to assure that all participants in the hearing have a reasonable opportunity to be heard and to present all relevant oral and documentary evidence, and that proper decorum is maintained. He or she shall be entitled to determine the order of, or procedure for, presenting evidence and argument during the hearing and shall rule on any challenge directed to one or more members of the Review Panel or to the hearing officer. He or she shall have the authority and discretion, in accordance with these Bylaws, to make all rulings on questions which, with reasonable diligence, could not have been raised prior to the hearing and which pertain to matters of law, procedure, or the admissibility of evidence.

9.4-7 CONTINUANCES

Continuances may be granted upon agreement of the parties or by the presiding officer on a showing of good cause.

9.4-8 PRESENTATION OF RECOMMENDATIONS OF THE MSEC

The recommendations of the MSEC shall be presented at the hearing before the Review Panel by a representative of the MSEC or by a member of the Medical Staff designated by the MSEC.

9.5 CONDUCT OF A HEARING

9.5-1 OATH OR AFFIRMATION

The Review Panel may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation.

9.5-2 RIGHTS OF THE PARTIES

- a. Each party shall have the right to call and examine witnesses; to introduce exhibits; to cross-examine opposing witnesses on any matters relevant to the issues, even though that matter was not covered on direct examination; to present relevant evidence; to rebut contrary evidence; and to receive all information made available to the Review Panel.
- b. If the applicant/member does not testify on his or her own behalf, he or she may be called and examined as if under cross-examination.
- c. Each party shall have the right to ask the Review Panel members and presiding officer questions (*voir dire*) which are directly related to determining whether the panel members or the presiding officer are impermissibly biased and to challenge such members. Any challenge directed at one or more members or to the hearing officer shall be ruled upon by the presiding officer, who shall be the hearing officer, if one has been selected prior to the continuation of the proceedings.
- d. The hearing need not be conducted according to technical rules relating to evidence and witnesses. Any relevant evidence shall be admitted if it is the sort of evidence upon which responsible persons customarily rely in the conduct of serious affairs, regardless of the existence of any common-law or statutory rule which might make improper the admission of such evidence over objections in civil actions. Each party shall have the right to submit a written statement in support of his or her position. The Review Panel may request memoranda of points and authorities at the close of the hearing.
- e. The Review Panel may call additional witnesses and interrogate any witnesses.
- f. Neither party shall have the right of discovery, but the mutual advance exchange of documents is encouraged, as is the advance notification of the parties and the hearing officer of any procedural disputes.

9.5-3 REPRESENTATION

- a. The hearing is for the purpose of replying, on an inter-professional basis, to matters bearing on professional competency and conduct. Accordingly, neither the affected member, the MSEC, nor the Governing Body shall be represented at any phase of the hearing or procedure by an attorney at law unless all parties agree to be represented by counsel, or unless the Review

Panel, in its discretion, permits both sides to be represented by legal counsel. The MSEC shall not be represented by an attorney if the affected member is not so represented.

- b. When all parties elect to not have legal counsel present, the following procedures shall be employed. The affected member shall be entitled to be accompanied by and represented by a physician, dentist, or podiatrist licensed to practice in the State of California who is not also an attorney at law and who is a member in good standing of the Medical Staff. The MSEC shall appoint a representative, who is not an attorney, from the Medical Staff or from the Governing Body (whichever body's decision prompted the appointment) who shall present its recommendation, decision, or action taken and the materials in support thereof and who shall examine witnesses.

9.5-4 BASIS FOR DECISION

- a. The Review Panel must decide based on evidence presented at the hearing. Evidence may include oral testimony of witnesses; briefs or written statements; any material in Medical Staff credentials files regarding the person who requested the hearing; any and all applications, references and accompanying documents; all officially noticed matters; and any other evidence admissible under these Bylaws.
- b. It shall be incumbent on the MSEC to come forward initially with evidence in support of its action or decision. Thereafter, the person who requested the hearing shall come forward with evidence in support of his or her position. An applicant shall bear the burden of persuading the Review Panel, by a preponderance of the evidence, of his or her qualifications by pronouncing information, which allows for adequate evaluation and resolution of reasonable doubts concerning his or her current qualifications for membership and privileges. In all other cases, the MSEC shall bear the burden of persuading the Review Panel, by a preponderance of the evidence, that its action or recommendation was reasonable and warranted.

9.5-5 RECORD OF PROCEEDINGS

The Review Panel shall maintain a record by a certified reporter or a recording. The cost of the reporter is to be borne by the Hospital. Each party may obtain a copy of the record upon payment of reasonable costs associated with its preparation.

9.6 FAILURE TO REQUEST, ATTEND, OR PROCEED AT A HEARING

Failure without good cause of the party requesting the hearing to attend or proceed at such hearing shall be deemed voluntary acceptance of the actions recommended or taken and it shall thereupon become the final recommendation of the Medical Staff. Such final recommendation shall be considered by the Governing Body within forty-five (45) days, but shall not be binding upon the Governing Body.

9.7 FINAL DECISION

At the conclusion of oral and written evidence, the Review Panel shall close the hearing. After closure, the Review Panel shall deliberate outside the presence of any other person. Within fifteen (15) days of the close of the hearing, or ten (10) days if a member is currently under suspension, a decision shall be made and accompanied by a written report containing findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached. The report shall also inform the parties of their appeal rights under Section 9.8 below. Simultaneously, the report and decision shall be sent to the body whose decision prompted the hearing, to the Governing Body, the Medical Staff President, and the person requesting the hearing. The copy for the person requesting the hearing shall be sent by registered or certified mail. The decision of the Review Panel shall be considered final, subject only to the right of appeal to the Governing Body provided in Section 9.8, below.

9.8 APPEAL TO THE GOVERNING BODY

9.8-1 TIME FOR APPEAL

Within thirty (30) days of the receipt of the Review Panel decision, either party may request appellate review by the Governing Body. The request must be in writing, delivered in person or by registered/certified mail to the Medical Staff President. Failure to file a request within the time limit shall be deemed acceptance of the action and the action shall be effective at the end of the 30-day appeal period. The written request for appeal must include a statement of the facts in support of the appeal.

9.8-2 REASONS FOR APPEAL

The grounds for appeal following the hearing shall be:

- a. Substantial non-compliance with the procedures required by these Bylaws or applicable law which has created demonstrable prejudice; or
- b. The decision was not supported by a preponderance of the evidence based upon the hearing record or by such additional information as may be permitted hereunder; or
- c. Action was taken arbitrarily, capriciously, or with prejudice.

9.8-3 TIME, PLACE AND DATE NOTICE

Within thirty-five (35) days of receiving the notice of written appeal, the Governing Body shall schedule and arrange for appellate review. The Board shall cause the applicant/member to be given notice of the time, place and date of the review. The date of review shall be not less than fifteen (15) days nor more than ninety (90) days from the date of receipt of the request for appellate review. If a member is under suspension, then review shall take place as soon as possible, but no more than forty-five (45) days from the date of the request. The time for request for review may be extended by the Governing Body for good cause.

9.8-4 APPEAL BOARD

The Governing Body may sit as the appeal board or it may appoint an appeal board, which shall be composed of at least three (3) Governing Body members. 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. For purposes of this Subsection, participation in an initial decision to recommend adverse action shall not be deemed to constitute participation in a prior hearing on this 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.

9.8-5 BASIS FOR APPELLATE REVIEW

Appellate review is based on the record of the hearing before the Review Panel. The Governing Body may accept additional oral or written evidence subject to a foundational showing the evidence previously could not be made available and subject to the same rights of cross examination or confrontation as before the Review Panel. Each party may be represented by counsel and may present a written statement. The Governing Body shall allow each party or a representative to personally appear and make oral argument, subject to such time limitations as the Board may establish. Following the conclusion of oral proceedings, the Governing Body shall, at its convenience, conduct private deliberations. The Governing Body may affirm, modify, or reverse the Review Panel or refer the matter for further review and recommendation.

9.8-6 DECISION

The Governing Body shall render its final decision in writing within thirty (30) days after the conclusion of the proceedings. Copies of the final decision shall be delivered in person or shall be sent by certified/registered mail to the applicant/member, the MSEC, and the Medical Staff President.

9.8-7 FURTHER REVIEW

Except where referred for review and recommendation, decisions of the Governing Body are final, effective immediately and not subject to further review. If referred back to the Review Panel, the Review Panel shall conduct its review promptly. It shall make recommendations to the Governing Body per the instructions of the Governing Body.

9.8-8 RIGHT TO ONE HEARING

There is right to only one (1) hearing before the Governing Body on a single matter whether the result of an action by the MSEC, the Governing Body or a combination of the two.

9.9 PRIVILEGED COMMUNICATIONS

Any report, information or accusation filed, any testimony given, or any action recommended pursuant to the procedures prescribed by these Bylaws shall be deemed a privileged communication. Each applicant to the Medical Staff and each member of the Medical Staff waives any right to personal redress against the Medical Staff or any committee thereof, the Review Panel, the Governing Body, or any members thereof, or to any action taken under this Article V.

9.10 ALLIED HEALTH PROFESSIONALS

An AHP shall have the right to challenge any action that would constitute grounds for a Hearing under Section 9.3 of these Bylaws, by filing a written grievance with the Service Discipline Director to which the AHP has been assigned and in which s/he has practice privileges or the right to render the services in question, within fifteen (15) days of such action. Upon receipt of the grievance, the Service Discipline Director shall conduct a careful investigation and afford the affected AHP an opportunity for an interview before the respective peer review committee. Before the interview, the AHP shall receive written notice of the specific reasons for the action and a copy of any documents or other information forming the basis for the action. At the interview, the AHP may present relevant information. A record of the findings of such interview shall be made. Thereafter, the respective peer review committee shall make a written report of its findings and recommendations to the MSEC, which shall act thereon. A copy of the report shall be provided to the affected AHP at least fifteen (15) days prior to the MSEC meeting where action will be taken on the recommendation. The affected AHP may submit a written statement of position to the MSEC. At its meeting, the MSEC shall consider all material presented to the respective peer review committee, the interview record, the peer review committee recommendation and the AHP's written statement, if any, in reaching its decision. The action of the MSEC shall be final, subject to approval by the Governing Body. This section provides the exclusive Hearing rights for AHP's, which rights must be utilized prior to initiation of a lawsuit or any other legal action. The Governing Body shall affirm this decision if it is supported by substantial evidence.

ARTICLE X: OFFICERS

10.1 OFFICERS OF THE MEDICAL STAFF

10.1-1 IDENTIFICATION

The Officers of the Medical Staff shall be a President, a President-Elect, and a Chief Compliance Officer. All officers shall be selected in accordance with relevant provisions of these Bylaws.

10.1-2 QUALIFICATIONS OF ELECTED OFFICERS

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

Appointed Officers must be members of the faculty of Loma Linda University School of Medicine and must be members of the Active or Administrative Medical Staff of Loma Linda University Behavioral Medicine Center at the time of their appointment. Failure to maintain such status shall immediately create a vacancy in the office involved. Appointed Officers are appointed by Administration in conjunction with the Medical Staff Officers and the Medical Director.

10.1-3 ELECTION OF OFFICERS (Moved to 12.4 Nominating Committee)

Elected Officers shall be selected according to the process described in the Nominating Committee, 12.4 portion of these Bylaws.

Election: Officers shall be elected at the annual meeting. Only Active Staff members shall be eligible to vote. Voting shall be by secret written ballot, mailed at least thirty (30) days prior to the annual meeting and must be received no later than ten (10) days prior to the annual meeting. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote, the candidate receiving the fewest number of votes shall be eliminated from the slate and a runoff election shall be held promptly between the remaining candidates. This runoff election process shall be repeated until one candidate receives a majority vote.

10.1-4 TERM OF, AND SUCCESSION OF ELECTED OFFICERS

Subject to confirmation at the annual meeting, the President-elect shall succeed to the Office of President. Term of office commences on July 1. Each officer shall serve a two (2) year term, or until a successor is elected, unless he or she shall sooner resign or be removed from office.

10.1-5 REMOVAL OF ELECTED OFFICERS

Except as otherwise provided in these Bylaws, removal of an officer may be initiated by the MSEC or upon the written request of twenty-percent (20%) of the members eligible to vote for officers. Such removal may be effected by a majority vote of the MSEC members and a two-thirds (2/3) majority vote of the members eligible to vote for officers. Voting on removal of an elected officer shall be by secret written mail ballot. The written mail ballots shall be sent to each voting member at least twenty-one (21) days before the voting date. The ballots shall be counted by the COO/Administrator and a representative from Medical Staff Administration. Any Medical Staff Officer may be removed from office for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude by vote of two-thirds (2/3) majority of the eligible members of the Medical Staff Executive Committee and with the approval of the Governing Body whose approval shall not be withheld unreasonably.

10.1-6 VACANCIES IN ELECTED OFFICE

Vacancies in Medical Staff offices shall be filled (until the next election) by the MSEC.

10.2 DUTIES OF ELECTED OFFICERS

10.2-1 PRESIDENT

The Medical Staff President shall serve as the Chief Executive Officer of the Medical Staff responsible for ensuring the proper functioning of the Medical Staff in fulfilling its delegated responsibilities for the quality of patient care rendered in the Behavioral Medicine Center. The Medical Staff President shall:

- a. Act in coordination and cooperation with the Administrator in all matters of mutual concern within the Behavioral Medicine Center.
- b. Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff.
- c. Serve as Chair of the MSEC.
- d. Serve as an ex-officio member, with vote, on all other Medical Staff committees, except the President will not serve on the Physicians Well being Committee.
- e. Be responsible for the enforcement of the Medical Staff Bylaws and Rules and Regulations, for the implementation of sanctions where indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.
- f. Appoint, with MSEC approval, Committee Chairs and members to all standing and special multi-disciplinary Medical Staff committees, except where otherwise provided by these Bylaws or by Medical Staff Rules and Regulations.
- g. Represent the views, policies needs, and grievances of the Medical Staff to the Governing Body and to the Administrator.

- h. Receive and interpret the policies of the Governing Body to the Medical Staff, and report to the Governing Body on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care.
- i. Be a spokesman for the Medical Staff in its external professional and public relations.
- j. Perform such other functions as may be assigned to him/her by these Bylaws, by the Medical Staff membership, by the MSEC or by the Governing Body.

10.2-2 PRESIDENT-ELECT

The President-Elect, in the absence of the Medical Staff President, shall assume all duties and have the authority of the Medical Staff President; shall be a member of the MSEC, the Bylaws Committee, and shall serve as the Chair of the Credentials Committee, and shall perform such other duties as may be assigned to him or her by these Bylaws, by the Medical Staff membership, by the MSEC, or by the Governing Body.

10.3 APPOINTED OFFICERS

10.3-1 CHIEF COMPLIANCE OFFICER

The Chief Compliance Officer of Loma Linda University Behavioral Medicine Center shall serve as advisor to the MSEC, President of the Medical Staff and the Medical Director with respect to matters of compliance with governmental requirements and potential disciplinary actions that might arise from such issues.

ARTICLE XI: CLINICAL SERVICE

11.1 ORGANIZATION OF CLINICAL SERVICES

Each Clinical Service shall be organized as a separate part of the Medical Staff and shall have a Chief who shall be responsible for the overall supervision of the clinical work within that Clinical Service.

11.2 DESIGNATION OF CURRENT CLINICAL SERVICES

Medical Staff

Psychiatry
Primary Care

Allied Health Professionals

Marriage and Family Therapy (MFT)
Psychology
Social Services (LCSW)
Others as approved by the MSEC & Board

11.3 ASSIGNMENT TO CLINICAL SERVICES

Each practitioner shall be assigned to membership in only one (1) Clinical Service, but may be granted clinical privileges in one or more of the other Clinical Services. The Credentials Committee shall determine which Clinical Service each practitioner shall be assigned to based on the practitioner's training and practice setting. The exercise of privileges within each Clinical Service shall be subject to the authority of the Chief of Service.

11.4 CHIEFS OF SERVICE

11.4-1 DESIGNATION AND TERM

Each Chief of Service shall be the chair of the corresponding department of Loma Linda University School of Medicine or a designee subject to approval by the MSEC.

Each Chief of Service shall continue in office as long as he or she is head of the corresponding department in the Loma Linda University School of Medicine. The incumbent shall be permitted to follow him or her self as Clinical Service Chief.

Each Chief of Service shall be certified by the appropriate specialty board, or affirmatively establish and demonstrate comparable competence, through a combination of training and experience to the satisfaction of the Credentials Committee and the Medical Staff Executive Committee.

11.4-2 DUTIES OF CHIEFS OF SERVICE

Each Chief of Service shall have the following authority, duties and responsibilities, as applicable:

- a. Determine and manage clinically related and administrative activities within the Service, unless such administrative activities are already provided by the Behavioral Medicine Center.
- b. Maintain continuing surveillance of the professional performance of all members with delineated clinical privileges within the Service with appropriate documentation thereof.
- c. Recommend to the Medical Staff, through the Credentials committee, the criteria for granting clinical privileges that are relevant to care provided in the Service.
- d. Recommend corrective action with respect to the practitioners in the Clinical Service to the MSEC.
- e. Develop and implement Clinical Service Programs and appoint appropriate Clinical Service Committees, as appropriate.
- f. Enforce and implement Medical Staff Bylaws, Rules and Regulations, and policies within the Clinical Service and actions taken by the MSEC and by the Governing Body.
- g. Make recommendations to the Medical staff, through the Credentials Committee concerning granting or withholding appointments and/or reappointments, delineation of clinical privileges and release from proctoring requirements for each member of the service.
- h. Cooperate with the Behavioral Medicine Center leadership to integrate the Clinical Service into the primary function of the Behavioral Medicine Center and for cooperating with the nursing service and the Behavioral Medicine Center administration in matters affecting patient care, including space, personnel, supplies, special regulations, standing orders and techniques.
- i. Appoint a Graduate Medical Education Program Director in conjunction with the DIO-GME and President of the Medical Staff.
- j. Prepare such annual reports, pertaining to the Clinical Service as may be required by the MSEC or the Governing Body.
- k. Report to the Medical staff, through its committee structure, professional and administrative activities with the Clinical Service.
- l. Establish such committees, task forces, or other mechanisms as are necessary and desirable to perform properly the functions assigned to it.
- m. Assesses and recommends to the relevant hospital authority space issues, resource needs, and off-site resources needed for safe patient care, treatment, and services not provided on site by the clinical service or the organization.
- n. Coordinate and integrate interdepartmental and intradepartmental services.
- o. Develop and implement policies and procedures that guide and support the provision of care, treatment and services; the Medical Staff Bylaws, Rules and Regulations.

- p. Recommend a sufficient number of qualified and competent persons to provide care, treatment, or services.
- q. Determines the qualifications and competence of department or service personnel who are AHP LLIPs as provided in Article V of these Bylaws.
- r. Continuously assess and improve the quality of patient care, treatment and services, and maintain Quality Improvement programs, as appropriate.
- s. Develop and implement Service programs for the orientation and continuing medical education of all persons in the department of Service.
- t. Perform such other duties commensurate with his or her office as may from time to time be reasonably requested of him or her by the President, the MSEC, or the Governing Body.

11.5 FUNCTIONS OF CLINICAL SERVICE CHIEF

The primary responsibility delegated to each Clinical Service Chief is to implement and conduct specific review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the Clinical Service.

To carry out this responsibility, each Clinical Service Chief shall:

- a. Establish criteria consistent with the policies of the Medical Staff and the Governing Body, for the recommendation of clinical/practice privileges within the Service.
- b. Conduct patient care review for the purpose of analyzing, reviewing, and evaluating the quality of care provided within the Service.
- c. Conduct or participate in continuing education programs.
- d. Monitor, on a continuing and concurrent basis, adherence to: (1) Medical Staff and Behavioral Medicine Center policies and procedures; (2) requirements for alternate coverage and for consultations; (3) sound principles of clinical practice; and (4) safety and other regulations designed to promote patient safety.
- e. Coordinate the patient care provided by the Service members with nursing and ancillary patient care services and with administrative support services.

ARTICLE XII: COMMITTEES

12.1 GENERAL

12.1-1 DESIGNATION

Committees of the Medical Staff shall be appointed by the Medical Staff Executive Committee to carry out the business of the Medical Staff. There shall be standing committees as provided for in this Article and ad hoc committees to address specific issues. Mechanisms for the regular review, evaluation, and monitoring of professional staff practices will be established within these committees.

12.1-2 DESIGNATION OF COMMITTEE MEMBERS AND CHAIRS, AND VOTING RIGHTS

- a. Unless otherwise specified herein, all committee members and chairpersons shall be appointed by the President of the Medical Staff after consultation with and approval by the MSEC. Only Active Medical Staff members may serve as Chairs of Medical Staff committees. A majority of the voting membership of each Medical Staff committee shall be members of the Medical Staff. Membership listings specified in the Sections to follow are not necessarily all inclusive, and the membership of any committee may be expanded as approved. Membership on committees is for one year, unless otherwise specified.
- b. The President of the Medical Staff, the Medical Director, the Hospital CEO and Administrator shall be ex-officio, voting members of all committees except as otherwise noted. Ex-officio members of committees are not required to meet attendance requirements.

12.1-3 MINUTES

Committee reports, as required herein, shall be submitted to the MSEC for its review, information, and action where required, and shall be maintained as a permanent part of the Medical Staff records.

12.2 MEDICAL STAFF EXECUTIVE COMMITTEE (MSEC)

12.2-1 MSEC COMPOSITION

The MSEC Open Session shall be composed of the following:
Medical Staff members: the President of the Medical Staff, who will serve as Chair; the immediate past President of the Medical Staff; the President-elect of the Medical Staff; the Medical Director; the Service Medical Directors; and the Service Chiefs. A majority of the voting MSEC members shall be fully licensed physician members of the Active Medical Staff.

Non-Medical Staff members: The Hospital Administrator, the Director of Nursing and the Director of Quality Resource Management shall be non-voting members of the MSEC Open Session portion of the meeting. Other persons and/or staff members may be invited to attend MSEC meetings by the President of the Medical Staff.

The MSEC Executive Session shall be composed of fully licensed physician members of the Active Medical Staff. The President of the Medical Staff shall serve as Chair of the Executive Session.

Invitees: The Hospital Administrator, the Director of Nursing, and the Director of Quality Resources Management shall be invitees. Other persons may be invited to attend the Executive Session on special invitation by the President of the Medical Staff.

12.2-2 MEETINGS

Meetings shall be held at least six (6) times per year and shall be open to all members of the Medical Staff. However, the Committee may at any time go into an executive session, which shall be attended by MSEC members only. All members of the MSEC shall be entitled to vote, unless otherwise specified.

12.2-3 DUTIES

The MSEC shall be the action-taking body of the Medical Staff relating to issues of patient care. Functions and duties governed by the MSEC shall each be reported on by a designated person at least quarterly. The committee shall have the following responsibilities:

- a. Serve as a liaison between the Medical Staff and the Governing Body and its designees and participate in deliberations affecting the discharge of Medical Staff responsibilities (this function is the joint responsibility of the Medical Director and the Medical Staff elected Officers).
- b. Receive and act upon reports and recommendations from Medical Staff committees.
- c. Participate in the development of Medical Staff and Hospital policy, practice and planning.
- d. Recommend to the Governing Body pertinent matters, including those related to the structure of the Medical Staff, the mechanisms of appointments and reappointments, staff categorization, privileges, the results of quality improvement activities, fair hearing procedures, and methods of Medical Staff member termination, other matters relevant to the operation of an organized Medical Staff, and other quality of care indicators, including medical assessment and treatment of patients, use of medications, use of operative and other procedures, efficiency of clinical practice patterns and significant departures from established patterns of clinical practice, use of seclusion and restraints, and care services provided to high risk patients.
- e. Initiate and pursue corrective action when warranted, in accordance with the provisions of the Medical Staff Bylaws and the Rules and Regulations.

- f. Approve the appointment of all committee members prior to appointment by the President of the Medical Staff.
- g. Present at each regular meeting of the Medical Staff a report of pertinent actions taken since the last meeting.
- h. Review the qualifications, credentials, performance and professional competence of Medical Staff applicants and members, and Allied Health Professionals, and make recommendations to the Governing Body regarding appointments to the Medical Staff and privileges.
- i. Keep careful and permanent records on deliberations and actions, and document background and details of judgments reached and recommendations offered.
- j. Evaluate the care provided to patients in the Hospital.
- k. Consider and discuss issues of medical ethics relative to medical practice and patient care in the Hospital.
- l. Develop and implement procedures for the review of cases, which are submitted to it.
- m. Develop and/or review institutional policies regarding care and treatment of cases which present ethical issues.
- n. Plan educational programs for the Medical Staff and AHPs on bio-ethical and other matters.
- o. Perform admission and continued stay review according to guidelines approved by the Medical Staff.
- p. Develop, review and revise, as needed, criteria for clinical practice, including admission and continued stay criteria, discharge practices, use of Hospital services, length of stay norms.
- q. Hear and act upon appeals of Medical Staff members concerning the approval or denial of admissions and extended days.
- r. Identify and recommend patterns of care which tend to differ from standards established within the Hospital, or to take other appropriate action.
- s. Determine the content, form and maintenance of the medical record.
- t. Ensure the quality of the medical record in accordance with predetermined standards.
- u. Identify problems related to the medical records.
- v. Declare a medical record complete for purposes of filing in the event a clinician is permanently unavailable.
- w. Make recommendations regarding the time for completion of medical records.
- x. Conduct clinical pertinence review for quality and appropriateness of care.
- y. Conduct an annual review of the Bylaws and the Rules and Regulations.
- z. Investigate the credentials of all applicants for membership; recommend privileges for all members of the Medical Staff and Allied Health Professionals in accordance with the criteria, procedures and forms established for this purpose by the Medical Staff; investigate concerns regarding ethical behavior.
- aa. Develop criteria and monitor the management of hospital-wide infection control program; review and act upon the results of any bacterial cultures

from personnel or the environment as required by the Hospital, the Medical Staff, local agencies, or regulations.

- bb. Establish policies and procedures relating to the selection, distribution, handling, use and administration of medications; review all adverse drug reactions, oversee the drug formulary and perform drug usage evaluations.
- cc. Recommend policies and procedures for interdisciplinary practice as required by law and regulation.
- dd. Adopt and participate in a hospital-wide performance improvement program including development of standards of care, outcomes and other quality of care indicators.
- ee. Be empowered to act for the medical staff in the intervals between medical staff meetings.
- ff. Provide oversight and supervision of House Staff.

12.3 WELL BEING COMMITTEE

12.3-1 COMPOSITION

The Well Being Committee shall be an ad hoc committee of the Medical Staff and shall be appointed on an as-needed basis. The Well Being Committee shall be comprised of no less than four members, a majority of which, including the Chairperson, shall be physician members of the Active Medical Staff.

Members of this committee, whenever possible, shall not be directly involved with case discussion nor serve as active participants of peer review involving patients of a Medical Staff member receiving assistance by the Well Being Committee.

12.3-2 MEETINGS

The committee shall meet as needed and called.

12.3-3 DUTIES

The Committee shall assist Medical Staff members and Allied Health Professionals impaired by clinical dependency, mental illness, and/or significant behavioral problems to obtain necessary assistance and/or rehabilitation services.

The Well Being Committee shall have the following duties:

- a. Review responses from applicants concerning physical or mental disabilities and recommend what, if any, reasonable accommodations may be indicated in order to assure that the practitioner will provide care in accordance with the Hospital and Medical Staff's standard of care.
- b. Receive reports related to the physical, mental or behavioral health, well-being, or impairment of Medical Staff members or AHP's, including self-referrals or referrals from other organization staff, and to review and evaluate such reports for accuracy and credibility.
- c. For matters involving individual Medical Staff members, the committee may provide such advice, counseling, or referrals as deemed appropriate.

- d. All activities shall be confidential insofar as possible; however, if information received by the committee clearly demonstrates that the health or known impairment of a Medical Staff member or AHP pose a risk or harm to patients (or prospective patients), that information shall be referred to the MSEC for possible corrective action.
- e. Provide suggestions and advice to other appropriate committees or officers regarding reasonable safeguards concerning a physician or AHP's continued practice in the Behavioral Medicine Center while undergoing treatment.
- f. Consider general matters related to the health and well-being of the Medical Staff or AHP's, including educational programs about illness and impairment recognition or related activities in coordination with other appropriate committees. When educational needs arise, they shall be referred to the MSEC.
- g. Monitor any affected Medical Staff Member or AHP's progress in and adherence to any treatment program, with specific attention to patient safety, until rehabilitation, or any necessary disciplinary progress is complete.
- h. Refer any affected Medical Staff member or AHP to an appropriate internal or external resource for diagnosis and treatment.
- i. Safeguard the confidentiality of any Medical Staff member or AHP seeking referral or assistance, except as limited by law, ethical obligation, or as necessary when patient safety is threatened.

12.3-4 RECORDS OF PROCEEDINGS

The Well Being Committee shall maintain such records of its proceedings as it deems advisable, and shall report on its activities to the MSEC on a quarterly basis or as needed. Any records regarding individual physicians shall be kept strictly confidential.

12.4 NOMINATING COMMITTEE

12.4-1 COMPOSITION

A Nominating Committee shall be appointed by the President of the Medical Staff at least ninety (90) days prior to the annual Medical Staff meeting. The Nominating Committee shall consist of four (4) Active Medical Staff members and one (1) Allied Health Professional.

12.4-2 DUTIES

It is expected that the current President-Elect will advance to the office of President, therefore the Nominating Committee shall nominate one (1) nominee for the office of President-Elect, and other Officers as may be required, according to these Bylaws, Article X, Officers. The Nominating Committee recommendation shall be presented to the MSEC at least sixty (60) days prior to the annual meeting.

Additional Nominations: Further nominations may be made for any office by submitting the name of the candidate to the Chairman of the Nominating

Committee together with a written petition, which is signed by at least three (3) staff members who are eligible to vote. These nominations shall be delivered to the Chairman of the Nominating Committee at least fifteen (15) days prior to the mailing of ballots to the members of the Active Medical Staff. Nominations from the floor will not be recognized.

12.4-3 MEETINGS

Meetings shall be held at least bi-annually.

12.5 BYLAWS COMMITTEE

12.5-1 COMPOSITION

The Bylaws Committee shall be composed of the Chair, the President-Elect of the Medical Staff, four (4) additional voting members who are Active Medical Staff members, and non-voting members who are representatives, respectively, from: Quality Resource Management, Administration, and Medical Staff Administration. Others may be invited as necessary. The Chair of the Bylaws Committee shall have been a Past President of the Medical Staff who shall be appointed by the President of the Medical Staff and approved by the Medical Staff Executive Committee.

12.5-2 DUTIES

The Committee shall:

- a. Conduct an annual review of the Bylaws, and the Rules and Regulations, procedures, and forms promulgated in connection therewith;
- b. Submit recommendations to the Medical Staff Executive Committee for approval of changes in these documents;
- c. Receive and consider all additional matters specified in subparagraph a) as may be referred by the Medical Staff Executive Committee, Clinical Services, the Medical Staff President, or the Administrator.

12.5-3 MEETINGS

The Committee shall meet as needed but at least annually.

12.6 CREDENTIALS COMMITTEE

12.6-1 COMPOSITION

The Credentials Committee shall consist of the President and President-Elect of the Medical Staff, at least one Medical Staff member who is a Past President of the Medical Staff, the Medical Director, and any members added at the discretion of the Medical Staff President. The President-Elect shall usually chair this committee. All members of this Committee shall be physician members of the Active Medical Staff. Ex-Officio members may consist of a representative from Administration, Quality Resource Management, Medical Staff Administration, and a representative from Allied Health Professionals.

12.6-2 DUTIES

The Committee shall:

- a. Review and evaluate the qualifications of each applicant for initial appointment, reappointment, or modification of appointment and/or clinical or practice privileges and, in connection therewith, consider recommendations from the appropriate Chief of Service. In fulfilling its responsibilities, the Committee shall take appropriate steps to ensure that the applicant has fulfilled all requirements of these Bylaws related to appointment, reappointment, and/or clinical or practice privileges;
- b. Submit reports to the Medical Staff Executive Committee monthly, in accordance with these Bylaws, on the qualifications of each applicant for Medical Staff membership or particular clinical or practice privileges. Such reports shall include recommendations with respect to appointment, staff category, Clinical Service affiliation, clinical or practice privileges, or specified services, and special conditions attached thereto.

12.6-3 MEETINGS

The Committee shall meet monthly or as required.

ARTICLE XIII: MEETINGS

13.1 MEETINGS

13.1-1 ANNUAL MEETING

There shall be an annual meeting of the Medical Staff members. The principal purpose of the meeting shall be to review Medical Staff activities of general interest concerning the review and evaluation of work done in the Clinical Services and the performance of required Medical Staff functions during the preceding year. Officers and committees shall make reports.

13.1-2 REGULAR MEETINGS

Regular meetings, including the date, place and time, shall be held as determined by the MSEC. The annual meeting shall constitute a regular meeting for purposes of these Bylaws.

13.1-3 SPECIAL MEETINGS

Special meetings of the Medical Staff may be called at any time by the President and shall be called at the request of the MSEC, the Governing Body, or one fourth (25%) of the Active Medical Staff members who submit to the President a signed written request stating the purpose for such a meeting. The meeting must be called within fourteen (14) days after receipt of such request. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

13.2 COMMITTEE AND CLINICAL SERVICE MEETINGS

13.2-1 REGULAR MEETINGS

Committees and Clinical Services, by resolution, may provide the time for holding regular meetings and no notice other than such resolution shall then be required. The frequency of such meetings shall be as specified in the relevant provisions of these Bylaws.

13.2-2 SPECIAL MEETINGS

A special meeting of any Committee or Clinical Service may be called by, or at the request of, the Chairman or Chief of Service, as applicable thereof, the MSEC, the President, or by at least one-third (1/3) of the group's current members, but by no less than two (2) members.

13.3 NOTICE OF MEETINGS

Notice stating the place, day, and hour of the annual or any special Medical Staff meeting or of any regular or special Committee or Clinical Service meeting not held pursuant to

resolution shall be give either personally or by mail to each person entitled to be present thereat not less than five (5) days before the date of such meeting in the manner specified in Section 15.6. Notice of the annual meeting shall be given to the Medical Staff membership at least twenty (20) days prior to the meeting. Any such notice for a meeting of the Medical Staff shall be in writing. Personal attendance at any meeting or written consent to waiver of notice for any meeting signed by a member entitled to such notice shall constitute a waiver of notice of such meeting.

13.4 QUORUM

13.4-1 MEDICAL STAFF, COMMITTEE AND CLINICAL SERVICE MEETINGS

A quorum is present if at least two (2) active members of the Medical Staff are present, unless contested from the floor. If contested a quorum of fifty percent (50%) of the voting membership shall be required for MSEC and thirty-five percent (35%) of the voting members of any other Medical Staff Committee.

13.4-2 EX-OFFICIO MEMBERS

Ex-officio committee members shall have the rights and privileges specified in these Bylaws, except they shall not be counted for the purpose of determining a quorum.

13.5 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present who are eligible to vote at a Medical Staff or committee meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be required by these Bylaws. Action may be taken without a meeting by a Clinical Service, Committee, or the MSEC by a writing setting forth the action so taken signed by each member entitled to vote thereat.

13.6 MINUTES

Minutes of all meetings shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding Officer or Chair. Each Committee shall also maintain a permanent file of the minutes of each meeting. Minutes, proceedings, and other records of the Medical Staff and Committees shall be confidential and shall be kept in such a manner as determined by the MSEC to preserve their confidentiality.

13.7 ATTENDANCE REQUIREMENTS

13.7-1 REGULAR ATTENDANCE

Each Active Staff member and Provisional Staff member shall be required to attend:

- a. The annual Medical Staff meeting (unless excused by the Chair).
- b. At least fifty percent (50%) of all other Medical Staff meetings duly convened pursuant to these Bylaws.

Each Consulting Staff member, Courtesy Staff member or Associate member shall be required to attend only such meetings as may be determined by the MSEC.

13.7-2 ABSENCE FROM MEETINGS

A practitioner whose patient's clinical course is scheduled for discussion at a regular departmental meeting shall be notified and shall be expected to attend such meeting. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the practitioner shall so state, shall be given by certified mail, return receipt requested, and shall include a statement that his or her attendance at the meeting at which the alleged deviation is to be discussed is mandatory. Failure to attend after such notice is given may, unless the absence is excused, result in such corrective action as is directed by the MSEC, including suspension of all or a portion of the practitioner's privileges.

13.8 CONDUCT OF MEETINGS

An agenda for each meeting shall be set by the Chair/presiding officer after appropriate consultation with interested committees, services or members of the Medical Staff. Unless otherwise specified, meetings shall be conducted according to appropriate rules of order, however, technical failures to follow such rules shall not invalidate action taken at such a meeting.

ARTICLE XIV: CONFIDENTIALITY, IMMUNITY AND RELEASES

14.1 AUTHORIZATION AND CONDITIONS

By applying for or exercising clinical or practice privileges within the BMC, a practitioner or AHP:

- a. Authorizes representatives of the BMC and the Medical Staff to solicit, provide, and act upon information bearing on his or her professional ability and qualifications.
- b. Authorizes third parties and their representatives to provide information, including otherwise privileged or confidential information, concerning him or her to the BMC and its Medical Staff. For the purposes of this Article, “third parties” means both individuals and organizations from whom information has been requested by an authorized representative of the Medical Staff.
- c. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative who acts in accordance with the provisions of this Article and to the fullest extent authorized by law.
- d. Acknowledges that the provisions of this Article are express conditions to his or her application for or acceptance of Medical Staff membership and the continuation of such membership, or to his or her exercise of clinical privileges at the BMC, or to his or her application for or acceptance of approval and exercise of practice privileges at the BMC.

14.2 CONFIDENTIALITY OF INFORMATION

14.2-1 CONFIDENTIALITY OF INFORMATION: GENERAL

Medical Staff or committee minutes, files, and records, including information regarding any member or applicant to this Medical Staff or AHP status, 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, in the authorized conduct of Medical Staff proceedings, pursuant to officially adopted policies of the Medical Staff, or with the express approval of the MSEC or its designee.

14.2-2 BREACH OF CONFIDENTIALITY

Effective peer review, the consideration of the qualifications of Medical Staff members and applicants, including AHPs to perform specific procedures, the evaluation and improvement of the quality of care rendered in the Behavioral Medicine Center must be based on free and candid discussions. Any breach of confidentiality of the discussions or deliberations of Medical Staff committees is outside appropriate standards of conduct under these Medical Staff Bylaws. It will be deemed disruptive to the operations of the Behavioral Medicine Center

and detrimental to quality patient care. A breach of confidentiality shall be a basis for corrective action under these Bylaws.

14.2-3 AGREEMENTS TO MAINTAIN CONFIDENTIALITY

As a condition of serving upon any Medical Staff committee, a member, prospective member shall be required to execute and maintain an appropriate confidentiality agreement on a form prescribed by the MSEC. If it is determined that a breach of the agreement or of the provisions of these Bylaws regarding confidentiality has or is likely to occur, the Behavioral Medicine Center or MSEC are entitled to undertake such action as deemed appropriate to ensure preservation of confidentiality. Such action may include, in addition to corrective action referenced above, application to the courts for injunctive or other relief.

14.3 IMMUNITY FROM LIABILITY

14.3-1 FOR ACTION TAKEN

Each representative of this Medical Center, including its Medical Staff members, shall be exempt, to the fullest extent permitted by law, from liability to a practitioner or AHP for damages or other relief for any action taken or statement or recommendation made within the scope of his or her duties as a representative.

14.3-2 FOR PROVIDING INFORMATION

Each representative of this Medical Center, including its Medical Staff members, and all third parties shall be exempt, to the fullest extent permitted by law, from liability to a practitioner or AHP for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative concerning such practitioner or AHP.

14.4 ACTIVITIES AND INFORMATION COVERED

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, 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, clinical privileges, practice privileges, and prerogatives and periodic reappraisals of membership, privileges, and/or prerogatives.
- b. Corrective action, hearings and appellate reviews.
- c. Behavioral Medicine Center, Clinical Service, Committee, or other Medical Staff activities related to monitoring, maintaining, and improving the quality of patient care, appropriate utilization, and appropriate professional conduct.
- d. National Practitioner Data Bank queries and reports, peer review organizations, Medical Board of California and similar reports.

14.5 RELEASES

Each practitioner or AHP, upon request of the Behavioral Medicine Center, shall execute general and specific releases in accordance with the provisions, tenor, and import of this Article. Execution of such releases shall not, however, be deemed a prerequisite to the effectiveness of this Article.

14.6 MEMBER'S ACCESS TO FILE

A Medical Staff member shall be granted access to his or her Medical Staff Credentials file subject to the following provisions:

- a. A request for access shall be made by the member to the President of the Medical Staff, or designee from the elected officers of the Medical Staff in writing at least forty-eight (48) hours prior to access.
- b. The member may review, and receive a copy of all documents provided by or addressed to his or herself in the Medical Staff credential file. Confidential letters of recommendation are not part of the credentials file.
- c. The review by the member shall take place in Medical Staff Administration, during normal working hours, in the presence of an elected officer or designee of the Medical Staff.

ARTICLE XV: GENERAL PROVISIONS

15.1 EFFECT AND OBLIGATIONS OF MEDICAL STAFF DOCUMENTS

The Medical Staff Bylaws, Rules and Regulations, and Policies are compatible with each other and compliant with law and regulation. The Medical Staff complies with and enforces the Medical Staff Bylaws, Rules and Regulations and Policies by taking action or by recommending action to the Governing Body as appropriate and as provided for in its organizational documents. The Governing Body upholds the Medical Staff Bylaws, Rules and Regulations, and Policies which it has approved.

15.2 CONFLICT MANAGEMENT

In the event of a conflict between the MSEC and the Medical Staff regarding proposals to adopt or amend the Medical Staff's Rules and Regulations, Medical Staff's Policies and Procedures, or any other matter, the following process shall be followed.

- a) A conflict between the MSEC and the Medical Staff shall be identified by either: (1) a majority vote of the MSEC; or (2) by a petition to be signed by at least twenty-five percent (25%) of the Active Medical Staff. Once a conflict is identified, the President of the Medical Staff shall convene a meeting with the petitioner's representative(s).
- b) If the conflict is identified by a vote of the MSEC, then the MSEC shall issue a notice to the Medical Staff to identify up to five (5) members of the voting Medical Staff who shall serve as petitioner's representatives within 30 days, through a process determined by the Medical Staff. If the Medical Staff does not identify its representatives in a timely manner, then the President of the Medical Staff shall appoint five members of the voting Medical Staff to serve as petitioner's representatives.
- c) If the conflict is identified by petition of the Medical Staff, the foregoing petition shall include a designation of up to five (5) members of the voting Medical Staff who shall serve as petitioner's representatives. The Medical Staff Executive Committee shall be represented by an equal number of Medical Staff Executive Committee members, and the President of the Medical Staff shall select the Medical Staff Executive Committee's representatives.
- d) The Medical Staff Executive Committee's and the petitioner's representatives shall exchange information relevant to the conflict and shall work in good faith to resolve differences in a manner that respects the positions of the Medical Staff, the leadership responsibilities of the Medical Staff Executive Committee, and the

safety and quality of patient care at the Medical Center. Resolution at this level requires a majority vote of the Medical Staff Executive Committee's representatives at the meeting and a majority vote of the petitioner's representatives.

- e) Unresolved differences regarding a proposed Rule and Regulation or Policy and the information exchanged in relation thereto shall be submitted to the Governing Body for consideration in making its final decision. The Governing Body shall determine the method of communication.
- f) Unresolved differences relating to any other matter shall be resolved through the following process. The President of the Medical Staff shall call a Special Meeting of the Medical Staff as provided in Section 13.1-3 of these Bylaws. The sole issue to be considered at that meeting shall be the identified issue in conflict, which shall be resolved as provided in Section 13.5 of the Bylaws.

15.3 PROFESSIONAL LIABILITY INSURANCE

15.3-1 PROFESSIONAL LIABILITY INSURANCE

Each member granted clinical or practice privileges in the Behavioral Medicine Center shall maintain in force professional liability insurance in a form of coverage and in not less than the minimum amounts, if any, as from time to time may be determined by the Governing Body, or shall provide other proof of financial responsibility in such manner as the Governing Body may from time to time establish.

15.3-2 DISPOSITION AND/OR FINAL JUDGMENT

Each member of the Medical Staff shall report to Medical Staff Administration the disposition and/or final judgment in professional liability cases in which they are involved within thirty (30) days of disposition and/or final judgment.

15.4 CONSTRUCTION OF TERMS AND HEADINGS

Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural as the context and circumstances require. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

15.5 ACCEPTANCE OF PRINCIPLES

All members of whatever class or category, by application for membership in this Medical Staff, do thereby agree to be bound by the provisions of these Bylaws, a copy of which shall be delivered to each member upon initial appointment, and a copy of each amendment to these Bylaws promptly after adoption. Any violation of these Bylaws shall subject the applicant or member to such disciplinary action as the MSEC or Governing Body shall direct.

15.6 DIVISION OF FEES

The illegal division of professional fees under any guise whatsoever is forbidden and any such division of fees shall be cause for exclusion or expulsion from the Behavioral Medicine Center.

15.7 NOTICES

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

(Name and proper title of addressee)
Loma Linda University Behavioral Medicine Center
1710 Barton Road
Redlands, CA 92373

In the case of a notice to a practitioner, AHP, or other party, the notice shall be addressed to the address as it appears in the records of the Behavioral Medicine Center. If personally delivered, such notice shall be effective upon delivery, and if mailed as provided for above, such notice shall be effective four (4) days after it is placed in the mail. Any party may change its address as indicated above, by giving written notice of such change to the other party in the manner as above indicated.

15.8 COMPLIANCE

The Medical Staff acknowledges that the Governing Body of the Behavioral Medicine Center has adopted a comprehensive Compliance Plan and the Medical Staff will cooperate and assist in the Compliance Plan's implementation. Chief Compliance Officer is addressed under Article X, Officers.

ARTICLE XVI: ADOPTION AND AMENDMENT OF BYLAWS

16.1 OVERVIEW OF BYLAWS

The Medical Staff shall have the initial responsibility and authority to formulate, adopt and recommend Medical Staff Bylaws and amendments which shall be effective when approved by the Governing Body, which approval shall not be unreasonably withheld. The Medical Staff shall review the Bylaws annually and may not delegate this responsibility and authority to any other entity. The Medical Staff shall exercise such responsibility and authority in good faith and in a reasonable, timely and responsible manner, reflecting the interests of providing patient care of the generally recognized level of quality and efficiency, and maintaining a harmony of purpose and effort with the Governing Body. Neither the Medical Staff, Medical Staff Executive Committee nor the Governing Body may unilaterally amend the Bylaws of the Medical Staff.

16.2 PROCESS FOR ADOPTION AND AMENDMENT OF BYLAWS

16.2-1 BY THE MEDICAL STAFF EXECUTIVE COMMITTEE

Proposals for adoption of Bylaws or for amendments, including additions, deletions, or modifications, to the Medical Staff Bylaws shall be submitted to the Medical Staff Executive Committee when developed by the Bylaws Committee as provided in Section 12.3 of these Bylaws. The Medical Staff Executive Committee may also develop proposed amendments to the Medical Staff Bylaws. Amendments developed by the Medical Staff Executive Committee itself or through recommendations of the Bylaws Committee shall be submitted to the Medical Staff for a vote as provided in Section 16.2-3.

16.2-2 BY THE MEDICAL STAFF

The Medical Staff may also develop and recommend amendments, including additions, deletions, or modifications, to the Medical Staff Bylaws. An amendment proposed by the Medical Staff must be done by a petition stating the exact language of the proposed amendment and signed by at least twenty-five percent (25%) of the Medical Staff members entitled to vote on Bylaw amendments. The petition shall be submitted to the Medical Staff Executive Committee which shall then arrange for a vote on the amendment as provided in Section 16.2-3. The Medical Staff Executive Committee and the signers of the petition proposing an amendment each have the right to circulate comments on the proposed amendment to the voting Medical Staff in advance of the vote and to the Governing Body in advance of the Governing Body's consideration of the amendment if it is adopted.

16.2-3 MECHANISM FOR ADOPTION, AMENDMENT OR REPEAL OF BYLAWS

The Medical Staff Bylaws may be adopted, amended or repealed by the following combined actions described in subsections (a) and (b) below:

- a) By vote of the Active Medical Staff:
 - 1) The affirmative vote of two thirds (2/3) or sixty-six percent (66%) of the Active Medical Staff members present at the annual or any Special Meeting of the Medical Staff at which time there is a quorum (as defined in Section 13.4), provided at least thirty (30) days advance written notice, accompanied by the exact wording of the proposed Bylaws and/or alterations has been given; or
 - 2) The affirmative vote of two thirds (2/3) or sixty-six percent (66%) of the Active Medical Staff members responding in an electronic or mail ballot, provided that more than half (> 50%) of the Active Medical Staff members returned their ballot. The procedure for distributing, returning, and counting ballots shall be determined by the Medical Staff Executive Committee. However, the exact wording of the proposed Bylaws and/or alterations and instructions regarding the procedure for voting, shall be mailed to the last known home address of every Active Medical Staff member at least thirty (30) days prior to the voting deadline. The exact wording of the proposed changes and instructions regarding the procedure for voting shall also be available for review at the following locations: (a) the Medical Staff Administration Office and (b) the office of the Behavioral Medicine Center administrator.
- b) The approval of the Governing Body, which shall not be unreasonably withheld. If approval is withheld, the reasons for doing so shall be specified by the Governing Body in writing, and shall be forwarded to the President of the Medical Staff, the Medical Staff Executive Committee and the Bylaws Committee.

16.2-4 APPROVAL OF CHANGES TO THE BYLAWS

Changes adopted by the Medical Staff shall become effective only after approval by the Governing Body whose approval shall not be withheld unreasonably.

16.3 TECHNICAL AND EDITORIAL CORRECTIONS

The Medical Staff Executive Committee shall have the power to approve technical corrections, such as reorganization or renumbering of the Bylaws, or to correct punctuation, spelling or other errors of grammar, expression or inaccurate cross-references. No substantive amendments are permitted pursuant to this Section. Corrections may be effected by motion and acted upon the same manner as any other motion before the Medical Staff Executive Committee. After approval, such corrections shall be communicated in writing to the Medical Staff and to the Governing Body. Such

corrections are effective upon adoption by the Medical Staff Executive Committee, provided however, they may be rescinded by vote of the Medical Staff or the Governing Body within one hundred and twenty (120) days of the date of adoption by the Medical Staff Executive Committee. (For purposes of this Section, “vote of the Medical Staff” shall mean a majority of the votes cast, provided at least twenty-five percent (25%) of the voting members of the Medical Staff cast ballots.)

ARTICLE XVII: ADOPTION AND AMENDMENT OF RULES AND REGULATIONS AND POLICIES

17.1 OVERVIEW AND RELATION TO BYLAWS

These Bylaws describe the fundamental principles of Medical Staff self-governance and accountability to the Governing Body. Accordingly, the key standards for Medical Staff membership, appointment, reappointment, and privileging are set out in these Bylaws. Additional provisions including, but not limited to, detailed procedures for implementing these Medical Staff standards may be set out in Medical Staff Rules and Regulations, or in Medical Staff Policies adopted or approved as described below. Upon proper adoption, all such Rules and Regulations and Policies shall be deemed an integral part of the Medical Staff Bylaws.

17.1-1 MEDICAL STAFF RULES AND REGULATIONS

The Medical Staff shall initiate and adopt such Rules and Regulations as it may deem necessary for the proper conduct of its work and shall periodically review and revise its Rules and Regulations to comply with current Medical Staff practice. Applicants and members of the Medical Staff shall be governed by such Rules and Regulations as are properly initiated and adopted. If there is a conflict between the Bylaws and Rules and Regulations and/or Policies, the Bylaws shall prevail.

17.1-2 MEDICAL STAFF POLICIES AND PROCEDURES

The Medical Staff shall develop Policies and Procedures where appropriate to implement its responsibilities under these Bylaws and to complement the Medical Staff component of Behavioral Medicine Center policies. Applicants and members of the Medical Staff shall be governed by such Policies and Procedures as are properly initiated and adopted. If there is a conflict between the Medical Staff Rules and Regulations or the Medical Staff Policies and Procedures, the Medical Staff Rules and Regulations shall prevail.

17.1-3 CURRENT MEDICAL STAFF RULES AND REGULATIONS, AND MEDICAL STAFF POLICIES AND PROCEDURES

All Medical Staff Rules and Regulations, Medical Staff Policies and Procedures, and Clinical Service Rules and Regulations that are in effect immediately preceding the adoption of these Bylaws, and that are not inconsistent with these Bylaws, shall be considered as Rules and Regulations and Policies and Procedures adopted in accordance with these Bylaws and shall continue in effect until amended pursuant to these Bylaws.

17.1-4 DELEGATION OF AUTHORITY TO THE MSEC/APPROVAL OF CHANGES TO THE RULES AND REGULATIONS OR POLICIES

By this Section 17.1-5, the Medical Staff delegates to the Medical Staff Executive Committee the authority to adopt Medical Staff Rules and Regulations and Policies and Procedures. Changes adopted by the Medical Staff Executive Committee and/or the Medical Staff shall become effective only after approval by the Governing Body, whose approval shall not be withheld unreasonably. Neither the Medical Staff, Medical Staff Executive Committee, nor the Governing Body may unilaterally amend the Rules and Regulations of the Medical Staff. However, the Medical Staff Executive Committee may unilaterally amend the Policies and Procedures of the Medical Staff as needed.

17.2 PROCESS FOR ADOPTION OR AMENDMENT OF MEDICAL STAFF RULES AND REGULATIONS

The process for adoption or amendment of Rules and Regulations is as follows:

17.2-1 BY THE MEDICAL STAFF EXECUTIVE COMMITTEE

- a) Proposals for adoption, additions, deletions or modifications of the Rules and Regulations shall be submitted to the Medical Staff Executive Committee when developed by the Bylaws Committee as provided in Section 12.3 of these Bylaws. The Medical Staff Executive Committee may also develop proposed amendments to the Rules and Regulations.
- b) Except as provided in Section 17.4 below, the Medical Staff Executive Committee must first communicate the text of any such proposed Rule or Regulation to the Medical Staff at least thirty (30) days prior to voting on adoption, together with instructions explaining how interested members may communicate comments to the Medical Staff Executive Committee. The review and comment period may be accomplished by posting proposed rules on the Medical Staff's website. A comment period of at least fifteen (15) days shall be afforded, and all comments shall be summarized and provided to the Medical Staff Executive Committee prior to Medical Staff Executive Committee action on the proposed Rule.

17.2-2 BY THE MEDICAL STAFF

- a) If the Medical Staff seeks to propose the adoption, or amendment of a Rule or Regulation it must first submit a petition signed by no less than twenty-five (25%) of the Active Medical Staff proposing such a change. Any such proposal to the Medical Staff Executive Committee must contain the specific language proposed for adoption. Upon receipt, the Medical Staff Executive Committee shall consider the proposal. If the Medical Staff Executive Committee approves the proposal as outlined, it shall be adopted as provided by Section 17.3(1). If the Medical Staff Executive Committee

does not approve the proposal, it shall notify the Medical Staff. The Medical Staff Executive Committee and the Medical Staff each has the option of invoking or waiving the Conflict Management process of Section 15.2.

- b) If the Conflict Management process is not invoked within thirty (30) days, the right to the process shall be deemed waived. In this circumstance, the Medical Staff's proposed Rule and Regulation shall be forwarded to the Governing Body for action. The Medical Staff Executive Committee may forward comments to the Governing Body regarding the reasons it declined to approve the proposed Rule.
- c) If the Conflict Management process is invoked, the proposed Rule and Regulation shall not be forwarded to the Governing Body until the Conflict Management process has been completed, and the results of the Conflict Management process shall be communicated to the Governing Body.
- d) Nothing in this Section is intended, nor will it be construed to prevent direct communication by the Medical Staff to the Governing Body on any Rule and Regulation, regardless of the manner in which it is adopted. However, the Governing Body shall establish the method for any such communication.

17.3 FINAL ADOPTION OR AMENDMENT OF MEDICAL STAFF RULES AND REGULATIONS

The mechanisms described herein shall be the sole method for finalizing the adoption, amendment, or repeal of the Medical Staff Rules and Regulations:

- a) The affirmative vote of a majority of the Medical Staff Executive Committee members present at a meeting at which there is a quorum (as defined in Section 13.4), in addition to the approval of the Governing Body; or
- b) If the Conflict Management Process is invoked, a majority vote of the Medical Staff Executive Committee's representatives and a majority vote of the petitioner's representatives, in addition to the approval of the Governing Body; or
- c) By the decision of the Governing Body if the Conflict Management Process is invoked, but differences remain unresolved.

17.4 URGENT AMENDMENT TO RULES & REGULATIONS

In the event that urgent action is required to comply with law or regulation, the Medical Staff Executive Committee is authorized to provisionally adopt a Rule or Regulation and

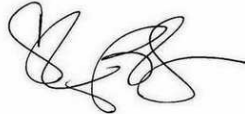
forward it to the Governing Body for approval and immediate implementation, subject to the following. If the Medical Staff did not receive prior notice of the proposed Rule (as described in Section 17.3 above) the Medical Staff shall be notified of the provisionally-adopted and approved Rule, and may, by petition signed by at least twenty-five percent (25%) of the voting members of the Medical Staff require the Rule and Regulation to be submitted for possible recall; provided, however, the approved Rule and Regulation shall remain effective until such time as a superseding Rule and Regulation meeting the requirements of the law or regulation that precipitated the initial urgency has been approved pursuant to any applicable provision of this Section. In the event that a petition seeking to recall the Rule and Regulation is presented, the Conflict Management process set forth in Section 15.2 shall be followed.

17.5 PROCESS FOR ADOPTION OR AMENDMENT OF MEDICAL STAFF POLICIES

When the Medical Staff Executive Committee adopts a Policy or amendment thereto, it shall communicate the text of the Policy to the entire Medical Staff in a timely fashion after adoption.

APPROVAL OF MEDICAL STAFF BYLAWS

RECOMMENDED by the MSEC April 25, 2011 and by the Medical Staff on June 27, 2011

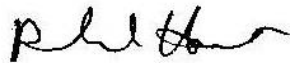


Stephanie Bolton, MD, President of the BMC Medical Staff



William Murdoch Jr., MD, BMC Medical Director

APPROVED by the Governing Body on May 18, 2011



Richard Hart, MD, Governing Board Officer

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BMC MEDICAL STAFF RULES AND REGULATIONS

The BMC Medical Staff Rules and Regulations are a separate document and can be found on the LLUMC *VIP* intranet site, *Physician Resource Directory* under the *Clinical* heading, or on the web at <http://www.llu.edu/llumc/medicalstaff/forms.html>, or by contacting Medical Staff Administration at 909/558-6052 or extension 66052 for a copy.

- A. ADMISSIONS**
- B. ADMISSION STANDARDS**
- C. RESIDENTS**
- D. ALLIED HEALTH PROFESSIONALS**
- E. ADMISSION AND TREATMENT ORDERS**
- F. MEDICATION PROTOCOL**
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- H. CONSULTATION REQUESTS**
- I. DOCUMENTATION OF PROGRESS NOTES**
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- O. REVIEW OF THE REGULATIONS**