UNIVERSITY OF CALIFORNIA
SAN FRANCISCO HEALTH MEDICAL STAFF

ORGANIZATIONAL PLAN

Approved on 07/28/2026 by the Medical Staff
Approved on 07/30/2026 by Governance Advisory Council

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DEFINITIONS

Unless otherwise stated, the definitions that apply to the terms set forth in this Organizational Plan are the same definitions set forth in the Medical Staff Bylaws.

ARTICLE 17. ORGANIZATION

17.1 Organization of Departments and Divisions

a. The Medical Staff shall be organized into the Departments detailed below:

Anesthesia and Perioperative Care	Ophthalmology
Dentistry/Oral Maxillofacial Surgery	Orthopaedic Surgery
Dermatology	Otolaryngology/Head and
Emergency Medicine	Neck Surgery
Family & Community Medicine	Pathology
Laboratory Medicine	Pediatrics
Medicine	Psychiatry
Neurological Surgery	Radiology and Biomedical Imaging
Neurology	Radiation Oncology
Obstetrics, Gynecology and Reproductive Sciences	Surgery
	Urology

b. Additional Departments may be created, or existing Departments may be combined or eliminated, by a three-fourths (3/4) affirmative vote of the Executive Medical Board, provided only that such action shall parallel similar departmentalization in the Schools of Medicine or Dentistry.

c. Each Member must be assigned membership in at least one Department but may also be granted clinical privileges in other Departments.

d. A Department may be further divided, as appropriate, into Divisions that are directly responsible to the Department within which they function. Some Divisions are further divided into Sections.

17.2 Chiefs of Clinical Service

The terms Chief of Clinical Service and Service Chief are interchangeable in this Plan. The School of Medicine Chair of each Department may also serve as its Chief of Clinical Service or may appoint an individual(s) to serve as Chief(s) of Clinical Service. Chiefs of Clinical Service have several responsibilities for oversight of Clinical Service activities, including credentials review, peer review, quality of care, and utilization review.

a. Qualifications

Each Chief of Clinical Service must be a Member of the Attending Staff and a member of the Service, and must be qualified by training, experience, and demonstrated current ability in clinical care provided by that Service, and able to discharge the functions of that position.

b. Roles and Responsibilities of Chiefs of Clinical Service

Each acting Chief of Clinical Service has the responsibilities enumerated below:

i. Assist in the development and implementation of expectations and requirements for clinical performance for that Service;

ii. Determine and manage the clinically related and administrative activities within the clinical Service;

iii. Assist in the formulation and execution of programs to carry out the quality review, evaluation, and monitoring functions assigned to that Service;

iv. Continuously assess and improve the quality of care, treatment and services, and maintain quality improvement programs as appropriate;

v. Assist in developing and enforcing the Medical Staff's Bylaws, Plans, Rules and Regulations, and Medical Staff Policies, and the Medical Center's Policies that guide and support the provision of patient care, treatment, and services;

vi. Communicate to the appropriate individuals or committee the Service's recommendations concerning appointment, reappointment, delineation of clinical Privileges, and disciplinary action with respect to the members of the Service;

vii. Monitor the quality of patient care and professional performance rendered by Members holding Privileges in the Service through a planned and systematic process, including but not limited to Ongoing Professional Practice Evaluations (OPPE), and Focused Professional Practice Evaluation functions (FPPE);

viii. Oversee and monitor functions delegated to the Service by the Executive Medical Board in coordination and integration with organization-wide quality assessment and improvement activities;

ix. Coordinate with Well Being Committee (WBC) and the Committee on Professionalism (COP) in identifying and monitoring members of the Service who would benefit from or are involved in programs of the WBC and the COP;

x. Undertake or delegate preliminary inquiries or investigations of members of the Service and submit reports and recommendations as applicable to the School of Medicine Department Chair and/or Executive Medical Board or committees;

xi. Perform such other duties commensurate with the office as may from time to time be reasonably requested by the School of Medicine Department Chair, the President of the Medical Staff, or the Executive Medical Board; and

xii. Implement within the Service actions taken by the Executive Medical Board.

c. Term of Office

Each Chief of Service shall serve in such capacity for a period of time to be determined by the Department Chair.

d. Removal of Chiefs of Clinical Service

When a School of Medicine Department Chair has appointed an individual to serve as Chief of Clinical Service, removal of that Chief of Clinical Service from office may occur by the School of Medicine Department Chair. If the Chief of Clinical Service is the Chair, removal from office may occur per majority vote of the Executive Medical Board with concurrence by the Dean of the School of Medicine. In such instance, the Executive Medical Board will select an interim Chief of Clinical Service with input from the Department.

ARTICLE 18. OFFICERS

18.1 Officers and Their Duties

a. Identification

There shall be the following general officers of the Medical Staff:

i. President;

ii. President-Elect; and

iii. Immediate Past President.

b. President

The President shall serve as the Chief Officer of the Medical Staff and be responsible for the organization and conduct of the Medical Staff, including but not limited to:

i. Calling, preparing the agenda for, and presiding over meetings of the Executive Medical Board and Medical Staff with a vote.

ii. Appointing chairs and members of the Medical Staff standing committees with the approval of the Executive Medical Board. Appointing members of ad hoc committees of the Medical Staff. Establishing and disbanding special committees of the Medical Staff, subject to approval of the Executive Medical Board.

iii. Promoting quality of care to patients by Members of the Medical Staff.

iv. Serving as an ex-officio member of all other Medical Staff committees without a vote.

v. Enforcing compliance with the Medical Staff Bylaws, Plans, Rules and Regulations, Policies, and protocols.

vi. Representing the interests of the Medical Staff for the purpose of receiving and acting upon policies of the University, Campus, and Medical Center.

vii. Reporting on a regular basis to the Chancellor in conjunction with the Chief Medical Officer(s) and the Chief Executive Officer, through the Governance Advisory Council, on the performance and quality of patient care services.

viii. Representing the Medical Staff to external organizations or professional societies subject to approval of the Executive Medical Board.

ix. In the interim between Executive Medical Board meetings, performing those responsibilities of the Executive Medical Board that, in their reasonable opinion, must be accomplished prior to the next regular or special meeting of the Executive Medical Board.

x. Participating in corrective actions as delineated in the Fair Hearing Plan.

c. President-Elect

i. When the President is unable to perform their duties for any reason, the President-Elect shall, in the absence of the President, assume all the duties, responsibilities, and the authority of that office.

ii. After serving in office, the President-Elect shall succeed to the office of President. Should the President leave office before expiration of the term, the President-Elect shall complete the remaining portion of the term as well as the succeeding term as President. If the President-Elect leaves office prior to expiration of the term, a successor will be nominated and elected as provided in the Medical Staff Bylaws and Organizational Plan.

d. Immediate Past President

The Immediate Past President shall, in the absence of the President-Elect, assume all duties and responsibilities in the event of the President-Elect's unavailability, absence, illness or as otherwise delegated by the President-Elect.

18.2 Qualifications and Tenure of Officers

a. The President and President-Elect must be members in good standing of the Attending Staff at the time of nomination and election and must retain membership and good standing during their terms of office. The President-Elect will serve in place of the President if the President is under formal investigation, pending a fair hearing, or otherwise has recused themself from the proceeding.

b. The President and President-Elect shall serve two-year terms beginning on July 1 and ending on June 30, or shall serve until a successor is elected.

18.3 Election of Officers

The process for nominating and electing Officers is set forth in Section 19.2.b.

18.4 Removal of Officers

Officers may be removed for failure to perform their duties and responsibilities as outlined in the Medical Staff Bylaws and Plans, gross neglect or misfeasance in office, serious acts of moral turpitude, loss of good standing, or loss of the ability to serve effectively. Officers may be removed from office by a two-thirds (2/3) vote of the Executive Medical Board, or by a two-thirds (2/3) vote at any annual or special meeting of the Medical Staff.

18.5 Filling Vacancies

Vacancies created by resignation, removal, death or disability will be filled as follows:

a. A vacancy in the office of President will be filled by the President-Elect.

b. A vacancy in the office of the President-Elect will be filled by the Immediate Past President until such time as a new President-Elect is elected.

ARTICLE 19. STANDING COMMITTEES OF THE MEDICAL STAFF

In general, Standing Committees are established to serve the interests of all the Medical Staff on an ongoing basis.

19.1 Executive Medical Board

The composition, duties, meeting frequency, and accountability of the Executive Medical Board are delineated in the Medical Staff Bylaws.

19.2 Nominating Committee

a. Composition of the Nominating Committee

The Nominating Committee shall be chaired by the Immediate Past President or alternate designee appointed by the President of the Medical Staff, and shall be composed of the outgoing President of the Medical Staff, the two (2) most recent past presidents, the Dean of the School of Medicine, and the Chief Executive Officer of UCSF Health, and the chair or co-chairs of the UCSF Health Equity Council.

b. Duties of the Nominating Committee

The Nominating Committee is responsible for selecting nominees for President-Elect of the Medical Staff and the two members-at-large of the Executive Medical Board. The Nominating Committee will announce that it is accepting nominations for President-Elect and for members-at-large of the Executive Medical Board ninety (90) days before the Annual Meeting of the Medical Staff or the date of the Special Election. Nominations for each position supported by written petition signed by at least three (3) Members of the Attending Staff and delivered to the Nominating Committee at least sixty (60) days prior to the Annual Meeting or the date of the Special Election will be considered by the Nominating Committee.

The Nominating Committee may also solicit nominations from Members of the Medical Staff. The Nominating Committee will review the applications of these nominees. The Nominating Committee has authority and discretion to determine which candidates to place on the ballot, including the authority to decline or reject individuals nominated for these positions. At least forty-five (45) days prior to the Annual Meeting or the date of the Special Election, the Nominating Committee will prepare a written ballot with no more than three (3) nominees for President-Elect, which may include an unsolicited candidate from the Medical Staff, and no more than six (6) nominees for the two (2) at-large positions, including up to two (2) unsolicited candidates from the Medical Staff, if there are any, along with information regarding the nominees' qualifications and/or conflicts of interest.

Voting shall be conducted by secret mail or electronic ballot that must be returned at least thirty (30) days prior to the Annual Meeting or the Special Election. The winner(s) will be determined by a plurality of the votes cast (i.e., more votes than

any other candidate, but not the absolute majority of votes). The results of the election will be announced prior to July 1.

If there is a mid-term vacancy of the President-Elect, the Nominating Committee will set the date of the Special Election. The Nominating Committee will provide a slate of no more than three (3) candidates, including self-nominations, with appropriate supporting documents thirty (30) days prior to the date of the Special Election.

c. Meeting Frequency of the Nominating Committee

The Nominating Committee meets every other year coinciding with the term of the President and the Executive Medical Board members-at-large, at a date and time determined by the Committee, and at other times as needed to fulfill its duties.

d. Accountability of the Nominating Committee

The Nominating Committee is accountable to the Executive Medical Board.

19.3 Credentials Committee

a. Composition of the Credentials Committee

The Chair of the Credentials Committee shall be the President-Elect or, if unable to serve, another member of the Attending Staff appointed by the President of the Medical Staff. The Credentials Committee shall be composed of at least one (1) Member from each Department and a representative from Patient Safety and Quality Services, a representative from Risk Management, the Chief Medical Officer for the Affiliate Network or their designee, the Medical Director of Peninsula Outpatient Center, and a representative from the Office of Legal Affairs. Eight (8) Medical Staff members shall constitute a quorum.

b. Duties of the Credentials Committee

The Committee is responsible for recommending appointments and reappointments to the Medical Staff, making recommendations on requests for clinical privileges and renewal of privileges, approving delineation of privileges forms and revisions thereto, and formulating and/or approving focused professional practice evaluations. The criteria by which this Committee evaluates applications and re-applications is articulated in the Procedures for Appointments as set forth in the Bylaws and Credentialing and Performance Plan.

c. Meeting Frequency of the Credentials Committee

Monthly or as determined by the Committee Chair.

d. Accountability of the Credentials Committee

The Credentials Committee is accountable to the Executive Medical Board.

19.4 UCSF Physician Review Board

a. Composition of UCSF Physician Review Board

The Chair of the Physician Review Board is the Immediate Past President of UCSF Health Medical Staff.

The Physician Review Board will consist of Members in good standing with appropriate representation from services including but not limited to Members of the Departments of Medicine, Pediatrics, Surgery, and Psychiatry appointed by the President of the Medical Staff.

As dictated by the matters before the Committee, there will be approximately twelve (12) standing Members with three appointed for each investigation. A quorum of this committee shall be no less than seven (7) members.

Members appointed to the Physician Review Board shall be appointed for rolling terms for up to three (3) year with continued service or reappointment as determined by the President of the Medical Staff.

b. Duties of the Physician Review Board

The Physician Review Board is a standing committee of the Medical Staff with a group of members who can be readily assembled to serve as fact finders to investigate and make recommendations, including disciplinary actions, for issues related to either professionalism or clinical competency about specific providers.

c. Meeting Frequency of the Physician Review Board

As determined by the Committee Chair.

d. Accountability of the Physician Review Board

The Physician Review Board is accountable to the Executive Medical Board.

19.5 Quality Improvement Executive Committee (QIEC)

a. Composition of QIEC

The membership of the Quality Improvement Executive Committee shall be stated in the Performance Improvement Plan, as adopted by the Committee and approved by the Executive Medical Board. The Plan shall be a part of the Medical Staff Bylaws, Plans, Rules and Regulations and Policies. The Performance Improvement Plan indicates and defines additional Medical Staff committees.

b. Duties of the QIEC

The QIEC shall be responsible for the coordination of the hospital-wide Performance Improvement Program, including the integration of activities of the other quality committees and inter-departmental issues, the review of sensitive cases of provider performance, and may supply input as requested as part of the credentialing process. The QIEC shall be responsible for the development, implementation, and evaluation of a comprehensive Performance Improvement Plan, and shall regularly report its findings to the Executive Medical Board. All reports and information gathered through the Performance Improvement Plan are considered a function of the organized Medical Staff and are afforded protection under California Evidence Code Section 1157.

c. Meeting Frequency of QIEC

Monthly or as determined by the Chair.

d. Accountability of QIEC

QIEC is accountable to the Executive Medical Board.

19.6 UCSF Well-Being Committee (WBC)

a. Composition of UCSF WBC

The WBC is comprised of representatives from at least the following areas from UCSF Health Medical Staff and other UCSF entities: Faculty and Staff Assistance Program, the Office of Legal Affairs (ex-officio), Departments of Psychiatry, Anesthesia, a LPPH representative, and a resident/ACMGE-approved fellow representative.

b. Duties of WBC

i. The purpose of the WBC is to support the well-being of Medical Staff Members and residents/ACMGE-approved fellows participating in any School of Medicine training program consistent with the obligation of the Medical Staff to protect patients, assure quality of patient care, and improve the functioning of all clinicians. The committee strives to achieve this purpose through facilitation of treatment for, prevention of, and referrals for intervention in instances of clinician impairment or potential impairment caused by alcohol or chemical dependency, physical, emotional, psychiatric, cognitive, behavioral or other issues affecting professional performance.

ii. Policy and procedures shall be developed and implemented to confidentially manage clinician well-being matters that may affect patient care delivery or Medical Center operations, and for which assistance to the clinician may be appropriate and necessary. WBC activities, records, and proceedings are protected under California Evidence Code Section 1157.

iii. The WBC is an advisory committee that has no responsibility for conducting Member-specific peer review or involvement in any credentialing, corrective, or disciplinary action. It makes no recommendation or final decision regarding any disciplinary action. It shall maintain only such records of its proceedings as it deems advisable and shall report on its activities to the Executive Medical Board.

c. Meeting Frequency of WBC

The WBC meets monthly or as determined by the Chair.

d. Accountability of WBC

This is an advisory committee of the Medical Staff and reports on an as-needed basis.

19.7 Bylaws Committee

a. Composition of Bylaws Committee

The Bylaws Committee shall consist of the President, the Immediate Past President, a representative of the Office of Medical Affairs and Governance, a representative from Legal Affairs, the Chief Medical Officer, and other members selected by the President. The Chair of the Bylaws Committee shall be the Immediate Past President or alternate designee appointed by the President of the Medical Staff.

b. Duties of Bylaws Committee

The Bylaws Committee is responsible for reviewing the Medical Staff Bylaws, Plans, Rules and Regulations, and Medical Staff Policies, and recommending appropriate additions or revisions of these documents to the Executive Medical Board for recommendation to and approval by Governance Advisory Council.

c. Meeting Frequency of Bylaws Committee

As determined by the Chair.

d. Accountability of Bylaws Committee

The Bylaws Committee is accountable to the Executive Medical Board.

19.8 Pharmacy and Therapeutics Committee (P&T)

a. Composition of P&T Committee

The P&T Committee is composed of at least one (1) physician who serves as Chair of the Committee, at least one (1) pharmacist, the Chief Pharmacy Officer or designee, the Chief Nurse Executive or designee, and other healthcare professionals at UCSF Medical Center.

b. Duties of P&T Committee

The P&T Committee reports and recommends policies to the Executive Medical Board on matters related to the therapeutic use of medications and related pharmaceutical devices. Other responsibilities include, but are not limited to:

i. Developing, maintaining, and approving changes to the Medical Center formulary using evidence-based evaluations of efficacy, safety, and cost-effectiveness.

ii. Reviewing and approving the use of medications in order sets and disease management protocols. This function may be delegated to a task force of Members with expertise in the relevant clinical areas.

iii. Educating the Medical Center community about the appropriate use of medications and notifying providers about important new concerns and regulations related to medication safety or availability.

iv. Reviewing Medical Center policies related to medication management.

v. Reviewing drug utilization patterns at the Medical Center towards a goal of ensuring safety, appropriateness, and cost-effectiveness.

vi. Reviewing the findings and recommendations from the Anticoagulation, Antibiotic Advisory, and Medication Safety Subcommittees.

vii. Monitoring the results of continuous quality improvement efforts regarding pharmaceutical services.

viii. The Chair of the P&T Committee, on behalf of the entire Committee, shall have the authority to enforce prescribing restrictions and any other necessary immediate actions to address urgent drug supply issues, without a full P&T Committee vote. The full P&T Committee will be kept apprised of any such action.

c. Meeting Frequency of P&T Committee

Monthly or as determined by the Chair.

d. Accountability of P&T Committee

The P&T Committee is accountable to the Executive Medical Board.

19.9 Committee on Interdisciplinary Practice (CIDP)

a. Composition of CIDP

The CIDP is composed of the Chief Nurse Executive (CNE) or designee, the Chief of Advanced Practice, and an equal number of physicians appointed by the

Executive Medical Board and registered nurses appointed by the CNE; and an LPPH representative appointed by the Executive Medical Board, in consultation with the LPPH President.

b. Duties of CIDP

The CIDP exists to provide Medical Staff oversight to non-Medical Staff Members regarding the performance of standardized procedures, delegation service agreements, and physician assistant practice agreements with the privileging of APPs who are not Members of the Medical Staff but who are required to be privileged by federal and state laws and regulations, and by The Joint Commission accreditation standards. The committee is responsible for recommending appointments and reappointments of APPs, delineation of APP privileges, practice protocols and supervision oversight.

c. Meeting Frequency of CIDP

Monthly or as determined by the Chair.

d. Accountability of CIDP

CIDP is accountable to the Executive Medical Board.

19.10 Risk Management Committee

a. Composition of Risk Management Committee

The Risk Management Committee is comprised of at least the following members: The Chief Clinical Officer, the Chief Medical Officer, the Chief Nursing Officers of both Pediatric and Adult Services, the Medical Director of Patient Safety, the Chief Quality Officer, representatives from Graduate Medical Education and representative Members of the Medical Staff appointed by the President of the Medical Staff.

b. Duties of Risk Management Committee

The responsibilities and composition of the Risk Management Committee shall be as stated in the Performance Improvement Plan. The Risk Management Committee has the responsibility for reviewing claims, determining trends and opportunities to reduce risk, and recommending systems improvements to minimize risk.

c. Meeting Frequency of Risk Management Committee

Monthly or as determined by the Chair.

d. Accountability of Risk Management Committee

The Risk Management Committee is ultimately accountable to the Executive Medical Board and Governance Advisory Council.

19.11 Patient Safety Committee (Adult)

a. Composition of Patient Safety Committee

The Patient Safety Committee is chaired by the Chief Medical Officer (or designee) with at least the following representatives: the Chief Nurse Executive; the Chief Operating Officer; physician representatives from Ambulatory, Medicine, Pediatrics, Surgery and Anesthesia; the Chair of the Risk Management Committee; the Director of Patient Safety and Quality Services; the Director of Risk Management; and other physician representatives, as determined by the Chair.

b. Duties of the Patient Safety Committee

The responsibilities of the Patient Safety Committee shall be as stated in the Performance Improvement Plan, as modified from time to time.

c. Meeting Frequency of Patient Safety Committee

Monthly or as determined by the Chair.

d. Accountability of Patient Safety Committee

The Patient Safety Committee is accountable to the Executive Medical Board.

19.12 Committee on Professionalism

a. Composition of the Committee on Professionalism

The Committee is chaired by a Medical Staff Member and is composed of two medical professionals from surgical departments, one medical professional from the Department of Anesthesia, one medical professional from the Department of Psychiatry, two medical professionals from non-surgical departments, and an Advanced Practice Provider. Ex-officio members with voting rights include the Chief Medical Officer, a representative from Risk Management, a LPPH representative appointed by the LPPH President, and a representative from the office of the Dean of the School of Medicine.

b. Duties of the Committee on Professionalism

All UCSF physicians and other medical providers are expected to treat each other, UCSF staff, as well as patients and family members in a courteous, dignified, and culturally respectful manner. The Committee on Professionalism serves as a resource for concerns raised regarding any Member's or Advanced Practice Provider's unprofessional conduct. Unprofessional conduct, depending on frequency and severity, will be investigated and addressed by the Committee on

Professionalism. When feasible, a graduated approach will be taken to help the clinician improve their conduct toward team members, patients, and colleagues. The Committee on Professionalism will make recommendations to improve the clinician's professional conduct and will monitor same. Depending upon the frequency or severity of the conduct, the Committee on Professionalism will not be restricted to following a graduated approach and may recommend outside education, training, counseling or coaching, among other tools. Nothing herein limits the Executive Medical Board's ability to take corrective or disciplinary action against a clinician's membership and/or privileges when circumstances warrant to protect patient safety, the safety of others, and hospital operations.

For guidance regarding expected conduct and professionalism of all Members and Advanced Practice Providers, refer to the UC Policy on Sexual Violence and Sexual Harassment, Medical Staff Bylaws, Medical Staff Code of Conduct, the Medical Staff Credentialing and Performance Plan, and the Committee on Professionalism Policy regarding expected behaviors and processes of the Committee on Professionalism.

c. Meeting Frequency of Committee on Professionalism

Monthly or as determined by the Committee Chair.

d. Accountability of Committee on Professionalism

The Committee on Professionalism is accountable to the Executive Medical Board.

19.13 Benioff Children's Hospital (BCH) Quality Improvement Committee

a. Composition of the BCH Quality Improvement Committee

The BCH Quality Improvement Committee is comprised of at least: the Physician Leader Quality & Safety; the BCHSF - Co-Chair, Physician Leader Quality & Safety; BCH-Oakland - Co-Chair; the Chief Medical Officer, BCHSF; Chief Medical Officer, BCH-Oakland; Executive Director Quality & Safety, BCH; Director Quality Improvement, BCH; Directors, Pediatric Services BCHSF; Directors, Pediatric Services BCH-Oakland; representatives from Continuous Process Improvement/Quality Built In, Patient Experience; Clinical Pharmacy, Patient Safety, Hospital Epidemiology & Infection Prevention, Respiratory; Therapy, Analytics and Clinical Effectiveness, and Clinical Documentation Integrity

b. Duties of the BCH Quality Improvement Committee

The BCH Quality Improvement Committee is a joint committee established by this Medical Staff and the Medical Staff of BCH-Oakland to provide oversight of quality improvement activities and quality-related subcommittees and programs at BCHSF and BCH-Oakland. The BCH Quality Improvement Committee Policy and Procedure, which has been jointly adopted by the BCH-Oakland Medical Staff and

the Medical Staff of UCSF Health, describes the committee's composition and duties. Notwithstanding any other provision of these bylaws, to the extent the Policy and Procedure conflicts with the Medical Staff Bylaws and Rules with respect to conduct of meetings (e.g., quorums and voting), the Policy and Procedure shall control.

c. Meeting Frequency of BCH Quality Improvement Committee

The BCH Quality Improvement Committee will meet monthly, no less than ten times per year. Formal agenda and associated minutes will be maintained for each meeting, with clearly defined action items to track mitigation and completion of tasks.

d. Accountability of BCH Quality Improvement

BCH Quality Improvement Committee reports to BCH Quality & Safety Executive Committee, which reports to the BCH Board of Directors and the Governance Advisory Council. The BCH Quality Improvement Committee will report progress towards stated goals to the BCH Quality & Safety Executive Committee on a monthly basis.

19.14 BCH Patient Safety Committee

a. Composition of the BCH Patient Safety Committee

The Quality & Safety Executive Committee appoints members of the Patient Safety Committee, subject to the approval of the Medical Executive Committee of the BCH-Oakland Medical Staff and Executive Medical Board of the UCSF Health Medical Staff. The membership list shall be reviewed and updated annually. The Patient Safety Committee may invite additional individuals to present to the Patient Safety Committee, but changes in committee composition, such as the addition or deletion of a standing position(s) requires the approval of the Presidents of the BCH-Oakland and UCSF Health Medical Staff. Members consist of the Medical Director of Clinical Quality Improvement and Patient Safety, BCH-Oakland Co-chair; the Executive Medical Director of Quality and Patient Safety, BCHSF Co-chair; the Director, Pediatric Services BCHSF; the Director, Pediatric Services BCH-Oakland; the Chief Medical Officer, BCH-Oakland; the Chief Medical Officer, BCHSF; Executive Director Quality and Safety, BCH; Director and Manager Patient Safety, BCHSF; the Director and Manager Patient Safety, BCH-Oakland; the Director, Pediatric Critical Care Services BCHSF; the Director, Pediatric Acute Care Services BCHSF & BCH-Oakland; the Director, Pediatric Emergency Medicine Services, BCH; the Director, Pediatric Intensive Care Nursery BCHSF; up to two Medical Staff representatives appointed by the UCSF Executive Medical Board; and up to two Medical Staff representatives appointed by the appointed by the BCH-Oakland Medical Executive Committee.

b. Duties of the BCH Patient Safety Committee

The BCH Patient Safety Committee is a joint committee established by this Medical Staff and the Medical Staff of BCH-Oakland to provide leadership, direction, and oversight for safety initiatives to reduce medical errors and health acquired incidents and to foster a culture of safety and excellence in patient safety at BCHSF and BCH-Oakland. The BCH Patient Safety Committee Policy and Procedure, which has been jointly adopted by this Medical Staff and the Medical Staff of BCH-Oakland, describes the committee's composition and duties. Notwithstanding any other provision of these bylaws, to the extent the Policy and Procedure conflicts with the Medical Staff Bylaws and Rules with respect to conduct of meetings (e.g., quorums and voting), the Policy and Procedure shall control.

c. Meeting Frequency of BCH Patient Safety Committee

The BCH Patient Safety Committee shall meet at least ten times per year.

d. Accountability of BCH Patient Safety Committee

The BCH Patient Safety Committee reports progress towards stated goals to the BCH Quality and Safety Executive Committee on a quarterly basis, which, in turn, reports to the BCH-Oakland Medical Executive Committee and the UCSF Executive Medical Board, and ultimately to the BCH Board of Directors and UCSF Governance Advisory Council, respectively.

19.15 BCH Quality and Safety Executive Committee

a. Composition of BCH Quality and Safety Executive Committee.

The BCH Quality and Safety Executive Committee is comprised of at least: the Chief Medical Officer, BCH-Oakland Co-Chair; the Chief Medical Officer, BCHSF Co-Chair; the Physician Leader Quality and Safety, BCH-Oakland; the Physician Leader Quality and Safety, BCHSF; the Chief Nursing Officer, BCH; the Executive Director Quality and Patient Safety, BCH; the Chief Operating Officer, BCH; the Vice President Quality, UCSF Health; the Physician in Chief, BCH; the Patient Care Director, BCH-Oakland; Patient Care Director, BCHSF; the Vice President, Children's Ambulatory Services BCH; the Director, Children's Ambulatory Services BCHSF; the Physician Leader Patient Experience, BCH; the Patient Experience Director, BCH; the Chief of Surgery, BCHSF; the Chair of Surgery Department, BCH-Oakland; the Executive Director, Operations, BCH; the President of the Medical Staff, BCH-Oakland; the President of the UCSF Health Medical Staff; and up to two additional Medical Staff representatives appointed by the UCSF Health Executive Medical Board.

b. Duties of BCH Quality and Safety Executive Committee

The BCH Quality and Safety Executive Committee is a joint committee established by this Medical Staff and the Medical Staff of BCH-Oakland to provide executive leadership and strategic oversight for the quality and safety of care provided at BCHSF and BCH-Oakland. The BCH Quality and Safety Executive Committee

oversees activities of the BCH Quality Improvement Committee and BCH Patient Safety Committee and helps prioritize and direct the implementation of BCH-wide performance improvement activities and strategic initiatives. The BCH Quality and Safety Executive Committee Policy and Procedure, which has been jointly adopted by this Medical Staff and the Medical Staff of BCH-Oakland, describes the committee's composition and duties. Notwithstanding any other provision of these bylaws, to the extent the Policy and Procedure conflicts with the Medical Staff Bylaws and Rules with respect to conduct of meetings (e.g., quorums and voting), the Policy and Procedure shall control.

c. Meeting Frequency of BCH Quality and Safety Executive Committee

The BCH Quality and Safety Executive Committee will meet at least six times per year.

d. Accountability of BCH Quality and Safety Executive Committee

The BCH Quality and Safety Executive Committee reports data relevant to BCH-Oakland to the BCH-Oakland Medical Executive Committee and Quality and Safety Subcommittee of the Board on at least a quarterly basis. The BCH Quality and Safety Executive Committee reports data relevant to UCSF Quality Improvement Executive Committee and the UCSF Executive Medical Board on at least a quarterly basis. The BCH Quality and Safety Executive Committee will receive quarterly updates from the BCH Quality Improvement Committee, the BCH Patient Safety Committee, and the BCH Patient Experience Council.

19.16 Special Committees

With the concurrence of the Executive Medical Board, the President shall appoint ad hoc committees and such special committees as may be necessary for the proper functioning of the Medical Staff. The appointment of such ad hoc and special committees shall be reviewed as needed.

19.17 Governance Advisory Council

To assist in providing oversight and governance of the Medical Staff, the Chancellor shall establish and chair the Governance Advisory Council.

a. Composition of Governance Advisory Council

The Governance Advisory Council is comprised of at least the following members, unless excused: the Chancellor, the Chief Executive Officer of UCSF Health, the Dean of the School of Medicine, the President, the President-Elect, and the Immediate Past President of the Medical Staff, a representative from the Office of Legal Affairs, the Chief Medical Officers, the Chief Operating Officer, the Chief Nurse Executive, a representative from Risk Management, the President of BCH, and the President of LPPH.

b. Meeting Frequency of Governance Advisory Council

The Governance Advisory Council shall meet at least quarterly and shall maintain records of matters discussed and actions taken.

c. Duties of Governance Advisory Council

i. The Governance Advisory Council serves as the formal means of liaison between the Chancellor, Medical Center administrative leadership, and the Medical Staff for oversight and governance of performance improvement and Medical Staff matters as required by federal and state laws and regulations and the accreditation standards of The Joint Commission. The Governance Advisory Council also serves as the formal means for the Medical Staff to participate in governance and in the development of Medical Center policies.

ii. The Governance Advisory Council, Administration, and the Medical Staff may use this forum for discussing any hospital matters regarding the provision of patient care.

iii. Governance Advisory Council will provide final approval or disapproval of all Executive Medical Board recommendations concerning Medical Staff Member and Advanced Practice Provider appointments, terminations, committee actions, or any other action requiring final approval of the governing body.

iv. As Chair of the Governance Advisory Council, the Chancellor shall act upon recommendations from the Executive Medical Board relating to Medical Staff issues (e.g., appointments to membership) within a reasonable period of time. The Chancellor shall not take an action contrary to such recommendations without first discussing the matter with the membership of the Governance Advisory Council.

v. Each member of the Governance Advisory Council shall complete a "Statement of Interest/Conflict of Interest" form and shall submit it to the Office of Medical Affairs and Governance as required on an annual basis.

vi. The Governance Advisory Council shall retain ultimate authority to accept, reject, modify or return for further action the recommendations of the Executive Medical Board.

ARTICLE 20. Meetings OF MEDICAL STAFF COMMITTEES

20.1 Appointment of Members of Committees

a. Except as otherwise noted below, and with the approval of the Executive Medical Board and the Chancellor, the President shall appoint and may remove a Chair and Members for all committees and sub-committees of the Medical Staff.

b. In making membership appointments, the following factors should be considered and balanced: knowledge about the roles and responsibilities of the committee, and willingness and availability to attend and to participate in the activities of the committee.

c. Unless otherwise indicated, each committee shall be composed of at least three (3) Members of the Medical Staff and such additional non-Medical Staff Members as may be appropriate. While non-Medical Staff Members may be appointed to serve on Medical Staff committees with voting rights, except as otherwise required by law, it is the objective that at least a majority of the voting membership of each Medical Staff committee be Members of the Medical Staff.

d. Whether a member of the committee is to serve in a voting or nonvoting capacity is delineated in the committee compositions, which are detailed in the Policies, Plans, and Rules and Regulations of the Medical Staff.

e. The Committee Chair, after consulting with the President and Executive Medical Board, may call on outside consultants or special advisors to assist the committee's activities.

f. Each Committee Chair or other authorized person chairing a meeting has the right to discuss and vote on issues presented in the committee, unless a conflict of interest exists.

20.2 Ex-Officio Members

The Medical Staff President and the Chancellor, or their respective designees, are ex-officio members of all standing and special committees of the Medical Staff without a vote, unless provided otherwise in the charge provision or resolution creating the committee.

20.3 Terms and Removal of Committee Members

Unless otherwise specified, a member of a committee shall be appointed for a term of two years, subject to renewal by the Committee Chair, and shall serve until the end of this period or until their successor is appointed, unless they shall sooner resign or be removed from the committee. Any committee member who is appointed by the President may be removed by a majority vote of the Executive Medical Board. The removal of any committee member who is automatically assigned to a committee because they are a general officer or other official shall be governed by the provisions pertaining to removal of such officer or official.

20.4 Vacancies

Unless otherwise specified, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made. If an individual who obtains membership by virtue of this Organizational Plan is removed for cause, a successor may be selected by the President of the Medical Staff.

20.5 Frequency, Notice and Quorum of Committee Meetings

a. Frequency of Meetings

Standing committees and sub-committees of the Medical Staff shall meet as often as necessary to conduct their business. A written record of these meetings shall be maintained as protected peer review documents, pursuant to Evidence Code Sections 1156 and 1157, and quarterly reports of standing committee activities shall be made to the Executive Medical Board and the Chancellor.

b. Notice of Meetings

Notice stating the place, day, and hour of any regular or special Medical Staff meeting or of any regular or special department or committee meeting not held pursuant to resolution shall be delivered either electronically, by mail, or otherwise to each person entitled to be present not fewer than twenty-four (24) hours nor more than forty-five (45) days before the date of such meeting.

c. Quorum for Meetings

Unless otherwise specified, for all committees, no less than three (3) of the Attending Medical Staff Members of a standing committee in attendance in person or otherwise shall constitute a quorum. There are no minimum attendance requirements, but all committee members are encouraged to attend.

d. Special Meetings

Special committees of the Medical Staff shall meet as necessary, either in person or otherwise, to conduct their business and shall report to the Executive Medical Board.

20.6 Authority and Responsibility

All committees shall enjoy the authority and responsibility defined in this Organizational Plan, subject to the authority of the Executive Medical Board and the Chancellor and shall carry out these responsibilities and other duties assigned to them by the President. Inherent in each committee's responsibilities shall be to develop and/or review and recommend to the Executive Medical Board those Medical Staff and Medical Center policies within the purview of the respective committee's functions.

20.7 Department Meetings and Educational Conferences

Each Department may hold regular meetings to review deaths and complications of patients treated by members in the respective Department. The purpose of this review is to ensure the Department's participation in performance improvement activities and to report these activities in accordance with the Performance Improvement Plan.

20.8 Special Attendance

At the discretion of the Chair or designee, when a Medical Staff Member's or Advanced Practice Provider's practice or conduct is scheduled for discussion at a Department, Division, or committee meeting, including an ad hoc committee meeting, the Member or Advanced Practice Provider may be requested to attend. Special Notice must be given prior to the meeting, which will include the time and place of the meeting and a general indication of the issue(s) involved. Failure of a Member or Advanced Practice Provider to appear at any meeting to which Special Notice was given, unless excused by the Executive Medical Board upon a showing of good cause, constitutes grounds for automatic suspension of clinical privileges under Section 6.3.h.

20.9 Combined or Joint Department or Committee Meetings

The Departments or committees may participate in combined or joint Department or committee meetings with members of the Medical Staffs from other UCSF Health departments, hospitals or health care entities; however, precautions shall be taken to assure that confidential Medical Staff information is not inappropriately disclosed, and to assure that this Medical Staff (through its authorized representative(s)) maintains access to, and approval authority of, all minutes prepared in conjunction with any such meetings.

20.10 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 approved by the committee chair or designee and forwarded to the Executive Medical Board or other designated committee and Governance Advisory Council. Each committee shall maintain a permanent file of the minutes of each meeting. The records, proceedings, and minutes are protected from discovery as provided by California law.

20.11 Attendance Requirements

There are no specific attendance requirements for Medical Staff Members at regular clinical service meetings, unless requirements are set by the Department. Attending Medical Staff Members are encouraged to attend Medical Staff and departmental meetings and when unable to attend, are expected to be knowledgeable regarding Medical Staff and departmental activities.

ARTICLE 21. ANNUAL AND SPECIAL MEETINGS OF THE MEDICAL STAFF

21.1 Annual Meeting of the Voting Membership

a. Notice of Annual Meeting

An Annual Meeting of the Medical Staff shall be held yearly at a time agreed upon by the Executive Medical Board and the Governance Advisory Council with thirty (30) days' advance notice, electronic or otherwise, to the voting membership.

b. Purpose of Annual Meeting

The President shall present a report on significant actions taken by the Executive Medical Board during the time since the last Medical Staff meeting and on other matters believed to be of interest and value to the membership. No business shall be transacted at any Medical Staff meeting except that stated in the notice calling the meeting.

c. Quorum for Annual Meeting

For conduct of business fifty (50) Members of the Attending Staff in attendance, in person or otherwise, and voting shall constitute a quorum.

21.2 Special Meetings of the Voting Membership

a. Notice of Special Meeting

With thirty (30) days' advance notice, electronic or otherwise, to the voting membership, the President may call a Special Meeting of the Medical Staff and, with such advance notice, shall call a Special Meeting at the electronic or written request of any fifty (50) voting Members of the Medical Staff.

b. Quorum for Special Meeting

For the conduct of business, fifty (50) Members of the Attending Staff present and voting shall constitute a quorum.

21.3 Manner of Action

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 this Organizational Plan. Committee action may be conducted by telephone or video conference, which shall be deemed to constitute a meeting for the matters discussed in that telephone or video conference.

21.4 Voting

Unless otherwise specifically provided in this Organizational Plan, a simple majority (greater than 50%) of the committee votes cast shall be required to carry any motion or pass on any matter put to vote of the voting Medical Staff Members.

21.5 Conduct of All Meetings

Unless otherwise specified, meetings shall be conducted according to Robert's Rules of Order; however, technical failures to follow such rules shall not invalidate action taken at such a meeting. Unless otherwise specified, meetings may be held and attended in person or by electronic methods.

ARTICLE 22. PLANS, RULES AND REGULATIONS, AND POLICIES

22.1 Overview and Relation of Medical Staff Plans, Rules and Regulations, and Medical Staff Policies to the Medical Staff Bylaws

Plans, Rules and Regulations, and Medical Staff Policies shall be deemed an integral part of the Medical Staff Bylaws. While the Bylaws describe the fundamental principles of Medical Staff self-governance and accountability to the Governance Advisory Council, the procedures for implementing the Medical Staff Bylaws and standards of performance may be set out in the Medical Staff Plans, Rules, Regulations, and Policies approved or adopted as described below.

a. Adoption of Plans, Rules and Regulations

The Executive Medical Board shall adopt such Plans, Policies, Rules and Regulations as may be necessary to assure the proper conduct of Medical Staff business and provision of patient care. The Executive Medical Board, through the Bylaws Committee or on its own, shall periodically review and revise its Plans, Policies, Rules and Regulations to ensure they are consistent with the Bylaws and other Medical Center and UCSF Policies, and the University of California Office of the President (UCOP) Policies.

b. Notice

Except when urgent action is required to comply with law or regulation, as set forth below, proposed Plans, Policies, Rules and Regulations shall be submitted to the Executive Medical Board for review and action with at least thirty (30) days prior notice of the proposed adoption or amendment.

c. New or Amended Medical Staff Plan, Rule and Regulation

The Medical Staff may, by a written petition signed by at least fifty (50) voting Members of the Medical Staff and upon at least thirty (30) days' notice to the Executive Medical Board, propose a new or amended Plan, Policy, Rule or Regulation for adoption by the voting Medical Staff. Approval shall require a majority vote by the voting Members present and voting at a meeting called for that purpose or by majority vote by mail/electronic ballot, provided at least fifty (50) mail/electronic ballots must have been timely cast.

d. Approval of Governance Advisory Council

Following Executive Medical Board approval or Medical Staff approval (as applicable), a Plan, Policy, Rule and Regulation shall become effective following the approval of the Governance Advisory Council, which approval shall not be withheld unreasonably, or automatically within sixty (60) days if no action is taken by the Governance Advisory Council; provided, however, an automatic approval may be withdrawn at a later date within the discretion of the Governance Advisory Council.

e. Urgent Action

When urgent action is required to comply with law or regulation, the Executive Medical Board is authorized to provisionally adopt or amend a Plan, Policy, Rule or Regulation subject to promptly informing the Medical Staff of the Plan, Policy, Rule and Regulation, and providing an opportunity for subsequent review and action. Subsequent review and consideration of the urgently adopted or amended Plan, Policy, Rule or Regulation is triggered by a written petition signed by at least fifty (50) voting Members of the Medical Staff. The initially adopted or amended Plan, Policy, Rule or Regulation shall remain effective until such time as a superseding Plan, Rule or Regulation is adopted, if such occurs. Any conflict concerning the adoption of a Plan, Policy, Rule or Regulation shall be resolved pursuant to the Conflict Management provisions in this Article, unless otherwise stipulated.

f. Post-Approval Notice and Force and Effect

Upon Governance Advisory Council's approval of new or amended Medical Staff Plans, Policies, Rules and Regulations, the Medical Staff membership shall be given notice of all adopted or amended Plans, Policies, Rules and Regulations. Medical Staff Plans and Policies shall have the force and effect of the Medical Staff Bylaws.

22.2 Medical Staff Policies

a. Development and Implementation

Medical Staff Policies shall be developed as necessary to implement more specifically the general principles found within the Bylaws, Plans, and Rules and Regulations of the Medical Staff. The Policies may be adopted, amended, or repealed by majority vote of the Executive Medical Board and approval by Governance Advisory Council. Such Policies shall not be inconsistent with the Medical Staff Bylaws, Plans, Rules, Regulations or other Medical Center Policies, or the University of California Office of the President (UCOP) Policies.

b. New or Amended Medical Staff Policies

The Medical Staff may, by petition signed by fifty (50) voting Members of the Medical Staff, and upon at least thirty (30) days' notice to the Executive Medical Board, propose a new or amended policy for adoption by the voting Medical Staff. Approval shall require a majority vote by the voting Members present and voting at a special meeting called for that purpose; or by majority vote by mail/electronic ballot, provided at least fifty (50) mail/electronic ballots must have been timely cast.

22.3 Notices

a. Notice of pending or adopted changes to Medical Staff Plans, Rules, Regulations, or Policies may be effectuated by email notification, and reasonable opportunity (e.g., by emailing the full text, or making the text available for review via secure website, or by visiting the Office of Medical Affairs and Governance) to review the text of the proposed or adopted Plan, Rule, Regulation, or Policy.

b. Post-Approval Notice and Force and Effect

Upon Governance Advisory Council's approval of new or amended Medical Staff Policies, the Medical Staff membership shall be given notice of all adopted or amended policies. Medical Staff Policies shall have the force and effect of the Medical Staff Bylaws and Plans.

22.4 Conflict Management

In the event of conflict between the Executive Medical Board and the Medical Staff (as represented by written petition signed by at least fifty (50) voting Members of the Medical Staff) regarding a proposed or adopted Rule, Regulation, or Policy, the President of the Medical Staff shall convene a meeting with the Medical Staff petitioners. The Executive Medical Board and the petitioners 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 Executive Medical Board, and the safety and quality of patient care at the Medical Center. Unresolved differences shall be submitted to the Governance Advisory Council or the Chancellor for final resolution.