

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
OF
ARKANSAS CHILDREN'S HOSPITAL**

**MEDICAL STAFF BYLAWS
OF
ARKANSAS CHILDREN'S HOSPITAL**

Revisions Adopted by the Medical Staff April 16, 2019

Revisions Approved by the Board May 29, 2019

MEDICAL STAFF BYLAWS

TABLE OF CONTENTS

	<u>PAGE</u>
1. GENERAL.....	1
1.A. DEFINITIONS.....	1
1.B. DELEGATION OF FUNCTIONS.....	1
1.C. MEDICAL STAFF DUES.....	1
2. CATEGORIES OF THE MEDICAL STAFF.....	2
2.A. ACTIVE STAFF.....	2
2.A.1. Qualifications.....	2
2.A.2. Prerogatives.....	3
2.A.3. Responsibilities.....	3
2.B. LIMITED ACTIVE STAFF.....	4
2.B.1. Qualifications.....	4
2.B.2. Prerogatives and Responsibilities.....	4

2.C.	CONSULTING STAFF	5
2.C.1.	Qualifications	5
2.C.2.	Prerogatives and Responsibilities	6
2.D.	COURTESY STAFF.....	6
2.D.1.	Qualifications	6
2.D.2.	Prerogatives and Responsibilities	7
2.E.	COVERAGE STAFF.....	8
2.E.1.	Qualifications	8
2.E.2.	Prerogatives and Responsibilities	8
2.F.	HONORARY STAFF.....	9
2.F.1.	Qualifications	9
2.F.2.	Prerogatives and Responsibilities	9
3.	OFFICERS.....	10
3.A.	DESIGNATION.....	10
3.B.	ELIGIBILITY CRITERIA.....	10
3.C.	DUTIES.....	11

3.C.1.	Chief of Staff (“COS”)	11
3.C.2.	Vice Chief of Staff (“Vice COS”).....	11
3.C.3.	Immediate Past Chief of Staff	12
3.C.4.	Secretary	12
3.D.	NOMINATIONS.....	12
3.E.	ELECTION	13
3.F.	TERM OF OFFICE	13
3.G.	REMOVAL.....	13
3.H.	VACANCIES.....	14
4.	CLINICAL DEPARTMENTS AND SERVICES.....	15
4.A.	ORGANIZATION.....	15
4.B.	ASSIGNMENT TO SERVICE.....	15
4.C.	FUNCTIONS OF CLINICAL SERVICES.....	15
4.D.	QUALIFICATIONS OF DEPARTMENT CHIEFS, DEPARTMENT VICE CHIEFS, AND SERVICE CHIEFS.....	15
4.E.	APPOINTMENT AND REMOVAL OF DEPARTMENT CHIEFS, DEPARTMENT VICE CHIEFS, AND SERVICE CHIEFS.....	15

PAGE

4.F.	VACANCY IN THE POSITION OF DEPARTMENT CHIEF	17
4.G.	DUTIES OF DEPARTMENT CHIEFS, DEPARTMENT VICE CHIEFS, AND SERVICE CHIEFS.....	17
5.	MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS.....	20
5.A.	MEDICAL STAFF COMMITTEES AND FUNCTIONS.....	20
5.B.	APPOINTMENT OF COMMITTEE CHIEFS AND MEMBERS	20
5.C.	MEETINGS, REPORTS AND RECOMMENDATIONS	20
5.D.	MEDICAL EXECUTIVE COMMITTEE	21
	5.D.1. Composition.....	21
	5.D.2. Duties	22
	5.D.3. Meetings	23
5.E.	PERFORMANCE IMPROVEMENT FUNCTIONS.....	23
5.F.	CREATION OF STANDING COMMITTEES	24
5.G.	SPECIAL COMMITTEES	24

6.	MEETINGS	25
6.A.	MEDICAL STAFF YEAR.....	25
6.B.	MEDICAL STAFF MEETINGS.....	25
6.B.1.	Regular Meetings.....	25
6.B.2.	Special Meetings.....	25
6.C.	DEPARTMENT, SERVICE, AND COMMITTEE MEETINGS.....	25
6.C.1.	Regular Meetings.....	25
6.C.2.	Special Meetings.....	25
6.D.	PROVISIONS COMMON TO ALL MEETINGS.....	25
6.D.1.	Notice of Meetings	25
6.D.2.	Quorum and Voting	26
6.D.3.	Agenda	27
6.D.4.	Rules of Order	27
6.D.5.	Minutes, Reports, and Recommendations	27
6.D.6.	Confidentiality.....	27
6.D.7.	Attendance Requirements.....	28
7.	INSURANCE	29

8.	BASIC STEPS AND DETAILS	30
8.A.	QUALIFICATIONS FOR APPOINTMENT	30
8.B.	PROCESS FOR PRIVILEGING.....	30
8.C.	PROCESS FOR CREDENTIALING (APPOINTMENT AND REAPPOINTMENT).....	30
8.D.	DISASTER PRIVILEGING	31
8.E.	INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES	31
8.F.	INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION.....	31
8.G.	INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES	32
8.H.	HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR SCHEDULING AND CONDUCTING HEARINGS AND THE COMPOSITION OF THE HEARING PANEL	32
9.	AMENDMENTS	34

9.A.	MEDICAL STAFF BYLAWS	34
		<u>PAGE</u>
9.B.	OTHER MEDICAL STAFF DOCUMENTS	35
9.C.	CONFLICT MANAGEMENT PROCESS	36
10.	ADOPTION	37

APPENDIX A – MEDICAL STAFF CATEGORIES SUMMARY

APPENDIX B – HISTORY AND PHYSICAL EXAMINATIONS

ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Medical Staff Credentials Policy.

1.B. DELEGATION OF FUNCTIONS

- (1) When a function under these Bylaws is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a practitioner or Hospital employee (or a committee of such individuals). Any such designee is bound by all the terms, conditions and requirements of these Bylaws. However, the delegating individual or committee is responsible for ensuring the designee performs the function as required by these Bylaws.
- (2) When a Medical Staff member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.C. MEDICAL STAFF DUES

- (1) Annual Medical Staff dues shall be as recommended by the MEC (Medical Executive Committee) and may vary by category and/or privilege status.
- (2) Dues shall be payable upon request. Failure to pay dues shall result in ineligibility to apply for Medical Staff reappointment.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials Policy are eligible to apply for appointment to one of the categories listed below. All categories, with the respective rights and obligations of each, are summarized in the chart attached as Appendix A to these Bylaws. With the exception of members of the Honorary Staff, Medical Staff members may request a change in Medical Staff category based upon future practice plans and the ability to meet all qualifications and threshold eligibility criteria.

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff shall consist of physicians, dentists, and oral surgeons who:

- (a) are involved in at least 24 patient contacts per two-year appointment term; and
- (b) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and Hospital through service on committees and/or active participation in performance improvement or professional practice evaluation functions.

Guidelines:

Unless an Active Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his/her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- * Any member who has fewer than 24 patient contacts during his/her two-year appointment term shall not be eligible to request Active Staff status at the time of his/her reappointment.

- ** The member will be transferred to another staff category that best reflects his/her relationship to the Medical Staff and the Hospital (options – Limited Active, Consulting, Courtesy, or Coverage).

2.A.2. Prerogatives:

Active Staff members may:

- (a) admit patients consistent with granted privileges or as stated on an individual's delineation of privileges, except as otherwise provided in the Bylaws or Bylaws-related documents, or as limited by the Board;

- (b) vote in all general and special meetings of the Medical Staff and applicable department, service, and committee meetings;

- (c) hold office, serve as service chiefs, department chiefs and department vice chiefs, serve on Medical Staff committees, and serve as chairs of committees; and

- (d) exercise such clinical privileges as are granted to them.

2.A.3. Responsibilities:

Active Staff members must assume all the responsibilities of membership on the Active Staff, including:

- (a) serving on committees, as requested;

- (b) providing specialty coverage for the Emergency Department and accepting referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department;
- (c) providing care for unassigned patients;
- (d) participating in the evaluation of new members of the Medical Staff;
- (e) participating in the professional practice evaluation and performance improvement processes (including constructive participation in the development of clinical practice protocols and guidelines pertinent to their medical specialties) and serving on Clinical Specialty Reviewer (“CSR”) teams;
- (f) accepting inpatient consultations, when requested;
- (g) paying any required application fees, dues, and assessments; and
- (h) performing assigned duties.

2.B. LIMITED ACTIVE STAFF

2.B.1. Qualifications:

The Limited Active Staff shall consist of physicians, dentists, and oral surgeons who:

- (a) are involved in at least six, but fewer than 24, patient contacts per two-year appointment term;
- (b) meet all the same threshold eligibility criteria as other Medical Staff members, including specifically those relating to availability and response times with respect to the care of their patients; and

- (c) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Guidelines:

Unless a Limited Active Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his/her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- * Any member who has fewer than six patient contacts during his/her two-year appointment term will be transferred to another staff category that accurately reflects his/her relationship to the Medical Staff and the Hospital (options – Consulting, Courtesy, or Coverage).
- ** Any member who has 24 or more patient contacts during his/her two-year appointment term shall be automatically transferred to Active Staff status.

2.B.2. Prerogatives and Responsibilities:

Limited Active Staff members:

- (a) may attend and participate in Medical Staff, department, and service meetings (without vote);
- (b) may not hold office or serve as service chiefs, department chiefs, vice chiefs, or committee chairs;
- (c) may be invited to serve on committees (with vote);

- (d) are generally excused from providing specialty coverage for the Emergency Department for unassigned patients, but:
 - (1) must accept referrals from the Emergency Department for follow-up care of their patients treated in the Emergency Department; and
 - (2) will be required to provide specialty coverage if the MEC finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;
- (e) shall cooperate in the professional practice evaluation and performance improvement processes;
- (f) shall exercise such clinical privileges as are granted to them; and
- (g) shall pay any required application fees, dues, and assessments.

2.C. CONSULTING STAFF

2.C.1. Qualifications:

The Consulting Staff shall consist of physicians, dentists, and oral surgeons who:

- (a) are of demonstrated professional ability and expertise who provide a service not otherwise available or in very limited supply on the Active Staff (should the service become readily available on the Active Staff, the Consulting Staff members would not be eligible to request continued Consulting Staff status at the time of their next reappointments and would have to transfer to a different staff category if they desire continued appointment);
- (b) provide services at the Hospital only at the request of other members of the Medical Staff; and

- (c) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

2.C.2. Prerogatives and Responsibilities:

Consulting Staff members:

- (a) may evaluate and treat patients in conjunction with other members of the Medical Staff;
- (b) may not hold office or serve as service chiefs, department chiefs, vice chiefs, or committee chairs (unless waived by the MEC and ratified by the Board);
- (c) may attend meetings of the Medical Staff and applicable department and service meetings (without vote);
- (d) may be invited to serve on committees (with vote);
- (e) are excused from providing specialty coverage for the Emergency Department and providing care for unassigned patients;
- (f) shall cooperate in the professional practice evaluation and performance improvement processes; and
- (g) shall pay any required application fees, dues, and assessments.

2.D. COURTESY STAFF

2.D.1. Qualifications:

The Courtesy Staff consists of those physicians, dentists, and oral surgeons who:

- (a) desire to be associated with, but who do not intend to establish a clinical practice at, this Hospital and meet the eligibility criteria set forth in the Medical Staff Credentials Policy with the exception of Section 2.A.1(c), (d), (k), (l), (m), (n), (o), (q), (r), and (s); and
- (b) have indicated or demonstrated a willingness to assume all the responsibilities of membership on the Courtesy Staff as outlined in Section 2.D.2.

The primary purpose of the Courtesy Staff is to promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access Hospital services for their patients by referral of patients to Active Staff members for admission and care.

2.D.2. Prerogatives and Responsibilities:

Courtesy Staff members:

- (a) may attend meetings of the Medical Staff and applicable departments and services (without vote);
- (b) may not hold office or serve as service chiefs, department chiefs, vice chiefs, or committee chairs (unless waived by the MEC and ratified by the Board);
- (c) shall generally have no staff committee responsibilities, but may be invited to serve on committees (with vote);
- (d) may attend educational activities sponsored by the Medical Staff and the Hospital;
- (e) may refer patients to members of the Active Staff for admission and/or care;

- (f) are encouraged to submit their relevant outpatient records for inclusion in the Hospital's medical records for any patients who are referred;
- (g) are encouraged to communicate directly with Active Staff members about the care of any patients referred, as well as to visit any such patients;
- (h) may review the medical records and test results (via paper or electronic access) for any patients who are referred and may document data from their own patients in the Hospital progress notes;
- (i) may perform history and physical examinations in the office and have those reports entered into the Hospital's medical records;
- (j) may not: admit patients, attend patients, exercise inpatient or outpatient clinical privileges, write inpatient orders, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to patients at the Hospital;
- (k) must accept referrals from the Emergency Department for follow-up care of patients treated and released from the Emergency Department;
- (l) may refer patients to the Hospital's outpatient diagnostic facilities and order such tests (the ordering physician retains responsibility for care, management, and follow-up of the patient);
- (m) may actively participate in the professional practice evaluation and performance improvement processes; and
- (n) shall pay any required application fees, dues, and assessments.

2.E. COVERAGE STAFF

2.E.1. Qualifications:

The Coverage Staff shall consist of physicians, dentists, and oral surgeons who:

- (a) desire appointment to the Medical Staff solely for the purpose of being able to provide coverage assistance to Active Staff members who are members of their group practice or coverage group;
- (b) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians);
- (c) are not required to satisfy any defined response time requirements in place at the Hospital, except for those times when they are providing coverage; and
- (d) agree that their Medical Staff appointment and clinical privileges will be automatically relinquished, with no right to a hearing or appeal, if their coverage arrangement with the Active Staff member(s) terminates for any reason.

2.E.2. Prerogatives and Responsibilities:

Coverage Staff members:

- (a) when providing coverage assistance for an Active Staff member, shall be entitled to admit and/or treat patients who are the responsibility of the Active Staff member who is being covered (i.e., the Active Staff member's own patients or unassigned patients who present through the Emergency Department when the Active Staff member is on call);
- (b) shall assume all Medical Staff functions and responsibilities as may be assigned, including, where appropriate, care for unassigned patients, emergency service care, consultation, and teaching assignments when covering for members of their group practice or coverage group;

- (c) shall be entitled to attend Medical Staff, department, and service meetings (without vote);
- (d) may not hold office or serve as service chiefs, department chiefs, vice chiefs, or committee chairs;
- (e) shall generally have no staff committee responsibilities, but may be invited to serve on committees (with vote); and
- (f) shall pay any required applicable fees, dues, and assessments.

2.F. HONORARY STAFF

2.F.1. Qualifications:

- (a) The Honorary Staff shall consist of practitioners who have retired from the practice of medicine in this Hospital who are in good standing. Honorary Staff members must be nominated by an Active Staff member, recommended for approval by the MEC, and approved by the Board.
- (b) Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a reappointment application/reappointment processing.

2.F.2. Prerogatives and Responsibilities:

Honorary Staff members:

- (a) may not consult, admit, or attend to patients;
- (b) may attend Medical Staff, department, and service meetings (without vote);

- (c) may be appointed to committees (with vote);
- (d) are entitled to attend educational programs of the Medical Staff and the Hospital;
- (e) may not hold office or serve as service chiefs, department chiefs, vice chiefs, or committee chairs; and
- (f) are not required to pay application fees, dues, or assessments.

ARTICLE 3

OFFICERS

3.A. DESIGNATION

The officers of the Medical Staff shall be the COS, Vice COS, Immediate Past COS, and Secretary.

3.B. ELIGIBILITY CRITERIA

Only those members of the Active Staff who satisfy the following criteria initially and continuously shall be eligible to serve as an officer of the Medical Staff, unless an exception is recommended by the MEC and approved by the Board. They must:

- (1) be appointed to the Active Staff in good standing;
- (2) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process;
- (3) have no pending adverse recommendations concerning Medical Staff membership or clinical privileges;
- (4) not presently be serving as Medical Staff officers, Board members, service chiefs, or committee chairs at any other non-affiliated hospital, and shall not so serve during their term of office;
- (5) be willing to faithfully discharge the duties and responsibilities of the position;
- (6) have experience in a leadership position, or other involvement in performance improvement functions;

- (7) participate in Medical Staff Leadership training as determined by the MEC or Medical Staff Leaders, and attend continuing education relating to Medical Staff Leadership, credentialing, and/or professional practice evaluation functions prior to or during the term of the office;
- (8) have demonstrated an ability to work well with others; and
- (9) not have any financial relationship (i.e., an ownership or investment interest or a compensation arrangement) with an entity that competes with the Hospital or any affiliate. This does not apply to services provided within a practitioner's office and billed under the same provider number used by the practitioner.

3.C. DUTIES

3.C.1. Chief of Staff ("COS"):

The COS shall:

- (a) act in coordination and cooperation with the CMO, the CEO, and the Board in matters of mutual concern involving the care of patients in the Hospital;
- (b) represent and communicate the views, policies, concerns, and needs, and report on the activities of the Medical Staff to the CEO, CMO, and the Board;
- (c) be accountable to the Board, in conjunction with the MEC and CMO, for the quality and efficiency of clinical services and performance within the Hospital and for the effectiveness of the performance improvement/professional practice evaluation/ case management program functions delegated to the Medical Staff;
- (d) call, preside at, and be responsible for the agenda of the Medical Staff Leadership Council and the MEC;

- (e) serve as a member of the Board of Directors;
- (f) unless otherwise indicated in a specific committee composition, appoint all Medical Staff committee chairs and physician committee members, in consultation with the CMO;
- (g) serve as chair of the MEC (with vote, as necessary) and any other committees as may be indicated in the Medical Staff Organization Manual;
- (h) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the policies and procedures of the Hospital;
- (i) recommend Medical Staff representatives to Hospital committees;
- (j) be the spokesperson for the Medical Staff in its external professional and public relations; and
- (k) perform all functions authorized in all applicable policies, including collegial intervention in the Credentials Policy.

3.C.2. Vice Chief of Staff (“Vice COS”):

The Vice COS shall:

- (a) assume all duties of the COS and act with full authority as COS in his or her absence;
- (b) serve on the MEC and the Medical Staff Leadership Council; and
- (c) assume all such additional duties as are assigned to him or her by the COS or the MEC.

3.C.3. Immediate Past Chief of Staff:

The Immediate Past COS shall:

- (a) serve on the MEC and Chair of the Nominating Committee as well as the Credentials Committee;
- (b) serve as an advisor to other Medical Staff Leaders; and
- (c) assume all duties assigned by the COS or the MEC.

3.C.4. Secretary:

The Secretary shall:

- (a) serve on the MEC, the Medical Staff Leadership Council, and the Professional Practice Evaluation Committee;
- (b) provide oversight for the creation of accurate and complete minutes of all MEC and general Medical Staff meetings; and
- (c) assume all such additional duties as are assigned to him or her by the COS or the MEC.

3.D. NOMINATIONS

- (1) A Nominating Committee comprised of three Medical Staff Leaders and two members of the Active Staff (one from the Department of Medicine and one from the Department of Surgery) shall be appointed by the COS. The Immediate Past COS shall serve as the Chair, and the CMO, shall serve as an *ex officio* member, without vote. The Nominating Committee shall convene at least 30 days prior to the election and shall submit to the COS the names of qualified nominees for the offices of COS, Vice COS, and Secretary. All nominees must meet the eligibility criteria in Section 3.B and agree to serve, if elected. Notice of the nominees shall be provided to the Medical Staff at least 14 days prior to the election.

- (2) Additional nominations may also be submitted in writing by petition signed by at least 10% of the Active Staff at least seven days prior to the election. In order for a nomination to be added to the ballot, the candidate must meet the qualifications in Section 3.B, in the judgment of the Nominating Committee, and be willing to serve.
- (3) Nominations from the floor shall not be accepted.

3.E. ELECTION

- (1) Elections shall occur at called meetings of the Medical Staff. Candidates receiving a majority of votes cast at the meeting shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes.
- (2) In the alternative, at the discretion of the MEC, an election may be held solely by written or electronic ballot returned to the Medical Staff Office. Ballots may be returned in person, by mail, by facsimile, or by electronic ballot. All ballots must be received in the Medical Staff Office by the date indicated on the ballot. Those who receive a majority of the votes cast shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role.

3.F. TERM OF OFFICE

Officers shall serve for a term of two years or until a successor is elected.

3.G. REMOVAL

- (1) Removal of an elected officer or member of the MEC may be effectuated by a two-thirds vote of the MEC, or by a two-thirds vote of the Active Staff, or by the Board. Grounds for removal shall be:

- (a) failure to comply with applicable policies, Bylaws, Rules and Regulations, or Medical Staff Code of Conduct;
 - (b) failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws;
 - (c) failure to perform the duties of the position held;
 - (d) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
 - (e) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC or the Board, as applicable, prior to a vote on removal. No removal shall be effective until approved by the Board.

3.H. VACANCIES

A vacancy in the office of COS shall be filled by the Vice COS, who shall serve until the end of the COS's unexpired term. In the event there is a vacancy in the office of Vice COS or Secretary, the MEC shall appoint an individual to fill the office for the remainder of the term or until a special election can be held, at the discretion of the MEC.

ARTICLE 4

CLINICAL DEPARTMENTS AND SERVICES

4.A. ORGANIZATION

- (1) The Medical Staff shall be organized into the clinical departments and clinical services as listed in the Medical Staff Organization Manual.
- (2) Subject to the approval of the Board, the MEC may create new departments, eliminate departments, create services within departments, or otherwise reorganize the department and clinical service structure.

4.B. ASSIGNMENT TO SERVICE

- (1) Upon initial appointment to the Medical Staff, each member shall be assigned to a clinical service that exists within a clinical department. Assignment to a particular service does not preclude an individual from seeking and being granted clinical privileges typically associated with another service.
- (2) An individual may request a change in service assignment to reflect a change in the individual's clinical practice.

4.C. FUNCTIONS OF CLINICAL SERVICES

The clinical services shall be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the services; (ii) to monitor the practice of all those with clinical privileges or a scope of practice in a given service; and (iii) to provide appropriate specialty coverage in the Emergency Department, consistent with the provisions in these Bylaws and related documents.

4.D. QUALIFICATIONS OF DEPARTMENT CHIEFS, DEPARTMENT VICE CHIEFS,

AND SERVICE CHIEFS

Each department chief, department vice chief, and service chief shall satisfy all the eligibility criteria outlined in Section 3.B.

4.E. APPOINTMENT AND REMOVAL OF DEPARTMENT CHIEFS,

DEPARTMENT VICE CHIEFS, AND SERVICE CHIEFS

- (1) Department chiefs and department vice chiefs, who shall maintain authority over the clinical departments, shall be elected in accordance with this paragraph:
 - (a) A Nominating Committee comprised of three Medical Staff Leaders and two members of the Active Staff (one from the Department of Medicine and one from the Department of Surgery) shall be appointed by the COS. The Immediate Past COS shall serve as the Chair, and the CMO shall serve as an *ex officio* member, without vote. The Nominating Committee shall convene in advance of the election and shall submit to the clinical departments the names of qualified nominees to serve as department chief, vice chief, and department representatives. All nominees must meet the eligibility criteria in Section 3.B and agree to serve, if elected.
 - (b) Notice of department chief, vice chief, and departmental representative nominees (Medicine or Surgery) shall be provided to the voting members of the respective clinical services at least seven calendar days prior to the election deadline. Each clinical service shall determine five candidate choices based upon the vote of its members. Using the results of the voting process within the clinical service, each clinical service chief or chosen proxy shall then submit five votes for department chief, vice chief, and MEC departmental representatives. These votes may be submitted at any time during the election period from the time the ballots are provided until the stated end of the election deadline, which period shall extend for not less than seven days.
 - (c) Within each department (Medicine or Surgery), the individual receiving the most votes will be named department chief, subject to the approval of the MEC and ratification by the Board. The individual receiving the next highest number of votes shall be named the department vice chief, and the three individuals

receiving the next highest number of votes shall be named department representatives to the MEC.

- (d) Only one position (department chief, vice chief, or representative) can be filled by a member of any given clinical service. In the event that four of the top five nominees receiving votes within a given department are from the same clinical service, the nominee who received the fewest number of votes will be deemed ineligible, and the nominee who received the next highest number of votes, who is not a member of the relevant clinical service, will be named to the appropriate position.
- (2) Department chiefs and vice chiefs shall serve two-year terms, and may only serve two consecutive terms at a time in a given position.
 - (3) Service chiefs shall be appointed by the CMO, subject to the approval of the MEC and the CEO, and the ratification of the Board.
 - (4) Removal of a department chief, vice chief, or a service chief may be initiated by the CEO, upon recommendation of the CMO. Removals of department chiefs, vice chiefs, and service chiefs are subject to the approval of the MEC. Grounds for removal shall be:
 - (a) failure to comply with applicable policies and Bylaws;
 - (b) failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws;
 - (c) failure to perform the duties of the position held;
 - (d) suspected conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
 - (e) an infirmity that renders the individual incapable of fulfilling the duties of that office.

- (5) At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the removal and given an opportunity to speak to the MEC, prior to a vote on such removal. No removal shall be effective until approved by the Board.

4.F. VACANCY IN THE POSITION OF DEPARTMENT CHIEF

A vacancy in the position of department chief shall be filled by the department vice chief. In the event there is a vacancy in the position of the department vice chief or department representative, the MEC shall appoint an individual to fill the office for the remainder of the term or until a special election can be held, at the discretion of the MEC.

4.G. DUTIES OF DEPARTMENT CHIEFS, DEPARTMENT VICE CHIEFS, AND SERVICE CHIEFS

Department chiefs, vice chiefs, and service chiefs shall work in collaboration with Medical Staff Leaders and other Hospital personnel to collectively be responsible for the following:

- (1) coordinating all clinically-related activities of the service;
- (2) coordinating all administratively-related activities of the service;
- (3) continuing surveillance of the professional performance of all individuals in the service who have delineated clinical privileges, including performing ongoing and focused professional practice evaluations (OPPE and FPPE), as outlined in the Professional Practice Evaluation Policy;
- (4) recommending criteria for clinical privileges that are relevant to the care provided in the service;
- (5) evaluating requests for clinical privileges for each member of the service;
- (6) assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the clinical service or the Hospital;

- (7) integrating the service into the primary functions of the Hospital;
- (8) coordinating and integrating the patient care services provided within the clinical service;
- (9) developing and implementing policies and procedures that guide and support the provision of care and treatment in the service;
- (10) making recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- (11) determining the qualifications and competence of service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (12) continuously assessing and improving the quality of care, treatment, and services provided within the clinical service;
- (13) maintaining quality monitoring programs, as appropriate;
- (14) providing for the orientation and continuing education of all persons in the service;
- (15) making recommendations for space and other resources needed by the service;
- (16) performing all functions authorized in the Credentials Policy, including collegial intervention efforts;
- (17) serving as a member of the MEC, providing guidance on the overall medical policies of the Hospital and making specific recommendations and suggestions regarding patient care in the relevant service;

- (18) the teaching program within the clinical service, if any, including the development of guidelines regarding House Officer scope and level of responsibility; and

- (19) participating in the development and implementation of the organizational strategic plan and policies and procedures with Hospital administration and the Board.

ARTICLE 5

MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.

5.B. APPOINTMENT OF COMMITTEE CHIEFS AND MEMBERS

- (1) Unless otherwise indicated by a specific committee composition, all committee chairs and members shall be appointed by the COS in consultation with the CMO. Committee chairs shall be selected based on the criteria set forth in Section 3.B of these Bylaws. All committee chairs and members must signify their willingness to meet basic expectations of committee membership as set forth in Section 3.B of the Medical Staff Organization Manual.
- (2) Unless otherwise provided by a specific committee composition, committee chairs shall be appointed for an initial term of two years, and may serve additional terms. All appointed chairs and members may be removed and vacancies filled by the COS.
- (3) Unless otherwise indicated, all Hospital and administrative representatives on the committees shall be appointed by the CMO, in consultation with the COS. All such representatives shall serve on the committees, without vote.
- (4) Unless otherwise indicated, the CEO shall be an *ex officio* member, without vote, on all committees.

5.C. MEETINGS, REPORTS AND RECOMMENDATIONS

Unless otherwise indicated, each committee described in these Bylaws or in the Medical Staff Organization Manual shall meet as necessary to accomplish its functions, and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely written report after each meeting to the MEC and to other committees and individuals as may be indicated.

5.D. MEDICAL EXECUTIVE COMMITTEE

5.D.1. Composition:

(a) The MEC shall include the following voting members:

- the COS;
- the Vice COS;
- the Immediate Past COS;
- the Secretary;
- the department chiefs (two) and vice chiefs (two); and
- three departmental representatives from each of the two clinical departments, who shall serve two-year terms, and may only serve two consecutive terms in a given position.

(b) The MEC shall include the following *ex officio* members, without vote:

- CEO;

- CMO;
 - COO;
 - CNO;
 - Pediatrician-in-Chief; and
 - Surgeon-in- Chief.
- (c) The COS will chair the MEC.
- (d) Other Medical Staff members or Hospital personnel may be invited to attend a particular MEC meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding any issue on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others. Such individuals are an integral part of the MEC review processes and are bound by the same confidentiality requirements as the standing members of the MEC.

5.D.2. Duties:

The Medical Executive Committee is delegated the primary authority over activities related to the functions of the Medical Staff and performance improvement activities regarding the professional services provided by individuals with clinical privileges. This authority may be removed or modified by amending these Bylaws and related policies. The MEC is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between MEC meetings);
- (b) recommending directly to the Board on at least the following:

- (1) the Medical Staff's structure;
 - (2) the mechanism used to review credentials and to delineate individual clinical privileges;
 - (3) applicants for Medical Staff appointment and reappointment;
 - (4) delineation of clinical privileges for each eligible individual;
 - (5) participation of the Medical Staff in Hospital performance improvement activities and the quality of professional services being provided by the Medical Staff;
 - (6) the mechanism by which Medical Staff appointment may be terminated;
 - (7) hearing procedures; and
 - (8) reports and recommendations from Medical Staff committees, services, and other groups, as appropriate;
- (c) consulting with administration on quality-related aspects of contracts for patient care services;
- (d) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;
- (e) providing leadership in activities related to patient safety;
- (f) providing oversight in the process of analyzing and improving patient satisfaction;

- (g) ensuring that, at least every three years, the Bylaws, policies, and associated documents of the Medical Staff are reviewed and updated;
- (h) providing and promoting effective liaison among the Medical Staff, Administration, and the Board; and
- (i) performing such other functions as are assigned to it by these Bylaws, the Credentials Policy, or other applicable policies.

5.D.3. Meetings:

The MEC shall meet as often as necessary to fulfill its responsibilities and shall maintain a permanent record of its proceedings and actions.

5.E. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in the measurement, assessment, and improvement of at least the following:
 - (a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;
 - (b) the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures;
 - (c) medical assessment and treatment of patients;
 - (d) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;
 - (e) the utilization of blood and blood components, including review of significant transfusion reactions;

- (f) operative and other invasive procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
- (g) appropriateness of clinical practice patterns;
- (h) significant departures from established patterns of clinical practice;
- (i) use of information about adverse privileging determinations regarding any practitioner;
- (j) the use of developed criteria for autopsies;
- (k) sentinel events, including root cause analyses and responses to unanticipated adverse events;
- (l) nosocomial infections and the potential for infection;
- (m) unnecessary procedures or treatment;
- (n) appropriate resource utilization;
- (o) education of patients and families;
- (p) coordination of care, treatment, and services with other practitioners and Hospital personnel;
- (q) accurate, timely, and legible completion of patients' medical records;

- (r) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in Appendix B of these Bylaws;
 - (s) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual's performance; and
 - (t) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board.
- (2) A description of the committees that carry out systematic monitoring and performance improvement functions, including their composition, duties, and reporting requirements, is contained in the Medical Staff Organization Manual.

5.F. CREATION OF STANDING COMMITTEES

In accordance with the amendment provisions in the Medical Staff Organization Manual, the MEC may, by resolution and upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. In the same manner, the MEC may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual, a standing committee, or a special committee shall be performed by the MEC.

5.G. SPECIAL COMMITTEES

Special committees shall be created and their members and chairs shall be appointed by the COS and/or the MEC. Such special committees shall confine their activities to the purpose for which they were appointed and shall report to the MEC.

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is July 1 to June 30.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

The Medical Staff shall meet as necessary at the discretion of the COS and the MEC.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the COS, the MEC, the CEO, the CMO, the Board, or by a petition signed by at least 25% of the Active Staff.

6.C. DEPARTMENT, SERVICE, AND COMMITTEE MEETINGS

6.C.1. Regular Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each department, service, and committee shall meet as necessary to accomplish its functions, at times set by the Presiding Officer (defined, for purposes of this Article, as the individual in charge of the relevant body).

6.C.2. Special Meetings:

A special meeting of any department, service, or committee may be called by or at the request of the Presiding Officer, the COS, the CEO, the CMO, or by a petition signed by at least 25% of the Active Staff members of the department, service, or committee (but in no event fewer than two members).

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

- (a) Medical Staff members shall be provided notice of all regular meetings of the Medical Staff and regular meetings of departments, services, and committees at least 14 days in advance of the meetings. All notices shall state the date, time, and place of the meetings.
- (b) When a special meeting of the Medical Staff, a department, service, and/or committee is called, the notice period shall be reduced to 48 hours (i.e., must be given at least 48 hours prior to the special meeting). In addition, posting may not be the sole mechanism used for providing notice of any special meeting.
- (c) The attendance of any individual at any meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.

6.D.2. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, service, or committee, those voting members present (but not fewer than two) shall constitute a quorum. Exceptions to this general rule are as follows:
 - (1) for meetings of the MEC, the Professional Practice Evaluation Committee, and the Medical Staff Leadership Council, the presence of at least 50% of the voting members of the committee who are not recused in accordance with the Conflict of Interest Guidelines (set forth in Article 8 of the Credentials Policy) shall constitute a quorum; and

- (2) for amendments to these Medical Staff Bylaws, at least 10% of the voting staff shall constitute a quorum.

- (b) Once a quorum is established, the business of the meeting may continue and actions taken will be binding, even if attendance drops below a quorum during the course of the meeting.

- (c) When determining whether a specific percentage or a majority has been achieved with respect to a vote of the Medical Staff or a department, clinical service, or committee, an individual who has recused himself or herself from participation in the vote shall not be counted as a voting member (for example, if there are ten voting members of a committee and one recuses himself or herself on a particular matter, the majority vote for that matter would be calculated as five of the remaining nine votes).

- (d) Recommendations and actions of the Medical Staff, services, sections, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those voting members present.

- (e) As an alternative to a formal meeting, the voting members of the Medical Staff, a department, a service, or a committee may also be presented with any question by mail, facsimile, e-mail, hand-delivery, telephone, or other technology approved by the COS, and their votes returned to the Presiding Officer by the method designated in the notice. Except for amendments to these Bylaws and actions by the MEC, the Professional Practice Evaluation Committee, and the Medical Staff Leadership Council (as noted in (a)), a quorum for purposes of these votes shall be the number of responses returned to the Presiding Officer by the date indicated. The question raised shall be determined in the affirmative and shall be binding if a majority of the responses returned has so indicated.

- (f) Meetings may be conducted by telephone conference or videoconference.

6.D.3. Agenda:

The Presiding Officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, department, service, or committee.

6.D.4. Rules of Order:

Robert's Rules of Order shall not be binding at meetings and elections, but may be used for reference in the discretion of the Presiding Officer for the meeting. Rather, specific provisions of these Bylaws, and Medical Staff, department, service, or committee custom shall prevail at all meetings. The Presiding Officer shall have the authority to rule definitively on all matters of procedure.

6.D.5. Minutes, Reports, and Recommendations:

- (a) Minutes of all meetings of the Medical Staff, departments, services, and committees shall be prepared and shall include a record of the attendance of members and the recommendations made and the votes taken on each matter. The minutes shall be authenticated by the Presiding Officer by signature or affirmative vote reflected in the minutes.
- (b) A summary of all recommendations and actions of the Medical Staff, departments, services, and committees shall be transmitted to the MEC. The Board shall be kept apprised of the recommendations of the Medical Staff and its clinical services, sections, and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by the Hospital.

6.D.6. Confidentiality:

All Medical Staff business conducted by committees, departments, or services is considered confidential and proprietary and should be treated as such. However, members of the Medical Staff who have access to, or are the subject of, credentialing and/or peer review information understand that this information is subject to heightened sensitivity and, as such, agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Hospital policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

- (a) Attendance at meetings of the MEC, the Professional Practice Evaluation Committee, the Medical Staff Leadership Council, and the Credentials Committee is required. All members are required to attend at least 50% of all regular and special meetings of these committees. Failure to attend the required number of meetings may result in replacement of the member.

- (b) Each Active Staff member is expected to attend and participate in all Medical Staff meetings and applicable service, section, and committee meetings each year.

ARTICLE 7

INSURANCE

The Hospital shall include as additional insureds under the applicable Directors and Officers Professional Liability policies all Medical Staff Officers, department chiefs, service chiefs, committee chairs, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by the Hospital's corporate bylaws and as defined by the respective insurance policy. These significant legal protections are the reason that the Board acts to confirm all duly elected Medical Staff leaders.

ARTICLE 8

BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials Policy and the Policy on Advance Practice Professional in a more expansive form.

8.A. QUALIFICATIONS FOR APPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct, licensure, and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials Policy and the Policy on Advance Practice Professional.

8.B. PROCESS FOR PRIVILEGING

Requests for privileges are provided to the applicable department chief or service chief, who reviews the individual's education, training, and experience and prepares a form provided by the Medical Staff Services Department stating whether the individual meets all qualifications. The Credentials Committee then reviews the chief's assessment, the application, and all supporting materials and makes a recommendation to the MEC. The MEC may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC to grant privileges is favorable, it is forwarded to the Board for final action. If the recommendation of the MEC is unfavorable, the individual is notified by the CEO of the right to request a hearing.

8.C. PROCESS FOR CREDENTIALING (APPOINTMENT AND REAPPOINTMENT)

Complete applications are provided to the applicable department chief or service chief, who reviews the individual's education, training, and experience and prepares a form provided by the Medical Staff Services Department stating whether the individual meets all qualifications. The Credentials Committee then reviews the chief's assessment, the application, and all

supporting materials and makes a recommendation to the MEC. The MEC may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC to grant appointment or reappointment is favorable, it is forwarded to the Board for final action. If the recommendation of the MEC is unfavorable, the individual is notified by the CEO of the right to request a hearing.

8.D. DISASTER PRIVILEGING

When the disaster plan has been implemented, the CEO, CMO, or COS may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

8.E. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES

- (1) Appointment and clinical privileges may be automatically relinquished if an individual:
 - (a) fails to do any of the following:
 - (i) timely complete medical records;
 - (ii) satisfy threshold eligibility criteria;
 - (iii) provide requested information;
 - (iv) complete and/or comply with educational or training requirements;
 - (v) attend a special conference to discuss issues or concerns;
 - (b) is involved or alleged to be involved in defined criminal activity;

- (c) makes a misstatement or omission on an application form; or
 - (d) remains absent on leave for longer than one year, unless an extension is granted by the CMO.
- (2) Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

8.F. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the MEC, OR any Medical Staff Officer, department chief, or chief of a clinical service, acting in conjunction with the CMO or the CEO, is authorized to suspend or restrict all or any portion of an individual's clinical privileges as a precaution pending an investigation.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the MEC or CEO.
- (3) The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The MEC will review the reasons for the suspension within a reasonable time under the circumstances, not to exceed 14 days.
- (5) Prior to, or as part of, this review, the individual may be given an opportunity to meet with the MEC.

8.G. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION

OR SUSPENSION OF APPOINTMENT AND PRIVILEGES

OR REDUCTION OF PRIVILEGES

Following an investigation or a determination that there is sufficient information upon which to base a recommendation, the MEC may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) clinical competence or practice; (b) safety or proper care being provided to patients; (c) violation of ethical standards or the Bylaws, policies, or Rules and Regulations of the Hospital or the Medical Staff; or (d) conduct that is considered lower than the standards of the Medical Staff Code of Conduct or the Hospital or is disruptive to the orderly operation of the Hospital or its Medical Staff.

8.H. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR
SCHEDULING AND CONDUCTING HEARINGS AND THE
COMPOSITION OF THE HEARING PANEL

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three members or there will be a Hearing Officer.
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit proposed findings, conclusions, and recommendations to the Hearing Panel.
- (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.

- (7) The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.

- (8) The affected individual and the MEC may request an appeal of the recommendations of the Hearing Panel to the Board.

ARTICLE 9

AMENDMENTS

9.A. MEDICAL STAFF BYLAWS

- (1) Neither the MEC, the Medical Staff, nor the Board may unilaterally amend these Bylaws.
- (2) Amendments to these Bylaws may be proposed by the MEC or by a petition signed by at least 20% of the voting members of the Medical Staff.
- (3) In the discretion of the MEC, amendments to the Bylaws shall be presented to the Medical Staff in one of the following two ways:
 - (a) Amendments Subject to Vote at a Meeting: The MEC shall report on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, (i) a quorum of at least 10% of the voting staff must be present, and (ii) the amendment must receive a majority of the votes cast by the voting staff at the meeting.
 - (b) Amendments Subject to Vote via Written or Electronic Ballot: The MEC shall present proposed amendments to the voting staff by written or electronic ballot, to be returned by the date as indicated on the ballot, which date shall be at least 14 days after the proposed amendment was provided to the voting staff. Votes received after the 14-day voting period has expired will not be counted. Along with the proposed amendments, the MEC shall provide a written report on the amendments either favorably or unfavorably. To be adopted, (i) the amendment must be voted on by at least 10% of the voting staff, and (ii) the amendment must receive a majority of the votes cast.

- (4) The MEC shall have the power to adopt technical, non-substantive amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling, or other errors of grammar or expression.
- (5) All amendments shall be effective only after approval by the Board.
- (6) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the CEO within two weeks after receipt of a request.

9.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures and Rules and Regulations that shall be applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges or a scope of practice. All Medical Staff policies, procedures, and Rules and Regulations shall be considered an integral part of the Medical Staff Bylaws, but will be amended in accordance with this section. These additional documents are the Medical Staff Credentials Policy, the Policy on Advance Practice Professionals, the Medical Staff Organization Manual, and the Medical Staff Rules and Regulations.
- (2) An amendment to the Credentials Policy, Medical Staff Organization Manual, Policy on Advance Practice Professionals, or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the MEC present and voting at any meeting of that Committee where a quorum exists. Notice of all proposed amendments to these documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the MEC meeting when the vote is to take place. Any member of the voting staff may submit written comments on the amendments to the MEC.
- (3) All other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior notice is required.

- (4) Amendments to Medical Staff policies and Rules and Regulations may also be proposed by a petition signed by at least 20% of the voting staff. Any such proposed amendments will be reviewed by the MEC, which may comment on the amendments before they are forwarded to the Board for its final action.
- (5) Adoption of, and changes to, the Credentials Policy, Medical Staff Organization Manual, Policy on Advance Practice Professionals, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.
- (6) The present Medical Staff Rules and Regulations are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws. To the extent any present Rule or Regulation is inconsistent with these Bylaws, it is of no force or effect.

9.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the MEC with regard to:
 - (a) proposed amendments to the Medical Staff Rules and Regulations,
 - (b) a new policy proposed or adopted by the MEC, or
 - (c) proposed amendments to an existing policy that is under the authority of the MEC,

a special meeting of the Medical Staff to discuss the conflict may be called by a petition signed by at least 20% of the voting staff. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the amendment(s) or policy at issue.
- (2) If the differences cannot be resolved, the MEC shall forward its recommendations, along with the proposed recommendations pertaining to the amendment or policy at issue offered by the voting staff members, to the Board for final action.

- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff.

- (4) Nothing in this section is intended to prevent individual Medical Staff members from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Bylaws, the Medical Staff Rules and Regulations, or other Medical Staff policies directly to the Board. Communication from Medical Staff members to the Board will be directed through the CEO, who will forward the request for communication to the Chair of the Board. The CEO will also provide notification to the MEC by informing the COS of all such exchanges. The Chair of the Board will determine the manner and method of the Board's response to the Medical Staff member(s).

ARTICLE 10

ADOPTION

These Medical Staff Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, Rules and Regulations, policies, manuals or Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Staff: August 8, 2017

Approved by the Board: August 30, 2017

Revisions:

Revisions adopted by the Medical Staff: April 16, 2019

Revisions approved by the Board: May 29, 2019

APPENDIX A

MEDICAL STAFF CATEGORIES SUMMARY

	Active	Limited Active	Consulting	Courtesy	Coverage	Honorary
Basic Requirements						
Number of hospital contacts/2-year	≥ 24	≥ 6 & < 24	NA	N	NA	N
Rights						
Admit	Y	≥ 6 & < 24	P	N	P	N
Exercise clinical privileges	Y	Y	Y	N	Y	N
May attend meetings	Y	Y	Y	Y	Y	Y
Voting privileges	Y	P	P	P	P	P
Hold office	Y	N, unless waiver	N, unless waiver	N	N, unless waiver	N, unless waiver
Responsibilities						
Serve on committees	Y	Y	Y	Y	Y	Y
Meeting requirements	Y	N	N	N	N	N
Dues	N	N	N	Y	N	N
Comply w/ guidelines	Y	Y	Y	N	Y	N

Y = Yes

N = No

NA = Not Applicable

P = Partial (with respect to voting, only when appointed to a committee)

APPENDIX B

HISTORY AND PHYSICAL EXAMINATIONS

(a) General Documentation Requirements

- (1) A complete medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services) by an individual who has been granted privileges by the Hospital to perform histories and physicals.

- (2) The scope of the medical history and physical examination will include, as pertinent:
 - patient identification;

 - chief complaint(s) – a brief statement of the nature and duration of symptoms that caused the patient to receive medical attention as stated in the patient's own words;

 - provisional or admitting diagnosis;

 - history of present illness with dates or approximate dates of illness;

 - review of systems;

 - personal medical history, including medications and allergies;

 - family medical history;

- social history, including any abuse or neglect;
- physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses;
- data reviewed, including medical decision-making;
- assessments, including problem list;
- plan of treatment; and
- if applicable, signs of abuse, neglect, addiction, or emotional/behavioral disorder, which will be specifically documented in the physical examination, and any need for restraint or seclusion which will be documented in the plan of treatment.

(3) In the case of a pediatric patient, the history and physical examination report must also include: (i) developmental age; (ii) length or height; (iii) weight; (iv) head circumference (if appropriate); and (v) immunization status.

(4) A focused H&P examination may be used for non-complex outpatient treatments or procedures on non-complex patients that do not require anesthesia. The focused H&P should, at a minimum, include the following:

- chief complaint or reason for the procedure;
- a problem-focused history; past medical history, including all allergies and medications;

- physical examination, including examination of the heart and lungs and the affected body area necessitating the outpatient treatment or procedure, pertinent laboratory or radiology testing results; and
- clinical impression and plan of care.

(b) Individuals Who May Perform H&Ps:

The following types of practitioners may generally perform histories and physicals at the Hospital pursuant to appropriately granted Medical Staff appointment or permission to practice and clinical privileges:

- (1) physicians;
- (2) dentists (in accordance with the terms set forth in the Medical Staff Credentials Policy);
- (3) advance practice registered nurses;
- (4) physician assistants; and
- (5) registered radiology assistants.

(c) H&Ps Performed Prior to Admission

- (1) Any history and physical performed more than 30 days prior to an admission or registration is invalid and may not be entered into the medical record.
- (2) If a medical history and physical examination has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record. However, in these circumstances, the patient must also be evaluated within 24 hours of the time

of admission/registration or prior to surgery/invasive procedure, whichever comes first, and an update recorded in the medical record by an individual whose clinical privileges include the ability to perform histories and physicals.

- (3) The update of the history and physical examination shall be based upon an examination of the patient and must (i) reflect any changes in the patient's condition since the date of the original history and physical that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition.
- (4) In the case of readmission of a patient, all previous records will be made available by the Hospital for review and use by the attending physician.

(d) Cancellations, Delays, and Emergency Situations

- (1) When the history and physical examination is not recorded in the medical record before a surgical or other invasive procedure (including, but not limited to, procedures performed in the operating suites, endoscopy, colonoscopy, bronchoscopy, cardiac catheterizations, radiological procedures with sedation, and procedures performed in the Emergency Room), the operation or procedure will be canceled or delayed until an appropriate history and physical examination is recorded in the medical record, unless the attending physician states in writing that an emergency situation exists.
- (2) In an emergency situation, when there is no time to record a complete history and physical, the attending physician will record an admission or progress note immediately prior to the procedure. The admission or progress note will document, at a minimum, an assessment of the patient's heart rate, respiratory rate, and blood pressure. Immediately following the emergency procedure, the attending physician is then required to complete and document a complete history and physical examination.