1. Preamble

The Oregon Health & Science University (OHSU) Health System provides high quality integrated inpatient and outpatient care that emphasizes medical education and research in the OHSU Hospitals and all OHSU Clinics operated under the license issued to the OHSU Hospitals, including the Child Development and Rehabilitation Center (collectively, “OHSU Health System”.)

2. UHS Board

The OHSU Board of Directors is legally responsible for conduct of the OHSU Health System and has delegated such responsibility through the OHSU President to the University Health System Board (“UHS Board”) to govern the clinical activities of the OHSU Health System. The UHS Board is charged with responsibility (i) to ensure high quality and safety in all OHSU clinical activities, (ii) to ensure compliance with licensing and accreditation requirements of The Joint Commission, Centers for Medicare & Medicaid Services (CMS) and the State of Oregon Health Division, and (iii) to ensure that health care professionals practicing in the OHSU Health System are organized to effectively oversee the delivery of clinical care by professionals in the OHSU Health System for purposes of ensuring quality and safety. In fulfilling these responsibilities, the UHS Board looks to the Professional Staff to oversee quality and safety in the delivery of patient care in the OHSU Health System.

3. Professional Staff Organization

3.1 Self-Governance. The Professional Staff organization is a self-governing organization. Recognizing the authority and responsibilities conferred on them for health care quality and safety, the health care professionals practicing in the OHSU Health System hereby organize themselves as a single Professional Staff with the structure, governance and responsibilities as described in these Bylaws. The Professional Staff includes those providers who meet the qualifications and fulfill the responsibilities for Professional Staff membership as set out in Sections 4 and 5 below.

3.2 Scope of Professional Staff Oversight. The Professional Staff organization is responsible and accountable to the UHS Board for the quality and safety of patient care in the OHSU Health System. By separate delegation, OHSU leadership may delegate to the Professional Staff responsibility for quality and patient safety in additional clinical settings. (To the extent that such delegation occurs, references in these Bylaws to “OHSU Health System” shall include those additional clinical settings.)

3.3 Professional Board. The Professional Staff is represented by the Professional Board. The Professional Board oversees the functions and duties of the Professional Staff and has delegated authority to represent and act on behalf of the Professional Staff as described in Section 7 below. The Professional Board is composed of individuals with leadership positions and responsibilities within the OHSU Health System as described in Section 7 below. The Professional Board has various committees, including the Quality and Safety Executive Council, the Faculty Practice Plan Quality and Risk Committee, the Credentials Committee and Committee on Professionalism that assist it in fulfilling its responsibilities and functions.

3.4 Officers. The Professional Staff has three officers – Professional Board Chair, Chair-Elect and Past Board Chair – who have the authority and responsibilities outlined in Section 8 below. An Executive Committee of the Professional Board, consisting of the Professional Board Chair, the Past Professional Board Chair and the Executive Director of the OHSU Health System, has authority to act on behalf of the Professional Board in certain limited circumstances as described in Section 7.9 below.
3.5 **Clinical Service Chiefs.** The Professional Staff is organized into Clinical Departments or Clinical Services, each of which is accountable to and reports up through the Professional Board for quality and patient safety issues, and each of which is overseen by a Clinical Service Chief, who in turn is accountable to and reports up through the Professional Board for quality and patient safety issues. Section 6 below describes the Clinical Departments and the authority and responsibility of the Clinical Service Chiefs.


4. **Professional Staff Membership**

4.1 **Purpose of Professional Staff Organization.** The purpose of the Professional Staff organization is to engage the qualified health care professionals who practice at the OHSU Health System as the cohesive body that promotes, and ensures the delivery of, the highest quality patient care, treatment and services in and at the OHSU Health System. The Professional Staff organization oversees the granting of clinical privileges and the clinical performance of professionals with clinical privileges, sets standards for clinical care, and engages in quality and safety monitoring and performance improvement.

4.2 **Nature of Professional Staff Membership; Clinical Privileges.** Membership on the Professional Staff is an opportunity extended only to professionally competent health care practitioners who continuously meet the requirements set forth in the Bylaws and associated policies, and who have clinical privileges to practice in the OHSU Health System.

Professional Staff membership is distinct from clinical privileges. Professional Staff membership is the vehicle for an individual’s participation in the establishment of OHSU Health System policies and procedures, and encompasses rights and responsibilities for oversight of quality and safety in the delivery of care within the OHSU Health System. An individual’s clinical privileges relate to his/her rights, responsibilities and competencies related to his/her delivery of care to patients of the OHSU Health System.

4.3 **Qualification for Professional Staff Membership.** The following conditions must be met for a practitioner to be eligible to apply for Professional Staff membership:

4.3.1 The individual must hold a faculty appointment in the OHSU School of Medicine (“SOM”), School of Dentistry (“SOD”) or School of Nursing (“SON”);

4.3.2 The individual must hold a license issued by a Health Professional Regulatory Board (as that term is defined in ORS 676.160) of a type that allows him/her to practice in Oregon as an independent practitioner; and

4.3.3 The individual’s Clinical Service Chief must have determined that he/she shall be allowed to practice as an independent practitioner at OHSU.

Individuals with limited licenses, such as medical faculty licenses or visiting professor licenses, are not eligible for Professional Staff membership. Individuals who do not meet the requirements in this Section 4.3 are ineligible to apply for Professional Staff membership and a rejection of an application on this basis shall not give rise to any procedural review or entitlement under Section 11.
4.4 **Relationship of Privileges to Professional Staff Membership.** In order to be granted Active or Courtesy Professional Staff membership as described in Section 5 below, an individual must be granted clinical privileges to practice in the OHSU Health System. Under certain limited circumstances as described in 10.4 below, a practitioner may be granted clinical privileges to practice at the OHSU Health System without being a member of the Professional Staff.

4.5 **Nondiscrimination.** The Health System does not discriminate in granting Professional Staff appointments or in granting clinical privileges. OHSU provides equal opportunities to all individuals without regard to race, religion, national origin, disability, age, marital status, sex, sexual orientation, gender identity or expression, military service, or any other status protected by law. This policy applies to all employment, education and patient care related activities.

5. **Categories of Professional Staff; Responsibilities**

5.1 **Types of Membership.** The Professional Staff shall consist of Active and Courtesy members.

5.2 **Rights and Responsibilities of Members.** Active and Courtesy Professional Staff members may exercise such clinical privileges as are granted pursuant to these Bylaws and the *Credentials Procedure Manual*. All Professional Staff members may attend Professional Staff meetings, clinical service meetings and educational activities, may bring an issue forward to the Professional Board for consideration, and may exercise such rights of Professional Staff members as are provided in these Bylaws. Professional Staff Members have those responsibilities set out in this Section 5.

5.3 **Active Members.**

5.3.1 **Generally.** An Active Professional Staff member is a member of the Professional Staff who attends, consults, provides patient services and/or admits patients to the OHSU Health System regularly (as determined by the Chair of his/her clinical Department), and who fulfills all of the functions of, and complies with all of the responsibilities of, Active Professional Staff membership.

5.3.2 **Rights.** Active Professional Staff members are eligible to vote, to hold a Professional Staff office (subject to the requirements of Section 7 below), and to serve on committees of the Professional Staff or the Professional Board.

5.3.3 **Responsibilities.** Each Active Professional Staff member must:

   a. **Delivery of Care.** Provide high quality, safe, appropriate, timely and continuous care of his/her patients, consistent with standards set and policies adopted by the Professional Staff through the Professional Board;

   b. **Communication and Education.** Ensure that relevant, timely and understandable communication and education about care plans is provided to patients, their families and care team members, including providers internal and external to the OHSU Health System;

   c. **Quality Oversight Responsibilities.** Actively participate in recognized functions of the Professional Staff including (i) quality and performance improvement activities, (ii) risk management and monitoring activities, (iii) participation at meetings and discharging functions as required for any Professional Staff role from time to time and (iv) otherwise contributing to the organizational and administrative affairs of the Professional Staff;
d. **License; Capacity.** Inform his/her Department Chair and the Professional Board immediately of any circumstance, action, or development, (including action by a licensing authority) that may adversely affect or otherwise limit his/her license or ability to provide clinical care or otherwise meet applicable requirements for his/her clinical privileges;

e. **On Call and Other Coverage.** Participate in the on-call coverage of the emergency service and other coverage programs, including consultations for inpatients, as determined by his/her Clinical Service Chief;

f. **Professionalism.** Exhibit professionalism, contribute to a collaborative, respectful, honest and constructive health care environment and comply with these Bylaws, the OHSU Code of Conduct, OHSU Policies, the policies, procedures and protocols of the OHSU Health System and/or the Professional Board (including any educational or training requirements,) published professional standards, and the directives of the Professional Board, as each may be adopted and/or amended from time to time;

g. **Documentation.** Complete and record a medical history and physical exam for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a qualified licensed individual as provided in and in accordance with OHSU policy; and

h. **Conflict of Interest.** Disclose to the Professional Board any relationship or interest that poses or could pose a conflict of interest for him/her in policy development work related to quality.

5.4 **Courtesy Members.**

5.4.1 **Generally.** Courtesy Professional Staff members are those members (i) who hold faculty appointments in their respective Departments, and (ii) although they do not admit or practice regularly at the OHSU Health System, their Clinical Service Chief recommends them for courtesy staff membership.

5.4.2 **Rights.** Courtesy Professional Staff members have the rights described in Section 5.2, but may not vote, hold a Professional Staff office, request a meeting of the Professional Staff pursuant to Section 9 below or petition for amendment of these Bylaws pursuant to Section 14 below.

5.4.3 **Responsibilities.** Courtesy Professional Staff members have all of the responsibilities identified in subsections 5.3.3 above.

6. **Departmental Organization of Professional Staff**

6.1 **Overview.** The Professional Staff is organized into the following Clinical Services or Departments of the OHSU Health System:

6.1.1 Group I:
- Anesthesiology & Perioperative Medicine
- Diagnostic Radiology
- Dotter Institute
• Emergency Medicine
• Medicine
• Pathology

6.1.2 Group II:
• Neurological Surgery
• Obstetrics and Gynecology
• Ophthalmology
• Oral & Maxillofacial Surgery and Pediatric Dentistry
• Orthopedics & Rehabilitation
• Otolaryngology
• Surgery
• Urology

6.1.3 Group III :
• Dermatology
• Family Medicine
• Molecular & Medical Genetics
• Neurology
• Pediatrics
• Psychiatry
• Radiation Oncology

6.1.4 School of Nursing – Nurse Midwifery

With any addition, deletion or combination of Clinical Services or Departments of the OHSU Health System following the adoption of these Bylaws, the SOM Chairs shall by majority vote determine the allocation of the Departments among Groups I through III.

6.2 Clinical Service Chiefs. Except as specifically provided below in Section 6.2.1, each Clinical Service/Department has a Clinical Service Chief who is accountable to the Professional Board and who has the responsibilities described in 6.3 below.

6.2.1 Qualifications. Absent an exception granted by the Professional Board, each Clinical Service Chief for a Health System Department must be an Active physician member of the Professional Staff, and be board certified within the Department specialty as described in the Credentials Procedure Manual or have met other criteria as set out in the Credentials Procedure Manual for equivalent competency and training in such specialty. Absent an exception granted by the SOM Dean, the Clinical Service Chief for a Health System Department shall be the Chair of the corresponding SOM Department. The Director of the Dotter Institute shall serve as the Clinical Service Chief for the Dotter Institute. The Clinical Service Chief for Professional Staff members who have faculty appointments through the School of Nursing (SON) is the SON Associate Dean for Practice and Graduate Clinical Programs, or such other designee identified by the Dean of the School of Nursing. The Clinical Service Chief for Professional Staff members with faculty appointments in the School of Dentistry shall be the Dean of the School of Dentistry or his/her designee.

6.2.2 Removal & Replacement. The Professional Board may remove a Clinical Service Chief (i) for his/her failure to fulfill his or her responsibilities as set out in 6.3 below, or (ii) upon any suspension or termination of his/her clinical privileges. With any removal of a Clinical Service Chief, the Dean of the appropriate School will appoint the replacement Clinical Service Chief.
6.3 Clinical Service Chief Responsibilities. Each Clinical Service Chief is charged with the following responsibilities and authority:

6.3.1 Oversight of Clinical Care. Oversight of all clinical activities in their Department to assure safe, cost-effective, compassionate, high quality care within their Department, including:

a. Oversight and Quality Improvement. Oversight and monitoring of (i) the performance of professional services by individuals in the Department with clinical privileges (ii) the qualifications and competence of all Department personnel, including licensed practitioners and personnel who are not licensed independent practitioners and who provide patient care treatment and/or services, and (iii) the delivery of patient care within the Department including the continuous assessment and improvement of the quality of care, treatment and services and developing and implementing policies and procedures that guide and support the provision of high quality care, treatment and services in the Department;

b. Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE). Developing and implementing OPPE and FPPE programs within the Department that are consistent with the requirements in the Organization and Functions Manual and/or with the directives of the Professional Board from time to time;

c. Quality Plan. Developing, implementing and periodically updating a quality plan and program for the Department with defined metrics, targets and indicators that is consistent with the Organization and Functions Manual and/or with the directives of the Professional Board, and if all or part of the activities within the Department are included within an OHSU clinical institute or center, that meets the quality requirements of that clinical institute or center;

d. Quality Data. As required under the Organization and Functions Manual and/or as requested by the Professional Board or any of its committees or support staff, (i) the provision of quality data for the Department, and (ii) periodically reviewing, commenting on, and meeting the Professional Board or its designees in order to address, quality issues;

e. Quality Concerns. Reporting to the Professional Board any question or concern raised about the clinical performance or competence of any practitioner or staff in the Department, as required by the Investigation and Hearing Manual; and.

f. Clinical Leadership. Ensuring that all in the Department (i) are provided with information to keep them fully informed regarding their responsibilities and relevant policies, practices, processes and requirements related to the delivery of clinical care within the Department, and (ii) abide by the requirements, policies and procedures of the Professional Board and/or OHSU Health System.

6.3.2 Administrative Functions. Oversight and performance of related administrative activities of the Department, including:

a. Resources and Staffing. Ensuring the adequacy of resources and staffing as follows: (i) recommending to the OHSU Health System a sufficient number of qualified and competent persons and appropriate space and resources required for the Department to provide high quality care, treatment and service, and (ii) assessing, and making recommendations to the OHSU Health System regarding, off-site sources of needed patient care, treatment and services not provided by OHSU;
b. **Call Coverage.** For those Clinical Service Chiefs of a Department providing call coverage, ensuring that the OHSU Health System has adequate coverage by practitioners in the Department at all times by preparing and submitting a rotating schedule for on-call and monitoring the on-call coverage;

c. **Accreditation and Regulatory Requirements.** Participation in and preparation for activities related to the accreditation of the OHSU Health System, and activities as required to meet or exceed all applicable accreditation standards and regulatory requirements as they relate to the Department;

d. **Education and Utilization Review.** Oversight of the professional education and utilization review programs in the Department, ensuring orientation and continuing education as appropriate for all persons in the Department and educating Professional Staff and House Staff regarding quality, utilization and customer service programs and targets; and

e. **Integration of Functions.** Integrating the Department and its clinical service into the primary functions of OHSU and coordinating and integrating interdepartmental and intradepartmental services and communication to promote smooth OHSU Health System operations.

6.3.3 **Privileging.** Fulfilling the following clinical privilege-related responsibilities:

a. Recommending to the Professional Board the criteria for clinical privileges relevant to the care provided in their Department that ensures the selection of practitioners of the highest quality; and

b. Reviewing the credentials and privilege requests of each practitioner in the Department at the time of initial and any renewal of clinical privileges, and after review of quality data related to such practitioners, making recommendations to the Credentials Committee about the granting, limitation and/or termination of clinical privileges and the granting or termination of Professional Staff membership for practitioners in the Department.

7. **Professional Board**

7.1 **Professional Board Generally.** The Professional Board is hereby delegated broad authority to oversee the operations of the Professional Staff, including primary authority for all activities related to the self-governance of the Professional Staff and for ensuring the highest quality care and patient safety in the OHSU Health System. The Professional Board is empowered to act for and on behalf of the Professional Staff on all matters not expressly reserved to the voting members of the Professional Staff under the terms of these Bylaws.

7.2 **Composition of Professional Board.** The Professional Board is composed of the following members, each of whom has one vote:

a. 10 Chairs/Clinical Service Chiefs (“CSC’s”);
b. 2 at-large members selected by the Professional Staff, who may be physicians, non-physician practitioners or any other members of the Active Professional Staff;
c. OHSU Healthcare Executive Director, or if delegated by the Executive Director, the Chief Operating Officer of OHSU Healthcare (“Hospital Executive”);
d. Dean of the OHSU School of Medicine (“SOM Dean”);
e. Chief Nursing Executive of OHSU Healthcare;
f. Professional Board Chair;
g. Past Professional Board Chair; and
h. Chair-Elect of the Professional Board.
Those Professional Board members listed in c. through h. above are “ex officio” members of the Professional Board.

7.3 Selection of Members of Professional Board. The membership of the Professional Board shall reflect broad representation (by practice area) of a large percentage of the Professional Staff, include leadership capable of driving change management, include a balance of members who have primarily an inpatient presence and those who have primarily an ambulatory presence, and reflect an integrated clinical enterprise.

7.3.1 CSC Professional Board Members. The CSC Professional Board Members shall be selected as follows:
   a. The Chairs of the Departments/Clinical Services in Group I (currently those listed in 6.1.1) shall nominate and by majority vote select a total of 3 Professional Board members from among the Chairs/CSC’s of those Departments/Clinical Services;
   b. The Chairs of the Departments/Clinical Services in Group II (currently those listed in 6.1.2) shall nominate and by majority vote select a total of 3 Professional Board members from among the Chairs/CSC’s of those Departments/Clinical Services;
   c. The Chairs of the Departments/Clinical Services in Group III (currently those listed in 6.1.3) shall nominate and by majority vote select a total of 3 Professional Board members from among the Chairs/CSC’s of those Departments/Clinical Services; and
   d. The SOM Dean shall appoint one Professional Board member from among the Chairs/CSC’s from any Department not elected via a. through c. above, such that the Professional Board membership reflects broad practice area representation.

For purposes of this Section 7.3.1, where one individual serves as Clinical Service Chief for more than one of the Clinical Services listed in Section 6.1, that individual shall have a single vote.

7.3.2 At Large Members. The at-large members of the Professional Board shall be selected as follows:
   a. One of the at-large members of the Professional Board shall be selected by a vote of the Professional Staff; and
   b. One of the at-large members shall be selected by a vote of the members of the Professional Staff who are advance practice nurses.
   c. If a vote pursuant to a. or b. above results in a tie, then the tie shall be resolved by a second vote of the Professional Staff or those members of the Professional Staff who are advance practice nurses (as applicable.)

Names of candidates for the at-large positions on the Professional Board shall be submitted in writing to the Professional Board Chair not less than 60 days prior to the annual meeting of the Professional Staff. If more than 20 Professional Staff members submit their names pursuant to the prior sentence, the Professional Board shall select 20 candidates from the names submitted, taking into account the principles described in the first paragraph of Section 7.3 above.

7.4 Term. The terms of the members of the Professional Board shall be 3 years.
   7.4.1 Members may be re-elected but may serve no more than two (2) consecutive terms.

7.5 Removal and Replacement. Any elected or appointed member of the Professional Board may be removed with or without cause by a two-thirds majority vote of the members of the Professional Board at a Professional Board meeting. Such removal shall be effectively immediately. Any vote for removal shall be preceded by a written request for removal submitted in writing by not less than 5 members of the Professional Board at least one-week prior to the meeting at which the vote will be taken, which request
shall be circulated to all members of the Professional Board with the meeting agenda. An elected or appointed member of the Professional Board shall be automatically removed from the Professional Board upon his or her failure to attend (in person or by telecommunications) three (3) of the regularly scheduled monthly Professional Board meetings within any twelve (12) month period.

With a vacancy on the Professional Board resulting from removal or resignation of a member who is a CSC appointed pursuant to Sections 7.3.1(a), 7.3.1(b) or 7.3.1(c), the Professional Board Chair shall appoint a replacement for the balance of the term of the removed or resigned member from among the Chairs/CSC’s of the same Group listed in Section 6.1 from which the removed or resigned member was selected. In the case of a removal or resignation of a Professional Board member elected pursuant to Section 7.3.2, the Professional Board Chair shall appoint a replacement for the balance of the term of the removed or resigned member, taking into account the need to ensure a balance of representation on the Professional Board as described in 7.3 above. With removal or resignation of the SOM Dean, the Hospital Executive or the Chief Nursing Executive, the supervisor of such person shall appoint the replacement.

7.6 Meetings.

7.6.1 Frequency. Regular meetings of the Professional Board shall occur not less than six (6) times per year. Additional meetings of the Professional Board may be called by the Professional Board Chair or upon the request of at least 2 Professional Board members.

7.6.2 Quorum and Voting. Attendance at the meeting by sixty percent (60%) of the members of the Professional Board shall constitute a quorum and the affirmative vote of a majority of the Professional Board members at a meeting at which a quorum is present shall be required for action by the Professional Board. If a Professional Board member (i) is the subject of a matter before the Professional Board, or (ii) has a conflict of interest as to a matter before the Professional Board, then he/she shall abstain from voting on the matter. Upon a finding by a majority of the Professional Board members that a member has a conflict as to a particular matter before the Professional Board, the Professional Board may require that such member abstain from voting on the matter.

7.6.3 Attendance. Professional Board meetings shall be attended by each of the following persons who shall not be voting members:

a. Chief Medical Officer (“CMO”) who has primary responsibility to staff the Professional Board;
b. Chair of the Credentials Committee; and
c. Chair of House Staff Association.

Any member of the Professional Staff may attend any meeting of the Professional Board, provided that the Professional Board may convene in executive session to address sensitive matters pertaining to one or more particular members of the Professional Staff, in which case non-Professional Board members may be excluded from such executive sessions at the discretion of the Professional Board.

7.6.4 Participation by Telecommunications. The Professional Board Chair may permit any or all of the members of the Professional Board to participate in a meeting of the Professional Board by, or conduct the meeting through, telephone or use of any means of communication by which all directors participating may simultaneously hear each other during the meeting. A member of the Professional Board participating in a meeting by this means is deemed to be present in person at the meeting.
7.7 **Action without a Meeting.** In circumstances where immediate action is required by the Professional Board before an in-person meeting of the Professional Board can be scheduled, action may be taken by the Professional Board via telephone, by mail ballot or via other electronic means including internet transmission, with a mechanism for recording of votes (verbal, written or electronic.) Written or electronic notice stating the purpose(s) of any such action and any materials to be voted upon shall be sent to each Professional Board member not less than forty-eight (48) hours before such action. Action by the Professional Board pursuant to this Section shall require (i) not less than eleven (11) votes are cast and (ii) the affirmative vote of a majority of all votes cast.

7.8 **Authority and Responsibility of the Professional Board.** The Professional Board shall have the following authority and responsibilities relative to care within the OHSU Health System:

- **Oversight.** Oversight of, and accountability to the UHS Board for quality and safety in the delivery of clinical care, including oversight and evaluation of practitioners through the granting or denial of professional staff membership and the granting, denial or limitations of clinical privileges, and oversight of the performance of Clinical Service Chiefs as pertains to quality, safety and service;

- **Standard Setting.** Development and articulation of quality and safety standards, policies and practices sufficient to ensure the highest quality and safety in the delivery of clinical care and the highest level of professionalism in the delivery of clinical care;

- **Monitoring; Continuous Improvement.** Continuous monitoring of clinical activities for quality and patient safety issues, requiring continuous performance improvement in quality and patient safety, and requiring, reviewing and responding to input from clinical leadership and staff in all units regarding clinical quality and patient safety;

- **Professional Staff Organization.** Development and maintenance of infrastructure for the Professional Staff organization, as appropriate to ensure (i) Professional Staff participation in the oversight of quality and safety issues through committees, through clinical leadership and otherwise, (ii) representation and action on behalf of the Professional Staff as contemplated by these Bylaws, and (iii) periodic review of the Bylaws, Manuals and Professional Staff Rules, Policies and Procedures, and development of recommendations regarding amendments to such documents as well as adjustments to the structure of the Professional Staff; and

- **Education.** Working with the School of Medicine to ensure the establishment of a defined process for Professional Staff supervision of student and resident activities in the OHSU Health System.

7.9 **Committees of the Professional Board.** The Professional Board shall have an Executive Committee, a Credentials Committee, a Quality and Safety Executive Council, a Faculty Practice Plan Quality and Risk Committee, and a Committee on Professionalism and such other standing and special committees as determined from time to time by the Professional Board. The authority, responsibility and composition of the respective committees of the Professional Board shall be as described in the *Organization and Functions Manual*.

7.10 **Executive Committee.** The Executive Committee shall consist of the Professional Board Chair, the Past Chair of the Professional Board and the Executive Director, OHSU Healthcare. The Executive Committee shall have the authority to set the agenda for Professional Board meetings, recommend priorities for Professional Board action and in circumstances where immediate action is required to ensure patient safety or quality in patient care, to temporarily suspend or alter Professional Board policy or standards until the Professional Board can convene and address the circumstances.
7.11 Policies and Procedures of the Professional Board. The Professional Board may adopt policies and procedures as necessary for the conduct of its work and such policies and procedures may be amended or repealed in whole or in part by the Professional Board. The Professional Board shall ensure that all policies and procedures affecting the responsibilities and/or authority of the members of the Professional Staff that are adopted and/or amended are effectively communicated to all affected Professional Staff members.

8. Officers of Professional Board

8.1 Officers. The officers of the Professional Staff are:

a. Chair of the Professional Board (“Chair”),
b. Past Chair of the Professional Board (“Past Chair”),
c. Chair-Elect of the Professional Board (“Chair-Elect”).

8.2 Election. The Chair-Elect shall be appointed by the Professional Board from nominees submitted by a nominating committee consisting of the following individuals:

a. Chair,
b. Past Chair,
c. Then Chair-Elect,
d. Chief Medical Officer,
e. Chair of the SOM Faculty Practice Plan Quality and Risk Committee, and
f. Chief Nursing Executive.

8.3 Term. Each of the officers shall serve a 2-year term commencing on the first day of the academic year, July 1. Upon expiration of the term of the Chair-Elect, he/she shall become Chair. Upon expiration of the term of the Chair, he/she shall become Past Chair.

8.4 Vacancies. Except in the case of a mid-term vacancy in the Chair position which shall be filled by the Chair-Elect, the Professional Board shall fill any mid-term vacancy resulting from the resignation, removal or disqualification of any officer from nominees submitted as set out in Section 8.2.

8.5 Qualifications. Each officer shall at all times be an Active Professional Staff member. In order to be considered for appointment as an officer, a Professional Staff member must have no pending adverse proceedings under Section 11 below concerning Professional Staff appointment or clinical privileges.

8.6 Authority and Responsibilities. The officers shall have the following authority and responsibilities:

8.6.1 Chair. The Chair is the liaison and representative of the Professional Staff with the UHS Board, and is responsible to keep the UHS Board informed regarding matters delegated by the UHS Board to the Professional Staff. The Chair has the following authority and responsibilities in addition to those specified in the Organization and Functions Manual:

a. Call and preside over meetings of the Professional Board and the Executive Committee and work with the Executive Committee to develop the agenda for the Professional Board meetings;
b. Work collaboratively with the Chief Medical Officer and the chairs of all committees of the Professional Board (including the Quality and Safety Executive Council, the Faculty Practice...
Plan Quality and Risk Committee, the Committee on Professionalism and the Credentials Committee) and with the Chair of the Faculty Practice Plan Quality and Risk Committee, to assure oversight of and progress on quality and safety in OHSU Hospitals and Clinics;

c. Represent the Professional Staff and Professional Board before the UHS Board and coordinate reporting on quality and safety to the UHS Board. Represent the Professional Staff and Professional Board, when called to do so, before the OHSU Board;

d. Communicate to the Professional Staff and represent the opinions of the Professional Staff to the Professional Board;

e. Ensure that concerns about quality and safety and compliance with Professional Board standards, policies and directives are brought to the attention of the Professional Board and/or its committees for timely and effective management; and

f. Serve as a member of the Credentials Committee and the Executive Committee.

8.6.2 Chair-Elect. The Chair-Elect shall serve as Chair of the Quality and Safety Executive Council. The Chair-Elect has the authority and the responsibilities specified in the Organization and Functions Manual.

8.6.3 Past Chair. The Past Chair serves as chair of the Professional Board and provides continuity in leadership when the Chair is absent or otherwise unable to perform assigned functions. The Past Chair has the authority and the responsibilities specified in the Organization and Functions Manual.

8.6.4 Chair’s Designee. If the Chair and the Past Chair are absent or otherwise unable to perform the functions of the Chair, then another Professional Board member designated by the Chair, or if the Chair is unable to designate, then another Professional Board member designated by the Past Chair, shall serve as Chair of the Professional Board for the period of such absence or unavailability.

8.7 Removal. Any officer shall be automatically removed from office upon his/her failure to meet the qualifications for office described in this Section. In addition, the Professional Board may remove any officer (i) for his/her failure to carry out the duties and responsibilities as a Professional Staff member or those of his/her office, or (ii) upon any suspension, removal or denial of the officer’s clinical privileges. The Chair shall notify the UHS Board of any removal or resignation of an officer.

9. Meetings of the Professional Staff

9.1 Regular Meetings. The Professional Staff shall hold regular meetings not less than once per year at such times and places set by the Professional Board. Written or electronic notice stating the date, time, place and purposes of the regular meeting of the Professional Staff shall be sent to each Active Professional Staff member at least ten (10) days prior to the meeting.

9.2 Special Meetings. Special meetings of the Professional Staff may be called any time by the Professional Board Chair or at the request of not less than fifteen (15) percent of the members of the Professional Staff. Written or electronic notice stating the date, time, place and purpose(s) of any special meeting of the Professional Staff shall be sent to each Active Professional Staff member not less than five (5) days before the date of the meeting. No business shall be transacted at any special meeting, except as stated in the notice of the meeting.
9.3 **Conduct of Business at Meetings.** Fifteen (15) percent of the members of the Active Professional Staff, which includes a majority of the Clinical Service Chiefs, shall constitute a quorum for purposes of the conduct of business at a regular or special meeting of the Professional Staff. The affirmative vote of a majority of members of the Professional Staff present at a meeting at which a quorum of members is present shall be required for action by the Professional Staff.

9.4 **Action without a Meeting.** Action may be taken without a meeting by the Professional Staff, by the Professional Board’s presentation of an issue to each Active Professional Staff member eligible to vote, in person, via telephone, by mail or via electronic means including internet transmission, with a mechanism for recording of votes (verbal, written or electronic.) Not less than two (2) weeks shall be allowed from the time of circulation or presentation of an issue to the completion of voting. The affirmative vote of a majority of members of the Professional Staff cast shall be required for action on such matters.

9.5 **Record-Keeping.** Records of attendance at meetings, notices of and proceedings and actions taken at meetings, and actions taken without meetings shall be maintained by the Professional Board on behalf of the Professional Staff.

10. **Processes, Procedures and Indications For Professional Staff Membership and Clinical Privileging**

10.1 **Conditions, Process and Duration of Professional Staff Appointment and Clinical Privileges.**

10.1.1 **Authority for Appointments.** Initial appointments and reappointments to the Professional Staff, and the granting of clinical privileges shall be submitted to the UHS Board for approval.

10.1.2 **Process for Appointments.** The process for appointment or reappointment to the Professional Staff and for clinical privileging is the following:

a. Applications for appointment and reappointment to the Professional Staff and applications for clinical privileges are submitted by an applicant to the office identified by the Professional Board as having administrative responsibility for the processing of such applications (“Medical Affairs Office”). Applicants have the burden of producing adequate information to establish their qualifications and competence for the granting of Professional Staff appointments and clinical privileges;

b. Applications for Professional Staff membership and for clinical privileges are reviewed by the Medical Affairs Office for completeness and verified for accuracy;

c. Applications are forwarded to the CLC of the Department in which applicants intend to practice for review and recommendation to the Credentials Committee;

d. The Credentials Committee evaluates the applicant’s qualifications and the relevant CSC’s recommendations and submits a recommendation to the Professional Board;

e. The Professional Board reviews the recommendations of the Credentials Committee and determines whether or not it will recommend to the UHS Board the granting or denial of an appointment to the Professional Staff, and/or the granting, denial or limitation of clinical privileges for the practitioner; and
f. After receiving a recommendation from the Professional Board in accordance with the provisions and requirements of these Bylaws and the *Credentials Procedure Manual*, the Chair of the Professional Board submits recommendations regarding Professional Staff appointments and clinical privileges to the UHS Board for action.

Specifics about the requirements and processes set out in this section 10.1, processes and requirements of any expedited review of an application for membership and clinical privileges, and requirements, processes and procedures to be followed with any denial of Professional Staff membership or clinical privileges, or limitation on clinical privileges are set out in the *Credentials Procedure Manual*, and in the *Investigation and Hearing Manual*. The Professional Board shall cause the procedures for granting, restricting and terminating clinical privileges shall be regularly reviewed to ensure their conformity to applicable law.

10.2 **Duration.** Except as provided in 10.4 below, (i) initial appointments to the Professional Staff and accompanying clinical privileges shall be granted for no more than a provisional period of 24 months, and (ii) reappointments to the Professional Staff and accompanying clinical privileges shall be for a period of no more than 24 months.

10.3 **Criteria for Granting of Clinical Privileges.** Membership on the Professional Staff and/or clinical privileges shall be granted and continued only for those practitioners who have the qualifications, knowledge and skill competency required for clinical privilege areas, and who meet the following criteria, absent an exception granted by the Professional Board:

10.3.1 Possessing a current, valid, unrestricted license, not subject to supervision, probation, monitoring, conditions or limitations;

10.3.2 Not excluded from or sanctioned by any federal health care or other governmental program, and not on the Office of Inspector General’s list of excluded providers;

10.3.3 No conviction for a felony or a misdemeanor related to the practitioner’s suitability to practice medicine;

10.3.4 Possession of a valid, unrestricted drug enforcement administration (DEA) number if required for clinical practice;

10.3.5 For physicians, (i) ABMS- or AOA-approved specialty board certification, or (ii) documentation of knowledge competency in core privilege area(s) measured by an objective method selected by the individual’s Clinical Service Chief and approved by the Professional Board;

10.3.6 For other Professional Staff members, (i) Professional Board recognized, discipline-specific certification, or (ii) documentation of knowledge competency in core privilege area(s) measured by an objective method selected by the individual’s Clinical Service Chief and approved by the Professional Board; and

10.3.7 Such other criteria as the Professional Board may adopt.

Notwithstanding 10.3.5 and 10.3.6, for those Professional Staff members who have recently completed their residency, fellowship or other recognized training program, a 2-year grace period (or other duration that is consistent with documented guidelines set by the relevant specialty board) will be honored following program completion. Additional specifics regarding criteria and requirements for clinical privileging are set out in the *Credentials Procedure Manual*.

10.4 **Disaster Clinical Privileges, Temporary Clinical Privileges.**

10.4.1 **Disaster and Emergency Clinical Privileges.** Disaster Clinical Privileges (“Disaster Privileges”) may be granted by the Professional Board Chair, the CMO and/or a designee of the Professional Board Chair or the CMO for a 72 hour period after activation of OHSU’s emergency management
plan and a determination by such person that the institution is unable to meet immediate patient needs. The Medical Affairs Office must verify licensure of the practitioner within 72 hours of his/her presenting at OHSU, and the Professional Board Chair or the CMO must make a determination about any extension of the Disaster Privileges within 72 hours of the granting of the privileges. Any such extension of privileges shall be for no longer than the shorter of 5 business days or the duration of the disaster as reasonably determined by the Professional Board Chair or the Chief Medical Officer.

In addition, in an emergency, any practitioner with clinical privileges at the OHSU Health System is “provisionally privileged” to provide any type of patient care necessary as a life-saving measure or to prevent serious harm, regardless of his/her current clinical privileges, provided that such care is within the scope of the individual’s license to practice.

10.4.2 Temporary Clinical Privileges. A practitioner who does not meet the qualifications in Section 4.3 may be granted temporary clinical privileges to fulfill an important and specific patient care need for a limited period of time as determined on a case by case basis with approval of the Professional Board Chair, or, in the absence of the Professional Board Chair, the CMO and/or a designee of the Professional Board Chair. In these cases, temporary privileges are to be limited and issued only in situations where OHSU does not have adequate clinical expertise to cover a specific patient care need or when a targeted educational need is to be filled. A new applicant for membership in the Professional Staff may be granted temporary clinical privileges pursuant to this process pending the processing of his/her application for such membership.

10.4.3 Additional Details. Specifics about the requirements and processes for the granting of privileges pursuant to this Section 10 are set out in the Credentials Procedure Manual, and in the Investigation and Hearing Manual.

11. Suspension/Restriction/Termination of Clinical Privileges, Termination of Professional Staff Membership and other Interventions

The Professional Board shall monitor Professional Staff members’ qualifications, clinical performance and compliance with standards of care, policies and directives articulated by the Professional Board. Where grounds for suspension, restriction or termination of clinical privileges exist, the Professional Board shall follow the process outlined in Section 11.4 below. In addition, where the official action of suspension, restriction or termination of clinical privileges is not warranted, but the Professional Board determines that a Professional Staff Member is responsible for serious, multiple and/or continuance instances of a failure to comply with standards, policies and/or directives of the Professional Board, or the circumstances constituting “cause” as described in Section 11.3 below have occurred or exist, the Professional Board shall take steps to address them, utilizing the interventions outlined in Section 11.5 below as determined to be appropriate by the Professional Board.

11.1 Grounds for Automatic Suspension of Privileges. Clinical privileges and/or Professional Staff membership shall be automatically suspended:

a. If the individual does not meet the qualifications set out in Section 4.3 above;

b. Upon the revocation, suspension or inactivation of the individual’s license to practice in the state of Oregon;

c. Upon the exclusion of the individual from participation in Medicare, Medicaid and/or any other federally funded healthcare program;

d. Upon the expiration of the individual’s current clinical privileges and the individual’s failure to timely submit a re-credentialing application; and/or
11.2 **Grounds for Precautionary Suspension or Restriction of Clinical Privileges.** A practitioner’s clinical privileges and/or Professional Staff membership may be immediately suspended or restricted when there is a reasonable basis to believe that allowing the practitioner to provide care or certain types of care within the OHSU Health System may or does create a reasonable possibility of imminent injury or harm to any patient, employee or person at OHSU or to OHSU itself.

11.3 **Other Grounds for Termination or Suspension of Professional Staff Membership or Termination, Suspension or Limitation on Clinical Privileges.** A practitioner’s Professional Staff membership may be terminated, and/or his/her clinical privileges may be suspended, terminated or limited, for cause. “Cause” shall include any of the following:

a. Conduct constituting “cause” under OHSU Policy 03-70-001;
b. Failure to comply with provisions of these Professional Staff Bylaws, including responsibilities and standards relating to patient care, professionalism, communication and oversight as well as rules, regulations, policies and procedures adopted by the Professional Board;
c. Conduct that is reasonably likely to be unduly disruptive of OHSU Health System operations;
d. Criminal conviction reflecting on suitability to practice medicine;
e. Disciplinary actions by other hospitals, licensing or regulatory agencies; or 
f. Failure to meet OHSU quality standards.

11.4 **Processes for Suspension or Termination of Professional Staff Membership or Clinical Privileges.**

11.4.1 **Automatic Suspension Process.** Upon the occurrence of any event described in 11.1 above, the Professional Board Chair shall notify the Professional Staff member of the basis for the automatic suspension. The practitioner shall be given an opportunity to produce evidence that the facts relied on by the Professional Board are incorrect. If no such evidence is produced, the individual’s Professional Staff membership shall automatically terminate, without a hearing. If the practitioner does produce evidence, a hearing will be provided in accordance with the *Investigation and Hearing Manual*, unless the automatic suspension is terminated by the Professional Board Chair based on the evidence produced.

11.4.2 **Precautionary Suspension Process.** Either the Professional Board Chair or the Executive Vice President & Executive Director of OHSU Health Care may immediately suspend or restrict a Professional Staff member’s clinical privileges under the circumstances described in 11.2 above. The Professional Staff member will be provided an opportunity to request a review by the Professional Board of the facts underlying the suspension or restriction. Such review will be conducted in accordance with the procedures outlined in the *Investigation and Hearing Manual*. Following the review, the Professional Board shall continue, terminate or modify the action taken and shall notify the practitioner of its decision. Unless the suspension or restriction of clinical privileges is terminated by the Professional Board based on the review, the practitioner may request a hearing as provided in the *Investigation and Hearing Manual*. The terms of the summary action shall remain in effect pending further action by the Professional Board.

11.4.3 **Process for Suspension, Termination or Restriction of Clinical Privileges, or Termination of Professional Staff Membership for Cause.** A Professional Staff member may have their clinical privileges terminated, suspended or restricted, or have their Professional Staff membership terminated for cause for activities, conduct or circumstances delineated in 11.3 of these Bylaws. Upon receipt by the Professional Board of a report or concern regarding a practitioner, a
preliminary inquiry, which does not constitute an investigation, may be conducted under the direction of the Professional Board, in accordance with the procedures outlined in the *Investigation and Hearing Manual*.

Following, or instead of, a preliminary inquiry, a formal investigation may be conducted under the direction of the Professional Board, in accordance with the procedures outlined in the *Investigation and Hearing Manual*.

Based on the results of the preliminary inquiry or formal investigation, the Professional Board shall determine appropriate sanctions, if any, and shall notify the practitioner of the proposed action, the right to request a hearing and rights associated with a hearing. Any hearing shall be conducted in accordance with the *Investigation and Hearing Manual*.

### 11.4.4 Hearing and Appeal Process

All hearings and appeals conducted under these Bylaws shall be governed by principles of fairness and objectivity. The following general rules will apply:

a. Whenever any Professional Staff member is entitled to a hearing as provided by these Bylaws, such hearing shall be requested and conducted in accordance with OHSU’s *Investigation and Hearing Manual*, unless these Bylaws provide otherwise.

b. The practitioner shall be notified of the practitioner’s rights in connection with a hearing.

c. The practitioner shall be notified of the place, date and time of the hearing in advance with reasonable time to prepare.

d. The hearing shall be conducted before a committee of not less than three members of the Professional Staff appointed by the Professional Board Chair or before a committee of one person mutually agreeable to the practitioner and Professional Board.

e. Upon completion of the hearing, the practitioner shall receive a written copy of the recommendation resulting from the hearing and the final decision of the Professional Board.

f. Practitioner shall receive notice of the right to appeal the final decision in accordance with OHSU’s *Investigation and Hearing Manual*.

### 11.4.5 Specifics about Process

Further specifics about any investigation, corrective action, hearing, and other processes and procedures and the timing of the effective dates of actions, processes and procedures under this section 11 are set out in the *Investigation and Hearing Manual*.

### 11.5 Other Interventions

In circumstances where after following applicable inquiry or investigatory procedures outlined in the *Investigation and Hearing Manual*, the Professional Board determines that suspension, restriction or termination of clinical privileges is not appropriate, but that a Professional Staff member is responsible for serious, multiple and/or continuance instances of failure to comply with standards of care, policies and/or directives of the Professional Board, or the Professional Staff member has engaged in conduct or circumstances exist constituting “Cause” as defined in 11.3 above, the Professional Board shall take action which may include:

a. Issuance of a letter of admonition or warning to the Professional Staff Member;

b. Issuance of a notification to the appropriate Clinical Service Chief;

c. Issuance of a letter of reprimand to the Professional Staff member;

d. Notification to the SOM Dean (for practitioners with appointments through the SOM) the SOD Dean (for practitioners with appointments through the SOD) and the SON Dean (for practitioners with appointments through the SON);

e. Notification of censure to the UHS Board;

f. Imposition of a term of probation or special limitation on continued Professional Staff Membership;
g. Imposition of monitoring, proctoring, review or consultation requirements; and/or
h. Imposition of educational or training requirements.

The measures outlined above in (a) through (f) of this section are intended to be progressive, but the Professional Board shall have the discretion to utilize such measures as appropriate to the circumstances. Copies of any notice or letter issued pursuant to this section shall be provided to the Credentials Committee.

12. Peer Review Organization

The UHS Board, the Professional Board and the Committees of the Professional Board and any subcommittees, work groups or councils are each “peer review bodies” as defined in ORS 41.675. Each individual (a) acting as a member of or at the direction of such peer review bodies, (b) acting in an individual capacity in their quality, peer review or performance improvement role as a Clinical Service Chief, CMO, designee of a Clinical Service Chief or member of the OHSU Health System quality staff, or /or (iii) participating with, assisting or acting as staff to, any of the UHS Board, the Professional Board or any committee, council, subcommittee or work group to the Professional Board, shall be an agent of a “peer review body” and entitled to all privileges and immunities afforded to each by state and federal law.

13. Conflict Management

If a conflict arises between Active Members of the Professional Staff and the Professional Board regarding any bylaw, rules, regulation or policy, or any amendment thereto, or any other matter, upon petition signed by not less than fifteen (15) percent of the members of the Active Professional Staff, the matter shall be submitted for resolution to a Conflict Resolution Committee (“Committee”) consisting of (i) 5 representatives of the Active Professional Staff submitting the petition, (ii) 5 representatives of the Professional Board including the Professional Board Chair, and (iii) the Executive Director of OHSU Healthcare or his/her designee (as a non-voting member.) The Committee shall gather information regarding the conflict, meet to discuss it and work in good faith to resolve it in a manner consistent with protecting safety and quality. A resolution approved by a majority of the Active Staff members and a majority of the Professional Board members on the Committee shall resolve the conflict. Absent such resolution, the matter shall be submitted to the UHS Board for resolution.

14. Adoption, Review and Amendment of Bylaws

14.1 Review and Amendment of Bylaws. The Professional Staff has authority to adopt Bylaws, rules and regulations and policies and amendments thereto. The Professional Board shall periodically review and develop recommendations for revisions of these Bylaws. In addition, amendments to the Bylaws may be initiated by submission of a petition from fifteen (15) percent of the members of the Active Professional Staff to the Professional Board Chair, which petition sets out the proposed amendment(s). All amendments to the Bylaws recommended by the Professional Board or proposed by Professional Staff in accordance with this paragraph shall be circulated to the Active Members of the Professional Staff for a vote. The Professional Board shall review and comment on any proposed amendment submitted by Active Members of the Professional Staff before it is submitted for a vote by the Professional Staff.

Bylaws amendments shall be submitted for a vote (i) at a regular meeting or special meeting of the Professional Staff called for that purpose, or (ii) by action of the Active Professional Staff without a meeting, which meeting or action shall occur, in the case of amendments proposed by Active Staff members pursuant to the prior paragraph, within 60 days of the Professional Board Chair’s receipt of the proposed amendment.
Upon approval by a vote of the Active members of the Professional Staff, any amendment shall be submitted to the UHS Board for approval. The amendment shall be effective when approved by the UHS Board.

14.2 Emergency Amendments to Bylaws. If a change in the Bylaws is necessary in order to comply with applicable laws or regulations, the Professional Board may provisionally recommend and the UHS Board may provisionally approve an amendment to the Bylaws without prior notification of the Professional Staff. With such an amendment to the Bylaws, the Professional Staff shall be immediately notified of the provisional amendment and invited to review and comment on the provisional amendment. If after such review and comment, objections to the provisional amendment are submitted to the Professional Board Chair by 20 or more members of the Professional Staff, at the election of the Professional Board, either (i) the matter shall be submitted for resolution pursuant to paragraph 13, or (ii) the Professional Board shall submit a further revision to the Bylaws to the Professional Staff pursuant to the process identified in section 14.1. If no objections are submitted to the Chair within thirty (30) days of circulation of the amendment to the Professional Staff, the amendment shall be effective upon the expiration of the 30 days.

14.3 Minor Amendments. Notwithstanding the foregoing, the Professional Board may adopt amendments to any portion of these Bylaws that are technical or legal modifications or clarifications, reorganization or renumbering or needed to correct errors of grammar or expression. To be effective, such amendments need not be submitted for a vote of the Professional Staff or the UHS Board. However, any such amendments shall be circulated to the Active Members of the Professional Staff for their information.

14.4 Adoption and Amendment of Professional Staff Rules, Regulations or Policies.

14.4.1 Adoption by Professional Board. Any rules, regulations and policies as necessary to implement the general principles found in these Bylaws and/or regulate the conduct of Professional Staff organizational activities and/or clinical practices within the OHSU Health System, including the Credentials Procedure Manual, the Organizational and Functions Manual, the Investigation, and Hearing Manual, and the Rules, Regulations and Policies Manual (collectively, “PS Policies”) and any amendment to PS Policies may be proposed and adopted by the Professional Board, provided that the Investigation and Hearing Manual and any amendment thereto shall be subject to approval of the UHS Board. Any proposed policy described in this paragraph or amendment to such policy shall be circulated to the Active Professional Staff for review and comment in accordance with procedures approved by the Professional Board, before the proposed PS Policy is adopted by the Professional Board. Once fully approved, any PS Policy or amendment to a PS Policy shall be promptly communicated to the Professional Staff.

14.4.2 Proposals by Professional Staff. A proposed PS Policy or an amendment to a PS Policy may also be brought to the UHS Board for consideration directly by (i) the submission to the Professional Board of a petition signed by fifteen (15) percent of the Active Members requesting that the proposed PS Policy or amendment be considered by the Professional Staff, (ii) the submission of the proposed PS Policy to the Professional Board for review and comment, and (iii) following such review and comment, approval by a vote of the Professional Staff. Any PS Policy or amendment to a PS Policy approved by the Professional Staff shall then be presented to the UHS Board along with any comments from the Professional Board, and shall be effective when approved by the UHS Board.
14.4.3 Timing of Effectiveness. All PS Policies or amendments to PS Policies shall become effective only after approval by the UHS Board.