UNIVERSITY OF CALIFORNIA
SAN FRANCISCO HEALTH MEDICAL STAFF

ORGANIZATIONAL PLAN

Approved on 03/25/2025 by the Executive Medical Board
Approved on 03/27/2025 by the 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.

ORGANIZATION

17.1 Departments

ARTICLE 17

The Medical Staff shall be organized into the Departments detailed below. Each Member of the Medical Staff must belong to at least one of the following Departments:

17.1.1

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	Surgery
Reproductive Sciences	Urology

17.1.2 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.

17.1.3 Each Member shall be assigned membership in at least one Department but may also be granted clinical privileges in other Departments consistent with the practice privileges granted.

17.2 Chiefs of Clinical Service

17.2.1 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.

Qualifications

Each Chief of Clinical Service shall be an active Member of the Medical Staff and a member of the Service, and shall 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.

Roles and Responsibilities of Chiefs of Clinical Service

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

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

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

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

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

17.2.2.4 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;

17.2.2.5 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;

17.2.2.6 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);

17.2.2.7 Oversee and monitor functions delegated to the Service by the EMB in coordination and integration with organization-wide quality assessment and improvement activities;

17.2.2.8 Coordinate with Physician Well Being Committee (PWBC) 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 PWBC and the COP;

17.2.2.9 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 EMB or committees;

17.2.2.10 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 EMB; and

17.2.2.11

Implement within the Service actions taken by the EMB.

Term of Office

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

17.2.2.12

17.2.3 Removal of Chiefs of Clinical Service

17.2.4 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 EMB with concurrence by the Dean of the School of Medicine. In such instance, the EMB will select an interim Chief of Clinical Service with input from the Department.

OFFICERS OF THE EXECUTIVE MEDICAL BOARD

18.1 Officers and Their Duties

ARTICLE 18

Identification

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

18.1.1 President;

President-Elect; and

18.1.1.1 Immediate Past President.

18.1.1.2

President

18.1.1.3

18.1.2 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:

18.1.2.1 Calling, preparing the agenda for, and presiding over meetings of the Executive Medical Board and Medical Staff.

18.1.2.2 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.

18.1.2.3

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

18.1.2.5 Serving as an ex-officio member of all Medical Staff committees.

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

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

18.1.2.8 Reporting on a regular basis to the Chancellor in conjunction with the Chief Medical Officer(s) and the Chief Executive Officer, through GAC, on the

18.1.2.9 performance and quality of patient care services.

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

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

President-Elect

When the President is unable to perform his or her 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.

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.

18.1.3.1

18.1.3.2

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.

18.1.4

18.2 Tenure of Offices

The President and President-Elect shall 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 or pending a fair hearing until such time the investigation or a fair hearing is concluded.

18.2.1

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.

18.2.2

18.3 Election of Officers

18.3.1

The Nominating Committee will announce that it is accepting nominations for President-Elect ninety (90) days before the Annual Meeting of the Medical Staff or the date of the Special Election. Nominations supported by written petition signed by at least three (3) active/voting Medical Staff Members 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 will review the qualifications of these nominees. 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 nominees, and any information regarding qualifications and conflict of interest. The Nominating Committee will set the date of the Special Election. This section will also be invoked in case of a mid-term vacancy of an elected Member.

Voting shall be conducted by secret mail or electronic ballot that must be returned at least thirty (30) days prior to the Annual Meeting. 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 shall be announced at or before the Annual Meeting at which time the new officers shall be installed.

18.3.2

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. 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 membership.

18.5 Filling Vacancies

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

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

18.5.1 A vacancy in the office of the President-Elect shall be filled by the President until

18.5.2 such time as a new President-Elect is elected.

18.6 Governance Advisory Council

18.6.1 Governance Advisory Council

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

18.6.1.1

Composition of Governance Advisory Council: The Governance Advisory Council shall be comprised of at least the following Members, unless excused: the Chancellor, Chief Executive Officer of UCSF Health, Dean of the School of Medicine, President, President-Elect and Immediate Past President of the Medical Staff, Representative from the Office of Legal Affairs, the Chief

18.6.1.2 Medical Officers, the Chief Operating Officer, Chief Nurse Executive, representative from Risk Management, President of BCH, and President of Langley Porter Psychiatric Hospital & Clinics.

18.6.1.3

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.

Duties of Governance Advisory Council

18.6.1.3.1 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.

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

18.6.1.3.3 Governance Advisory Council will provide final approval or disapproval of all Executive Medical Board recommendations concerning physician and Advanced Practice Provider appointments, terminations, committee actions, or any other action requiring governance.

18.6.1.3.4 As Chair of the Governance Advisory Council, the Chancellor shall act upon recommendations from the EMB 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.

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

18.6.1.3.6 The Governance Advisory Council shall retain ultimate authority to accept, reject, modify or return for further action the recommendations of the EMB.

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
ARTICLE 19

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

19.2 Nominating Committee

Composition of the Nominating Committee

19.2.1 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.

Duties of the Nominating Committee

19.2.2

The nominating committee will be responsible for selecting nominees for President-Elect of the medical staff. The Nominating Committee will announce that it is accepting nominations for President-Elect ninety (90) days before the Annual Meeting of the Medical Staff. Self-nominations from any active member of the Medical Staff will be accepted when supported by written petition signed by at least three (3) active/voting Medical Staff Members, and will be considered by the Nominating Committee if received at least sixty (60) days prior to the Annual Meeting of the Medical Staff.

The nominating committee may also solicit nominations from members of the medical staff. The Nominating Committee will review the applications of these nominees. 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 nominees, including at least one unsolicited candidate from the Medical Staff if there are any.

If there is a mid-term vacancy of the President, President-elect or other elected Member, the Nominating Committee will set the date of the Special Election. The nominating committee will provide a slate of no more than 3 candidates including self-nominations with appropriate supporting documents within thirty (30) days prior to the date for a Special Election.

The Nominating Committee will announce that it is accepting nominations for two at large members to the Executive Medical Board (90) days before the Annual Meeting of the Medical Staff. Self-nominations from any active member of the Medical Staff will be accepted when supported by written petition signed by at least three (3)

active/voting Medical Staff Members will be considered by the Nominating Committee if received at least sixty (60) days prior to the Annual Meeting of the Medical Staff.

The Nominating Committee will review the applications of these nominees. 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 six nominees for the two positions, including at least two unsolicited candidates from the Medical Staff if there are any.

Meeting Frequency of the Nominating Committee

19.2.3 The Nominating Committee meets every other year coinciding with the term of the President and the EMB members at large, at a date and time determined by the Committee.

Accountability of the Nominating Committee

19.2.4 The Nominating Committee is accountable to the Executive Medical Board and Governance Advisory Council

19.3 Credentials Committee

19.3.1 Composition of the Credentials Committee

The Chair of the Credentials Committee shall be the President-Elect or his/her designee as 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 CMO 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) physicians shall constitute a quorum.

19.3.2

Duties of the Credentials Committee

19.3.3 The Committee shall be responsible for recommending appointments and reappointments to the Medical Staff, delineation of staff privileges, and application of corrective actions where indicated. 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.

Meeting Frequency of the Credentials Committee

Monthly or as determined by the chair.

Accountability of the Credentials Committee

The Credentials Committee is accountable to the Executive Medical Board and Governance Advisory Council.

19.4 UCSF/LPPH Physician Review Board (PRB)

19.3.4

Composition of UCSF/LPPH PRB

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

19.4.1

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. A representative from LPPH will be appointed by the President of the UCSF Health Medical Staff in conjunction with the President of the LPPH 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 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. A member from LPPH medical staff will be appointed for rolling terms for up to three (3) year with continued service or reappointment as determined by the President of the LPPH Medical Staff.

19.4.2

Duties of the PRB

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

19.4.4 Meeting Frequency of the PRB

As determined by the Committee Chair.

Accountability of the PRB

The PRB is accountable to the LPPH Medical Staff Executive Committee and the UCSF Executive Medical Board. Both the UCSF EMB and LPPH MSEC are accountable to the Governance Advisory Council.

19.5 Quality Improvement Executive Committee (QIEC)

Composition of QIEC

19.5.1 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.

Duties of the QIEC

19.5.2 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 is considered a function of the organized Medical Staff and is afforded protection under Evidence Code Section 1157.

19.5.3 Meeting Frequency of QIEC

Monthly or as determined by the chair.

19.5.4 Accountability of QIEC

QIEC is accountable to the Executive Medical Board and Governance Advisory Council.

19.6.1

19.6 UCSF / LPPH Physician Well-Being Committee (PWBC)

Composition of UCSF / LPPH PWBC

19.6.2 The PWBC 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.

19.6.2.1

Duties of PWBC.

The purpose of the PWBC is to support the well-being of Medical Staff Members and residents/ACMGE-approved fellows consistent with the obligation of the Medical Staff to protect patients, assure quality of patient care, and improve Medical Staff Members' functioning. The committee strives to achieve this purpose through facilitation of treatment for, prevention

of, and referrals for intervention in instances of physician impairment or potential impairment caused by alcohol or chemical dependency, physical, emotional, psychiatric, cognitive, behavioral or other issues affecting professional performance.

19.6.2.2 Policy and procedures shall be developed and implemented to confidentially manage members and residents/ACMGE-approved fellow well-being matters which may affect patient care delivery or Medical Center operations, and for which assistance to the Medical Staff Member or residents/ACMGE-approved fellows may be appropriate and necessary. PWBC activities, records and proceedings are protected under California Evidence Code Section 1157 et seq.

19.6.2.3 The PWBC 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. The committee shall meet as often as necessary, but at least quarterly. It shall maintain only such records of its proceedings as it deems advisable and shall report on its activities to the Executive Medical Board.

19.6.3 Meeting Frequency of PWBC

PWBC meets on an as-needed basis.

19.6.4 Accountability of PWBC

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

19.7.1 **19.7 Bylaws Committee**

Composition of Bylaws Committee

19.7.2 The Bylaws Committee shall consist of the President, Past President, representative of the Office of Medical Staff Affairs and Governance, Legal Affairs, 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.

Duties of Bylaws Committee

The Bylaws Committee shall be responsible for the review of the Medical Staff Bylaws, Plans, Rules and Regulations, and Medical Staff Policies, and recommend appropriate additions or revisions of same to the Executive Medical Board for recommendation to and approval by Governance Advisory Council.

Meeting Frequency of Bylaws Committee

As determined by the Chair of the Bylaws Committee.

Accountability of Bylaws Committee

19.7.3 The Bylaws Committee is accountable to the Executive Medical Board and Governance Advisory Council.

19.8 **Pharmacy and Therapeutics Committee (P&T)**

Composition of P&T Committee

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

Duties of P&T Committee

19.8.2 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:

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

19.8.2.2 Reviewing and approving the use of medications in order sets and disease management protocols. This function may be delegated to a task force of

19.8.2.3 Members with expertise in the relevant clinical areas.

19.8.2.4 Educating the Medical Center community about the appropriate use of medications and notifying providers about important new concerns and

19.8.2.5 regulations related to medication safety or availability.

19.8.2.6 Reviewing Medical Center policies related to medication management.

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

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

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

The Secretary and 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.

Meeting Frequency of P&T Committee

Monthly or as determined by the chair.

Accountability of P&T Committee

19.8.3 The P&T Committee is accountable to the Executive Medical Board and Governance Advisory Council.

19.8.4

19.9 UCSF/LPPH Committee on Interdisciplinary Practice (CIDP)

Composition of UCSF/LPPH CIDP

19.9.1 The CIDP is composed of the Chief Nurse Executive (CNE) or designee, the administrator or his/her designee, 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 LPPH Medical Staff President.

19.9.2 Duties of CIDP

CIDP exists to provide Medical Staff oversight to non-Medical Staff Members regarding the performance of Standardized Procedures and Delegation Service 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 19.9.3 privileges, practice protocols and supervision oversight.

Meeting Frequency of CIDP

19.9.4

Monthly or as determined by the chair.

Accountability of CIDP

CIDP is accountable to the Executive Medical Board (EMB) and the LPPH Medical 19.10.1 Staff Executive Committee (MSEC). The EMB and MSEC are accountable to the Governance Advisory Council.

19.10 Risk Management Committee (RMC)

Composition of RMC

The RMC 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 GME and representative members of the medical staff, appointed by the President of the Medical Staff.

Duties of RMC. The responsibilities and composition of the RMC shall be as stated in the Performance Improvement Plan. The RMC has the responsibility for the review of claims and for determining trends and opportunities to reduce risk and recommend systems improvements to minimize risk.

Meeting Frequency of RMC

Monthly or as determined by the chair.

19.10.2 Accountability of RMC

19.10.3 RMC is ultimately accountable to the Executive Medical Board and Governance Advisory Council.

19.11 Patient Safety Committee (Adult)

Composition of Patient Safety Committee

19.11.1 The Patient Safety Committee is chaired by the Chief Medical Officer (or designee) with at least the following representatives: Chief Nurse Executive; 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.

19.11.2 Duties of the Patient Safety Committee

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

19.11.4 Meeting Frequency of Patient Safety Committee

Monthly or as determined by the chair.

Accountability of Patient Safety Committee

19.12.1 The Patient Safety Committee is accountable to the Executive Medical Board and Governance Advisory Council.

19.12 UCSF/LPPH Committee on Professionalism

Composition of the UCSF/LPPH 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 (CMO), a representative from Risk Management, a LPPH representative appointed by the LPPH Medical Staff President , and a representative from the office of the Dean of the School of Medicine. The composition of the committee may be modified as needed by the UCSF Medical Staff President in consultation with the LPPH Medical Staff President.

Duties of the Committee on Professionalism

19.12.2 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 COP serves as a resource for concerns raised regarding any Member's unprofessional conduct. Unprofessional conduct, depending on frequency and severity will be investigated and addressed by the COP. When feasible, a graduated approach will be taken to help the Member improve their conduct toward team members, patients, and colleagues. The COP will make recommendations to improve the Member's professional conduct and will monitor same. Depending upon the frequency or severity of the conduct, the COP will not be restricted to follow a graduated approach and may recommend outside education, training, counseling or coaching, among other tools. Nothing herein limits the EMB's ability to take corrective or disciplinary action against a Member's membership and privileges when circumstances warrant to protect patient safety, the safety of others, and hospital operations.

19.12.3 For guidance regarding expected conduct and professionalism of all Members, 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.

Meeting Frequency of Committee on Professionalism

19.12.4 Monthly or as determined by the Committee Chair.

Accountability of Committee on Professionalism

19.13.1 The UCSF/LPPH Professionalism Committee is accountable to the Executive Medical Board (EMB) and the LPPH Medical Staff Executive Committee (MSEC). The EMB and MSEC are accountable to the Governance Advisory Council.

19.13 BCH Quality Improvement Committee

Composition of the BCH Quality Improvement Committee

Comprised of at least: Physician Leader Quality & Safety; BCHSF- Co-Chair, Physician Leader Quality & Safety, BCHO- Co-Chair; Chief Medical Officer, BCHSF; Chief Medical Officer, BCHO; Executive Director Quality & Safety, BCH;

Director Quality Improvement, BCH; Directors, Pediatric Services BCHSF; Directors, Pediatric Services BCHO; 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

Duties of the BCH Quality Improvement Committee

19.13.2 The BCH Quality Improvement Committee is a joint committee established by this Medical Staff and the Medical Staff of UCSF Benioff Children's Hospital Oakland to provide oversight of quality improvement activities and quality-related subcommittees and programs at Benioff Children's Hospital – San Francisco and Benioff Children's Hospital – Oakland. The BCH Quality Improvement Committee Policy and Procedure, which has been jointly adopted by this Medical Staff and the Medical Staff of UCSF Medical Center, 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.

Meeting Frequency of BCH Quality Improvement Committee

19.13.3 The QIC 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.

19.13.4 Accountability of BCH Quality Improvement

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

19.14.1
19.14 BCH Patient Safety Committee

Composition of the BCH Patient Safety Committee

The Quality & Safety Executive Committee appoints members of the PSC, subject to the approval of the Medical Executive Committee (MEC) of the BCH-Oakland Medical Staff and Executive Medical Board (EMB) of the UCSF Health Medical Staff. The membership list shall be reviewed and updated annually. The PSC may invite additional individuals to present to the PSC, 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 Medical Director of Clinical Quality Improvement and Patient Safety, BCHO Co-chair; Executive Medical Director of Quality and Patient Safety, BCHSF Co-chair; Director, Pediatric Services BCHSF; Director, Pediatric Services BCHO; Chief Medical Officer, BCH-O; Chief Medical Officer, BCH-SF; Executive

Director Quality and Safety, BCH; Director and Manager Patient Safety, BCHSF; Director and Manager Patient Safety, BCHO; Director, Pediatric Critical Care Services BCH-SF; Director, Pediatric Acute Care Services BCH-SF & BCH-O; Director, Pediatric Emergency Medicine Services, BCH; Director, Pediatric Intensive Care Nursery BCH-SF; up to two medical staff representative appointed by the UCSF Executive Medical Board; and up to two medical staff representatives appointed by the appointed by the BCH-Oak Medical Executive Committee (MEC).

Duties of the BCH Patient Safety Committee

19.14.2 The BCH Patient Safety Committee is a joint committee established by this Medical Staff and the Medical Staff of UCSF Benioff Children's Hospital 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 Benioff Children's Hospital – San Francisco and Benioff Children's Hospital – Oakland. The BCH Patient Safety Committee Policy and Procedure, which has been jointly adopted by this Medical Staff and the Medical Staff of UCSF Benioff Children's Hospital 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.

19.14.3 Meeting Frequency of BCH Patient Safety Committee

The BCH PSC shall meet at least ten times per year.

19.14.4 Accountability of BCH Patient Safety Committee

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

19.15.1

19.15 BCH Quality and Safety Executive Committee

Composition of BCH Quality and Safety Committee.

Comprised of at least: Chief Medical Officer, BCH-Oak Co-Chair; Chief Medical Officer, BCH-SF Co-Chair; Physician Leader Quality and Safety, BCH-O; Physician Leader Quality and Safety, BCH-SF; Chief Nursing Officer, BCH; Executive Director Quality and Patient Safety, BCH; Chief Operating Officer, BCH; VP Quality, UCSF Health; Physician in Chief, BCH; Patient Care Director, BCH-Oak; Patient Care Director, BCH-SF; VP, Children's Ambulatory Services BCH; Director, Children's Ambulatory Services BCH-SF; Physician Leader Patient Experience, BCH; Patient Experience Director, BCH; Chief of Surgery, BCH-SF; Chair of Surgery Department, BCH-Oak; Executive Director, Operations, BCH; President of the Medical Staff, BCHO; President of the Medical Staff, UCSF; and up to two

additional medical staff representatives appointed by the UCSF Executive Medical Board (EMB).

Duties of BCH Quality and Safety Committee

19.15.2 The BCH Quality and Safety Executive Committee is a joint committee established by this Medical Staff and the Medical Staff of UCSF Benioff Children's Hospital Oakland to provide executive leadership and strategic oversight for the quality and safety of care provided at Benioff Children's Hospital – San Francisco and Benioff Children's Hospital – 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 UCSF Benioff Children's Hospital 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.

Meeting Frequency of BCH Quality and Safety Committee

19.15.3 The QSEC will meet at least six times per year.

19.15.4 Accountability of BCH Quality and Safety Committee

BCH QSEC reports data relevant to BCHO to the BCHO Medical Executive Committee and Quality and Safety Subcommittee of the Board on at least a quarterly basis. BCH QSEC reports data relevant to UCSF to the UCSF Quality Improvement Executive Committee and UCSF Executive Medical Board on at least a quarterly basis. QSEC will receive quarterly updates from BCH QIC, BCH PSC, 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.

MEETINGS OF MEDICAL STAFF COMMITTEES

ARTICLE 20

20.1 Appointment of Members of Committees

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.

20.1.1 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.

20.1.2 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.

20.1.3 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.

20.1.4 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.

20.1.5 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.

20.1.6

20.2 Ex-Officio Members

The President and the Chancellor, or their respective designees, are ex-officio members of all standing and special committees of the Medical Staff and shall have voting rights 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 and until his or her successor is appointed, unless he or she 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 he or she is 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 Conflict of Interest

20.5.1 All committee members must disclose to the Medical Staff any personal, professional, or financial affiliations or responsibilities that would, or could reasonably be believed to present a conflict of interest, as defined below and in the Definitions of the Medical Staff Bylaws. Such situations must be disclosed on appointment and at any time when an actual or potential conflict arises.

20.5.2 A conflict of interest arises when there is a divergence between an individual's private interests and his/her professional obligations, such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by those private interests. A Conflict of interest depends on the situation. The fact that a Member practices in the same specialty as a Member who is being reviewed does not by itself create a conflict of interest. The fact that a committee member or Medical Staff leader chooses to refrain from participation, or is excused from participation, shall not be interpreted as a finding of actual conflict.

20.5.3 In any instance where a Medical Staff Member has a conflict of interest, as defined above and in the Definitions of the Medical Staff Bylaws, such individual shall not participate in the discussion or voting on the matter, and shall be excused from any meeting during that time. However, the individual with a conflict may be asked, and may answer, any questions concerning the matter before leaving. Any dispute over the existence of a conflict of interest shall be resolved by the Committee Chair, or, if it cannot be resolved at that level, by the President of the Medical Staff.

20.6.1

20.6 Frequency, Notice and Quorum of Committee Meetings

Frequency of Meetings

20.6.2 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.

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 two (2) working days nor more than forty-five (45) days before the date of such meeting.

Quorum for Meetings

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

Special Meetings

20.6.4 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.

20.7 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.

20.8 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.

20.9 Special Attendance

At the discretion of the chair or presiding officer, when a member's practice or conduct is scheduled for discussion at a regular Department, Division or committee meeting, the member may be requested to attend. Special Notice must be given at least seven (7) days 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 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 Articles 14.7 and 6.3.

20.10 Combined or Joint Department or Committee Meetings

The Departments or committees may participate in combined or joint Department or committee meetings with members of 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.

20.11 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 his or her 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.

20.12 Attendance Requirements

There are no specific attendance requirements for Medical Staff 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.

ANNUAL AND SPECIAL MEETINGS OF THE MEDICAL STAFF

21.1 Annual Meeting of the Voting Membership

Notice of Annual Meeting

ARTICLE 21 An Annual Meeting of the Medical Staff shall be held yearly at a time agreed upon by the EMB and GAC with thirty (30) days' advance notice, electronic or otherwise, to the voting membership.

21.1.1

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.

21.1.2

Quorum for Annual Meeting

21.1.3

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

21.2.1

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 ten (10) voting Members of the Medical Staff.

21.2.2

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 internet conference, which shall be deemed to constitute a meeting for the matters discussed in that telephone or internet 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.

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

ARTICLE 22

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.

Adoption of Plans, Rules and Regulations

22.1.1 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.

22.1.2 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.

22.1.3

New or Amended Medical Staff Plan, Rule and Regulation

22.1.4 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.

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.

Urgent Action

22.1.5 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.

Post-Approval Notice and Force and Effect

22.1.6 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

22.2.1 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.

22.2.2

New or Amended Medical Staff Policies

22.3.1 The Medical Staff may, by petition signed by fifty (50) voting Members of the Medical Staff, and upon at least thirty (30) day 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

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 Staff Affairs and Governance) to review the text of the proposed or adopted Plan, Rule, Regulation, or Policy.

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
22.3.2 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.