

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES & REGULATIONS OF
INDIANA UNIVERSITY HEALTH
BALL MEMORIAL HOSPITAL**

MEDICAL STAFF BYLAWS

Adopted by the Medical Staff: October 15, 2020

Approved by the Board: October 15, 2020

Approved by the Medical Staff: July 28, 2020

Approved by the MEC: February 20, 2020

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PREAMBLE

The Medical Staff of Indiana University Health Ball Memorial Hospital, Inc. supports Indiana University Health's vision to make Indiana one of the nation's healthiest states. To that end, the Medical Staff commits itself to the following tenets:

Purpose: We work to do good in the lives of others by helping and serving our patients.

Compassion: We treat all people with respect, empathy and kindness.

- We recognize that each patient we serve is an individual with a unique set of physical, cultural, and emotional characteristics.
- We will foster and protect the patient's dignity.
- We will treat our patients with respect and dignity at all times.
- We will patiently and thoroughly communicate all information required both by the patient and the patient's family, demonstrating respect and empathy at all times.

Excellence: We do our best at all times and in new ways

- We will provide the best possible treatment for our patients, requiring that we continuously seek out opportunities to refine our clinical skills.

Team: we count on and care for each other

- The Medical Staff understands, moreover, that the way we treat our patients is often reflected by the way we treat each other. Achieving our above-stated purpose therefore requires that we diligently apply the same values that direct our patient care to our colleagues and to the Hospital Staff.
- We will promote an atmosphere of cooperation to ensure the best treatment for our patients and the best opportunity for each of us to use our skills fully.
- We shall treat each other with genuine collegial respect, remembering that the individuals of the Medical Staff each bring different strengths to the treatment of our patients, strengths that should be recognized and nurtured.
- We will treat all members of the medical and hospital staff, regardless of position or professional standing, with equal dignity.

STATEMENT OF AUTHORITY

Indiana University Health Ball Memorial Hospital, Inc. is an acute care hospital organized under applicable laws and regulations and accredited by The Joint Commission.

The Hospital's Board of Directors has established the Medical Staff which shall consist of physicians and certain other health professionals who have been appointed and granted the right to exercise clinical privileges in the delivery of medical and other clinical services for persons who avail themselves of the Hospital's services.

The Medical Staff shall provide competent and professional advice to the Board of Directors concerning the organization and function of the Hospital and the Medical Staff, the credentialing of Medical Staff members and the quality of the Hospital's medical and other clinical services, and shall accept and discharge all responsibilities in accordance with these Medical Staff Bylaws and applicable laws and regulations and subject to the ultimate authority of the Hospital's Board of Directors.

The Hospital and Medical Staff qualify as professional review bodies, as defined by the Health Care Quality Improvement Act, 42 U.S.C. 11151 (11) and the regulations promulgated thereunder, and as peer review committees, as defined by Indiana's laws governing health care provider peer review committees, I.C. 34-30-15-1 *et seq.*, and hereby claim all privileges and immunities afforded them thereunder.

MEDICAL STAFF BILL OF RIGHTS

MEDICAL STAFF BYLAWS AND RELATED MEDICAL STAFF DOCUMENTS

It is hereby acknowledged and agreed that these Medical Staff Bylaws shall constitute an integral part of the relationship between the Hospital and each individual member of the Medical Staff (the other parts of this relationship shall include the Medical Staff Organization Manual, the Credentials Policy, the Medical Staff Rules and Regulations, the Medical Staff application forms, and those Medical Staff and Board policies governing the relationship between members of the Medical Staff and the Hospital (hereafter referred to collectively as “Related Medical Staff Documents”).

These Bylaws may be amended only as provided in Article 8.A., Amendments Medical Staff Bylaws herein and may not be unilaterally amended by any action of the Board, Administration, Medical Staff, or the Executive Committee.

CREDENTIALS AND QUALITY FILES

The Medical Staff Bylaws and Related Medical Staff Documents specifically encourage the use of collegial and educational efforts to address questions or concerns with a Member. Consistent with this, a Member shall be given an opportunity to review and to respond in writing to any written communication concerning the Member’s practice that is prepared by a Medical Staff leader or a member of Hospital management and included in the Member’s credentials and/or quality file. The Member’s response shall be maintained in the Member’s credentials and/or quality file along with the original communication. A Member’s access to his or her formal credentials and/or quality file shall be accomplished in accordance with the Policy on Confidentiality of Medical Staff Records.

RIGHT TO QUESTION

Each Member of the Active Staff has the right to challenge any rule, regulation, policy, recommendation, or action (except a professional review action as defined in these Bylaws that relates to another Member) through a supporting petition signed by fifteen percent (15%) of the Active Staff Members. Upon receipt of such a petition, the Chair of the Executive Committee shall place it on the agenda of the next regular Executive Committee meeting and invite the representative(s) of the petitioning Members to discuss the issue or schedule a special meeting of the Executive Committee to discuss the issue with the representative(s) of the petitioning Member(s).

FREEDOM OF ASSEMBLY

Each Member of the Active Staff may attend and observe any meeting of the Executive Committee, except for executive sessions. Any Member may address the Executive Committee at one of its regular meetings for the purpose of discussing a specific issue, provided a written request to be placed on the agenda is timely received by the Chair at least one week in advance of such meeting. Each Member of the Active Staff may call a special meeting of the Medical Staff or said Member’s department through a proposed agenda signed by fifteen percent (15%) of the Active Staff Members or Active Staff Department Members, respectively, submitted to the Chair or Department Chair. Special meetings shall require five days’ written notice, shall be deemed held only if a quorum has been established and shall adhere to the proposed agenda.

PREROGATIVES OF THE MEDICAL STAFF

Each Member of the Active Staff may review the minutes of any and all standing committees redacting only those portions which must remain confidential to preserve the legal protection from discovery afforded the Hospital and Medical Staff by applicable law and/or the confidentiality or privacy of the individual(s) discussed therein. However, this privilege does not apply to minutes recorded while a committee is in executive session or minutes that relate to topics designated by the Chair as restricted.

PREROGATIVES OF DEPARTMENTS

Actions, resolutions, or recommendations of a department addressed to the Executive Committee shall constitute duly seconded motions at the next regular meeting of the Executive Committee.

AUTHORITY OF THIS ARTICLE

Where conflict or inconsistency exists, the provisions of the Medical Staff Bill of Rights supersede all other provisions of these Bylaws and the Related Medical Staff Documents.

ARTICLE 1

GENERAL

1.A. DEFINITIONS

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

1.B. TIME LIMITS

Time limits referred to in these Bylaws are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.C. DELEGATION OF FUNCTIONS

- (1) When a function 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 chairman, may delegate performance of the function to one or more qualified designees.
- (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.D. MEDICAL STAFF DUES

- (1) Annual Medical Staff dues shall be as recommended by the Executive Committee and may vary by category.
- (2) Dues will be payable annually upon request. Failure to pay dues will result in administrative suspension of privileges, and ineligibility to apply for reappointment until the dues have been paid.
- (3) Two signatures of the following are required on all checks issued from the Medical Staff account: Chairman of the Medical Staff, Vice Chairman of the Medical Staff, Secretary-Treasurer of the Medical Staff, and Chief Medical Officer.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

(Table Summary listed in Appendix A)

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff are eligible to apply for appointment. All members shall be assigned to one of the following categories:

2.A. ACTIVE STAFF

2.A.1. Qualifications

- (a) The Active Staff shall consist of physicians, dentists, and podiatrists who:
 - (1) are involved in at least 24 patient contacts per two-year appointment term; and
 - (2) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and Hospital through service on Hospital or Medical Staff committees and/or active participation in performance improvement or professional practice evaluation functions.
- (b) An Active Staff member who has fewer than 24 patient contacts during the last two-year appointment term will be given an opportunity to demonstrate to the Credentials Committee, at the time of reappointment or anytime as requested by the Credentials Committee, that his/her practice patterns have changed and/or that he/she will satisfy the activity requirements of this category going forward. This may consist of supplying case logs or peer review data from another facility, in which case, the member must sign a waiver that the other facility may provide information to Ball. If an Active Staff member cannot support this position to the Credentials Committee's satisfaction, then the member will be transferred to another staff category that best reflects his/her relationship to the Medical Staff and Hospital for the upcoming term of appointment.

2.A.2. Prerogatives

Active Staff members:

- (a) may treat and admit patients;
- (b) may vote in all general and special meetings of the Medical Staff, and applicable department and committee meetings;
- (c) may hold office, serve as department chairs, and serve on Medical Staff committees; and
- (d) are entitled to priority scheduling for non-emergency/elective patients for the operating room and outpatient services.

2.A.3. Responsibilities

Active Staff members must:

- (a) assume all the responsibilities of membership on the Active Medical Staff, including committee service, emergency call, care for unassigned patients and evaluation and proctoring of members during the provisional period;*
- (b) actively participate in the peer review and performance improvement process;
- (c) accept consultations when requested;
- (d) attend applicable meetings;
- (e) pay application fees, dues and assessments; and
- (f) perform assigned duties.

*Members of the Active Staff who:

- (i) meet the general qualifications for appointment; and
- (ii) when the sum of the individual's age and years of service at the Hospital are added together, equals 85 or more,

are encouraged, but not required, to attend Medical Staff and department meetings.; however, to retain the right to vote, 50% of applicable Medical Staff and department meetings each year must be attended. Failure to attend 50% will result in relinquishment of all voting rights for the following year. In addition, these members may be excused from emergency service on-call responsibilities, subject to a recommendation of their department and the determination by the Executive Committee and Board that removal from call would not cause a hardship on others who serve for the specialty. They may also be exempt from service call if there is a service agreement in place for coverage of unassigned patients.

2.A.4. Active Staff Subgroups

Except as otherwise defined in this section, the qualifications, prerogatives, and responsibilities of the following subgroups of the Active Staff shall be consistent with other members of the Active Staff, except that they may attend, but not vote at, meetings of the Medical Staff and applicable departments, and that they may not hold office or serve as department chairs or committee chairs.

- Active (Provisional) Staff: Members initially appointed to the Active Staff shall be provisional for a period of one year.
- Active (Consultation Required) Staff: Members may have privileges to independently admit patients but are required to obtain appropriate consultations.
- Active (Consulting) Staff: Members do not have independent admitting privileges and are limited to providing consultation and treatment to hospitalized patients admitted to and under the concurrent care of the admitting physician. Any member who has more than 48 patient contacts during his/her two-year appointment term must request Active Staff status.
- Active (Consulting Resident) Staff: Members are part of a Medical Education residency program but only have independent admitting privileges when they are moonlighting.

2.B. CONSULTING STAFF

2.B.1. Qualifications

- (a) The Consulting Staff shall consist of physicians, dentists, and podiatrists who:
 - (1) have fewer than 24 patient contacts at the Hospital during the appointment term;
 - (2) are of recognized professional ability and expertise who provide a service that is not available on the Active Staff;
 - (3) are appointed to the Active Staff at another hospital where they are currently practicing, unless their clinical specialty does not support an active inpatient practice; and
 - (4) provide consultation in the diagnosis and treatment of patients.
- (b) Any member of the Consulting Staff who has 24 or more patient contacts during his/her two-year appointment term must request Active Staff status unless he/she can demonstrate to the Credentials Committee, at the time of reappointment, that his/her practice patterns have changed and/or that he/she will satisfy the activity requirements of this category going forward. If a Consulting Staff member cannot support this position to the Credentials Committee's satisfaction, then the member will be transferred to the Active Staff.

2.B.2. Prerogatives and Responsibilities

Consulting Staff members:

- (a) may treat (but not admit) patients in conjunction with another physician on the Active Staff;
- (b) may attend meetings of the Medical Staff and applicable department meetings (without vote) and applicable committee meetings (with vote);
- (c) may not hold office or serve as department chairs or committee chairs;
- (d) will, at each reappointment time, provide such quality data and other information as may be requested in order to allow for an appropriate assessment of continued qualifications for appointment and clinical privileges; and
- (e) shall pay application fees, dues, and assessments.

2.C. TELEMEDICINE STAFF

2.C.1. Qualifications

The Telemedicine Staff shall consist of physicians, dentists, and podiatrists who:

- (a) satisfy the qualifications for appointment to the Medical Staff, but are exempt from the eligibility criteria set forth in the Credentials Policy pertaining to location within the geographic service area; and
- (b) limit their practice at the Hospital exclusively to providing telemedicine services.

2.C.2. Prerogatives and Responsibilities

Telemedicine Staff members:

- (a) may not admit patients to the Hospital;

- (b) may attend and participate in Medical Staff and department meetings (without vote);
- (c) may not hold office, serve as department chairpersons or committee chairs, or serve on committees;
- (d) shall cooperate in the peer review and performance improvement process; and
- (e) shall pay applicable fees, dues, and assessments.

2.D. AFFILIATE STAFF

2.D.1. Qualifications

The Affiliate Staff consists of those physicians, dentists, and podiatrists who:

- (a) desire to be associated with, but who do not intend to establish a clinical practice at, this Hospital. This is a membership-only category, with no clinical privileges being granted. The primary purpose of the Affiliate 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; and
- (b) have indicated or demonstrated a willingness to assume all the responsibilities of membership on the Affiliate Staff as outlined in Section 2.D.2.

2.D.2. Prerogatives and Responsibilities

Affiliate Staff members:

- (a) may attend meetings of the Medical Staff and applicable departments and divisions (without vote);
- (b) may not hold office or serve as department chairs or committee chairs;
- (c) shall generally have no staff committee responsibilities, but may be assigned to 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 outpatient records for inclusion in the Hospital's medical records for any patients who are referred;
- (g) are also encouraged to communicate directly with Active Staff members about the care of any patients referred, as well as to visit any such patients and record a courtesy progress note in the medical record containing relevant information from the patients' outpatient care;
- (h) may review the medical records and test results (via paper or electronic access) for any patients who are referred;
- (i) may perform preoperative 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 or outpatient orders, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to patients at the Hospital;
- (k) may actively participate in the professional practice evaluation and performance improvement processes;
- (l) may refer patients to the Hospital's diagnostic facilities and order such tests;

- (m) must accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and
- (n) must pay application fees, dues, and assessments.

2.E. HONORARY STAFF

2.E.1. Qualifications

The Honorary Staff shall consist of physicians, dentists, and podiatrists who are recognized for outstanding or noteworthy contributions to the medical sciences, or have a record of previous long-standing service to the Hospital, and have retired from the active practice of medicine.

2.E.2. Prerogatives and Responsibilities

Honorary Staff members may:

- (a) not consult, admit or attend to patients;
- (b) attend staff and department meetings when invited to do so (without vote);
- (c) be appointed to committees (with vote);
- (d) not vote, hold office, serve as a department chair; and
- (e) not pay application fees, dues or assessments.

2.F. ALLIED HEALTH STAFF

2.F.1. Qualifications

The Allied Health Staff consists of allied health practitioners who satisfy the qualifications and conditions for appointment to the Allied Health Staff contained in the Credentials Policy. The Allied Health Staff also includes those physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at the Hospital. The Allied Health Staff is not a category of the Medical Staff, but is included in this Article for convenient reference. For ease of use, any reference in these Bylaws or associated policies to “members” shall include allied health practitioners unless specifically limited to members of the Medical Staff.

2.F.2. Prerogatives and Responsibilities

Allied Health Staff members:

- (a) may attend applicable department meetings (without vote);
- (b) may not hold office or serve as a department or committee chair;
- (c) may serve on a committee, if requested (with vote);
- (d) must cooperate in the peer review and performance improvement process; and
- (e) must pay applicable fees, dues, and assessments.

ARTICLE 3

OFFICERS (EXECUTIVE COMMITTEE & MEDICAL STAFF)

3.A. COMPOSITION

- (1) The Executive Committee shall be composed of seven Active Staff members elected by the voting staff:
 - (a) one each year to serve a five-year term; and
 - (b) one each year to serve a two-year term.
- (2) To ensure the Executive Committee can represent the diverse interests of the Medical Staff, the members serving five-year terms may not be from the same specialty:
 - (a) the members serving two-year terms may not be from the same specialty; and
 - (b) there may not be more than two members from the same department composing the entire seven members of the Executive Committee.
- (3) The member who is serving his or her fifth year on the Committee shall be the Chair; the member serving his or her fourth year shall be the Vice Chair; and the member serving his or her third year shall be the Secretary-Treasurer. The Chair, Vice Chair, and Secretary-Treasurer of the Executive Committee shall constitute the Chair, Vice Chair, and Secretary-Treasurer of the Medical Staff (i.e., Medical Staff officers).
- (4) The CMO, the Chief Nursing Officer, and the Chief Operating Officer shall be *ex officio* members of the Executive Committee, without vote.
- (5) Members of the Board may attend meetings of the Executive Committee and participate in the discussions, but without vote.

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. They must:

- (1) be appointed in good standing to the Active Staff, and have served on the Active Staff for at least five years;
- (2) have no pending adverse recommendations concerning Medical Staff membership or clinical privileges;
- (3) not presently be serving as Medical Staff Officer, Board member or department chair at any other hospital and shall not so serve during their terms of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have demonstrated an interest in maintaining quality medical care at the Hospital;
- (6) have demonstrated an ability to work well with others;
- (7) have experience in a leadership position, or other involvement in performance improvement functions for at least two years; and
- (8) not have any financial relationship (i.e., an ownership or investment interest in or 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. Chairman of the Medical Staff

The Chairman of the Medical Staff shall:

- (a) act in coordination and cooperation with Hospital management 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 CMO, and the Board;
- (c) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the Executive Committee;
- (d) appoint Medical Staff standing committee chairmen and committee members in consultation with the Executive Committee, excluding Department and Peer Review Chairs, and the Credentialing Committee Chair and members who are elected;
- (e) chair the Executive Committee (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio*, without vote;
- (f) promote adherence to the Bylaws, policies, and rules and regulations of the Medical Staff and to the policies and procedures of the Hospital;
- (g) recommend Medical Staff representatives to Hospital committees;
- (h) perform all functions authorized in all applicable policies, including collegial intervention in the Credentials Policy; and
- (i) attend meetings of the Board, with vote, in accordance with the Hospital's corporate bylaws.

3.C.2. Vice-Chair

The Vice-Chair shall:

- (a) assume all duties of the Chairman of the Medical Staff and act with full authority as Chairman of the Medical Staff in his or her absence;
- (b) serve on the Executive Committee;
- (c) automatically succeed the Chairman of the Medical Staff at the expiration of the Chairman's term; and
- (d) assume all such additional duties as are assigned to him or her by the Chairman of the Medical Staff or the Executive Committee.

3.C.3. Immediate Past Chairman of the Medical Staff

The Immediate Past Chairman of the Medical Staff shall:

- (a) chair the Nominating Committee;
- (b) serve as an advisor to other Medical Staff Leaders;
- (c) assume all duties assigned by the Chairman of the Medical Staff or the Executive Committee; and
- (d) serve a three-year term on the Credentials Committee.

3.C.4. Secretary-Treasurer

In conjunction with the Medical Staff Coordinator, the Secretary-Treasurer will:

- (a) be responsible for providing notices as specified in these Bylaws;

- (b) cause to be kept accurate and complete minutes of all Executive Committee and Medical Staff meetings;
- (c) call Medical Staff meetings on order of the Chairman of the Medical Staff and record attendance;
- (d) attend to all correspondence and perform such other duties as ordinarily pertain to the office of Secretary;
- (e) review all appropriations requests and serve as the chair of the Appropriations Committee, which will be appointed on an ad hoc basis at the discretion of the Executive Committee;
- (f) serve on the Executive Committee; and
- (g) collect staff dues and make disbursements authorized by the Executive Committee or its designees

3.D. NOMINATIONS

- (1) Nominees for membership on the Credentials Committee and Executive Committee shall be selected by the Nominating Committee or by written petition of members to the Medical Staff in accordance with (3)(b) of this Section.
- (2) Composition of the Nominating Committee: The Immediate Past Chairman of the Medical Staff shall chair the Nominating Committee. The Nominating Committee shall consist of two additional members of the Active Staff, as selected by the current Chairman of the Medical Staff.
- (3) Procedure for Nominating a Candidate:
 - (a) The Committee shall be appointed for all general and special elections. The Committee shall convene at least 45 days prior to the election and shall submit to the Chair the names of at least one qualified nominee, and preferably more qualified nominees, for each of the open seats on the Credentials Committee and Executive Committee. Notice of the nominees shall be provided to the Medical Staff at least 30 days prior to the election.
 - (b) Nominations may also be submitted in writing by petition signed by at least five Active Staff members at least ten days prior to the election. Therefore, nominations from the floor shall not be accepted.
 - (c) In order for a nomination to be placed on the ballot, a candidate for the Credentials Committee must meet the qualifications set forth in the Medical Staff Organization Manual and a candidate for the Executive Committee must meet the qualifications in Section 3.B in the judgment of the Nominating Committee and be willing to serve.

3.E. ELECTION

- (1) Candidates receiving a majority of written votes cast at the meeting shall be elected, subject to Board confirmation. 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 Executive Committee, the election shall be held solely by written ballot returned to Physician Support Services. Ballots may be returned in person, by mail, by facsimile, or by e-mail ballot. All ballots must be

received in Physician Support Services by the day of the election. Those who receive a majority of the votes cast shall be elected, subject to Board confirmation.

3.F. REMOVAL

- (1) Removal of an elected officer or a member of the Executive Committee may be effectuated by a two-thirds vote of the Executive Committee or a two-thirds vote of the Active Staff, subject to Board confirmation, after reasonable notice and opportunity to be heard as described in (2) below. Grounds for removal shall be:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (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 ten 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 Executive Committee, the Active Staff, or the Board, as applicable, prior to a vote on removal. No removal shall be effective until approved by the Board.

3.G. VACANCIES

A vacancy in the office of Chairman of the Medical Staff shall be filled by the Vice-Chair, who shall serve until the end of the Chairman's unexpired term. A vacancy in the office of Secretary-Treasurer or the at-large members of the Executive Committee will be filled by the Executive Committee, subject to approval by the Board, until a special election can be held.

ARTICLE 4

CLINICAL DEPARTMENTS

4.A. ORGANIZATION

The Medical Staff shall be organized into departments as listed in the Medical Staff Organization Manual. Subject to the approval of the Board, the Executive Committee may create new departments, eliminate departments, create divisions within departments, or otherwise reorganize the department structure.

4.B. ASSIGNMENT TO DEPARTMENT

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

4.C. FUNCTIONS OF DEPARTMENTS

The departments 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 departments; (ii) to monitor the practice of all those with clinical privileges or a scope of practice in a given department; and (iii) to provide appropriate specialty coverage in the Emergency Department, consistent with the provisions in these Bylaws and related policies.

4.D. QUALIFICATIONS OF DEPARTMENT CHAIRS

Each department chair shall:

- (1) be a member of the Active Staff;
- (2) be certified by an appropriate specialty board; and
- (3) satisfy eligibility criteria in Section 3.B, unless waived by the Board after considering the recommendation of the Executive Committee.

4.E. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS

- (1) Department chairs shall be elected by the department, subject to Executive Committee confirmation. A nominating committee, appointed by the current department chair, shall nominate qualified candidate(s). Those who receive a majority of the votes cast shall be elected.
- (2) Department chairs shall serve a term of two years, which can be renewable.
- (3) Any department chair may be removed by a two-thirds vote of the department members or by a two-thirds vote of the Executive Committee, to Board confirmation,

after reasonable notice and opportunity to be heard as described in (4) below.

Grounds for removal shall be:

- (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (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.
- (4) At least ten days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action is to be considered. The individual shall be afforded an opportunity to speak to the department, the Executive Committee or the Board, as applicable, prior to a vote on removal. No removal shall be effective until approved by the Board.

4.F. DUTIES OF DEPARTMENT CHAIRS

Each department chair is responsible for the following functions, either personally or in collaboration with Hospital personnel:

- (1) reviewing and reporting on applications for initial appointment and clinical privileges, including interviewing applicants;
- (2) reviewing and reporting on applications for reappointment and renewal of clinical privileges;
- (3) evaluation of individuals during the provisional period;
- (4) participation in the development of criteria for clinical privileges;
- (5) reviewing and reporting on the professional performance of individuals practicing within the department;
- (6) all clinically-related activities of the department;
- (7) all administratively-related activities of the department, unless otherwise provided for by the Hospital;
- (8) continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges, including performing ongoing and focused professional practice evaluations (OPPE and FPPE);
- (9) recommending criteria for clinical privileges that are relevant to the care provided in the department;
- (10) evaluating requests for clinical privileges for each member of the department;
- (11) assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the department or the Hospital;
- (12) the integration of the department into the primary functions of the Hospital;
- (13) the coordination and integration of inter-department and intra-department services;
- (14) the development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
- (15) recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;

- (16) determination of the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (17) continuous assessment and improvement of the quality of care, treatment, and services provided;
- (18) maintenance of quality monitoring programs, as appropriate;
- (19) the orientation and continuing education of all persons in the department;
- (20) recommendations for space and other resources needed by the department; and
- (21) performing all functions authorized in the Bylaws Credentials Policy, including collegial intervention.

ARTICLE 5

MEDICAL STAFF COMMITTEES & PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. EXECUTIVE COMMITTEE

5.A.1. Composition

The composition of the Executive Committee is set forth in Section 3.A of these Bylaws.

5.A.2. Duties

- (a) The Executive Committee is delegated the primary authority over activities related to the functions of the Medical Staff and for performance improvement of the professional services provided by individuals with clinical privileges. This authority may be removed by the Medical Staff through amending these Bylaws. The Executive Committee is responsible for reviewing and making any necessary recommendations to the Board with regard to the following:
- (1) the structure of the Medical Staff;
 - (2) the process used to review credentials and to delineate individual clinical privileges;
 - (3) applicants for Medical Staff appointment;
 - (4) a delineation of clinical privileges for each eligible individual;
 - (5) the participation of the Medical Staff in Hospital performance improvement activities;
 - (6) the process by which Medical Staff appointment may be terminated;
 - (7) hearing procedures;
 - (8) the sources of clinical patient care services to be provided through contracts;
 - (9) reports and recommendations from Medical Staff committees, departments, and other groups as appropriate;
 - (10) quality indicators to promote uniformity regarding patient care services;
 - (11) activities related to patient safety;
 - (12) the process of analyzing and improving patient satisfaction;
 - (13) continuing medical education activities;
 - (14) reviewing, at least every three years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable; and
 - (15) performing any other functions as are assigned to it by these Bylaws, the Credentials Policy or other applicable policies.
- (b) The Executive Committee is empowered to act on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between Executive Committee meetings).

5.A.3. Meetings

The Executive Committee shall meet as often as necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and actions. The Executive Committee may conduct sensitive and confidential business in Executive Session in accordance with Section 6.D.7.

5.B. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in the measurement, assessment and improvement of the following:
 - (a) medical assessment and treatment of patients;
 - (b) use of information about adverse privileging decisions for any practitioner privileged through the Medical Staff process;
 - (c) medication usage;
 - (d) the use of blood and blood components;
 - (e) operative and other procedures;
 - (f) appropriateness of clinical practice patterns;
 - (g) significant departures from established patterns of clinical practice;
 - (h) the use of developed criteria for autopsies;
 - (i) sentinel event data;
 - (j) patient safety data;
 - (k) the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures; and
 - (l) the required content and quality of history and physical as well as the time frames required for completion, all of which are set forth in Appendix B.

- (2) The Medical Staff participates in the following activities:
 - (a) education of patients and families;
 - (b) coordination of care, treatment, and services with other practitioners and Hospital personnel;
 - (c) accurate, timely, and legible completion of patient's medical records;
 - (d) review of findings of the assessment process that are relevant to an individual's performance. The Medical Staff is responsible for determining the use of this information in the ongoing evaluations of a practitioner's competence; and
 - (e) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the governing body.

5.C. APPOINTMENT OF COMMITTEE CHAIRMEN AND MEMBERS

- (1) All standing committee chairmen and members shall be appointed by the Chairman of the Medical Staff, in consultation with the Executive Committee. Committee chairmen shall be selected based on the criteria set forth in Section 3.B of these Bylaws.

- (2) Members of Medical Staff committees may appoint from its members a vice chairman to assume the duties of the chairman in presiding over committee meetings in the absence of the committee chairman.
- (3) Committee chairmen and members shall be appointed for initial terms of two years, but may be reappointed for additional terms.
- (4) The Chairman of the Medical Staff and the CMO (or their respective designees) shall be members, *ex officio*, without vote, on all committees, unless otherwise stated.

5.D. CREATION OF STANDING COMMITTEES

In accordance with the provisions in the Organization Manual, the Executive Committee 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 Executive Committee 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 task force shall be performed by the Executive Committee.

5.E. SPECIAL TASK FORCES

Special task forces shall be created and their members and chairmen shall be appointed by the Chairman of the Medical Staff. Such task forces shall confine their activities to the purpose for which they were appointed and shall report to the Executive Committee.

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 at least twice a year.

6.B.2. Special Meetings

Special meetings of the Medical Staff may be called by the Chairman of the Medical Staff, the Executive Committee, the Board, or by a petition signed by not less than fifteen percent (15%) of the Active Staff.

6.C. DEPARTMENT AND COMMITTEE MEETINGS

6.C.1. Regular Meetings

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each department and committee shall meet as often as necessary to fulfill its responsibilities, at times set by the presiding officer.

6.C.2. Special Meetings

A special meeting of any department or committee may be called by or at the request of the presiding officer, the Chairman of the Medical Staff, or by a petition signed by not less than fifteen percent (15%) of the Active Staff members of the department or committee, but not by 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 and committees in a reasonable time frame in advance of the meetings. All notices shall state the date, time, and place of the meetings.
- (b) 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 or committee, those voting members present, but not fewer than two members, shall constitute a quorum.
- (b) Recommendations and actions of the Medical Staff, departments, 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 individuals present.
- (c) The voting members of the Medical Staff, a department, or a committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, or telephone, and their votes returned to the chairman by the method designated in the notice. A quorum for purposes of these votes shall be the number of responses returned to the chairman by the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.

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, or committee.

6.D.4. Rules of Order

Robert's Rules of Order shall not be binding at Medical Staff meetings or 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 or committee custom shall prevail at all meetings, and the department chair or committee chairman 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, 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.
- (b) A summary of all recommendations and actions of the Medical Staff, departments, and committees shall be transmitted to the Executive Committee, and CMO. The Board shall be kept apprised of the recommendations of the Medical Staff and its departments and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by the Hospital.

6.D.6. Confidentiality

Members of the Medical Staff who have access to or are the subjects of credentialing and/or peer review information 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 Medical Staff Credentials Policy or other applicable Medical

Staff or Hospital policy. A breach of confidentiality may result in the imposition of disciplinary action.

6.D.7. Executive Sessions

Discussions or meetings of a Medical Staff committee or department may be conducted in Executive Session, meaning only the voting Medical Staff members of the committee or department may attend. An Executive Session may be called at the discretion of the presiding officer and is intended to be utilized to discuss peer review issues, personnel issues, or any other issues requiring confidentiality. The conduct and activities of the committee or department while in Executive Session shall be consistent with the duties and responsibilities of the committee or department. In addition, discussions or meetings shall be conducted in a manner consistent with applicable federal and state law, which includes maintaining the strict confidentiality of the proceedings.

6.D.8. Attendance Requirements

- (a) Each Active Staff member is expected to attend and participate in all Medical Staff meetings and applicable department and committee meetings each year.
- (b) Nevertheless, each Active Staff member is required to attend 50% of applicable Medical Staff and department meetings each year. It is not necessary to prepare excuses for missed meetings because excuses shall not be considered when compliance with attendance requirements is considered. Failure to meet this attendance requirement will not constitute grounds for denying reappointment to the staff; however, it will result in relinquishment of all voting rights for the following year.

ARTICLE 7

BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials Policy.

7.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, and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials Policy.

7.B. PROCESS FOR PRIVILEGING

Requests for privileges are transmitted to the applicable department chair, who reviews the individual's education, training, and experience and prepares a written report stating whether the individual meets all qualifications. The report of the department chair is forwarded to the Credentials Committee which reviews the report, the application, and all supporting materials and makes a recommendation to the Executive Committee. The Executive Committee 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 Executive Committee to grant privileges is favorable, it is forwarded to the Board for final action. If the recommendation of the Executive Committee is unfavorable, the individual is notified by the CMO of the right to request a hearing.

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

Complete applications are transmitted to the applicable department chair, who reviews the individual's education, training, and experience and prepares a written report stating whether the individual meets all qualifications. The report of the department chair is forwarded to the Credentials Committee which reviews the report, the application, and all supporting materials and makes a recommendation to the Executive Committee. The Executive Committee 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 Executive Committee to grant appointment or reappointment is favorable, it is forwarded to the Board for final action. If the recommendation of the Executive Committee is unfavorable, the individual is notified by the CMO of the right to request a hearing.

7.D. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES

- (1) Appointment and clinical privileges will 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) attend a special conference to discuss issues or concerns; or
 - (v) use legible handwriting in the medical record, in accordance with the Medical Staff Rules and Regulations;
 - (b) is arrested, indicted, convicted, or pleads guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) insurance or health care fraud or abuse; or (iv) violence;
 - (c) makes a misstatement or omission on an application form; or
 - (d) in the case of an Advanced Dependent Practitioner or Dependent Practitioner, fails, for any reason, to maintain an appropriate supervision relationship with a Supervising Physician as defined in the Credentials Policy or if the Medical Staff appointment or clinical privileges of a Supervising Physician are resigned, revoked or terminated.
- (2) Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

7.E. 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, at least two of the following are authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation: the CMO, Board Chairman *and* a ranking member of the Executive Committee.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the CMO, Board Chairman *and* a ranking member of the Executive Committee.
- (3) The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The Executive Committee will review the reasons for the suspension within a reasonable time.
- (5) Prior to, or as part of, this review, the individual will be given an opportunity to meet with the Executive Committee or an ad hoc committee of the Executive Committee as designated by the Chairman of the Medical Staff.

7.F. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR
SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES

Following an investigation, the Executive Committee may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) clinical competence or clinical practice, including patient care, treatment or management; (b) the known or suspected violation of applicable ethical standards or the Bylaws, policies, Rules and Regulations of the Hospital or the Medical Staff; or (c) conduct that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staff, including the inability of the member to work harmoniously with others.

7.G. 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.
- (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 Executive Committee may request an appeal of the recommendations of the Hearing Panel to the Board.

ARTICLE 8

AMENDMENTS

8.A. MEDICAL STAFF BYLAWS

- (1) Neither the Executive Committee, the Medical Staff, the Administration, nor the Board shall unilaterally amend these Bylaws.
- (2) Amendments to these Bylaws may be proposed by a petition signed by 25% of the voting members of the Medical Staff, by the Bylaws Committee, or by the Executive Committee.
- (3) All proposed amendments must be reviewed by the Executive Committee prior to a vote by the Medical Staff. The Executive Committee shall provide notice of all proposed amendments, including amendments proposed by the voting members of the Medical Staff as set forth above, to the voting staff. The Executive Committee may also report on any proposed amendments, either favorably or unfavorably, at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose.
- (4) 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, the amendment must receive a majority of the votes cast by the voting staff at the meeting.
- (5) The Executive Committee may also present any proposed amendments to the voting staff by written or electronic ballot, returned to the Medical Staff Office by the date indicated by the Executive Committee. Along with the proposed amendments, the Executive Committee may, in its discretion, provide a written report on them either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes cast.
- (6) The Executive Committee shall have the power to adopt such amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression without a vote by the Medical Staff.
- (7) All amendments shall be effective only after approval by the Board.
- (8) If the Board has determined not to accept a recommendation submitted to it by the Executive Committee or the Medical Staff, the Executive Committee 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 CMO (or his or her designee) within two weeks after receipt of a request. If the conference fails to resolve the disagreement between the parties, the matter will be referred to the Conflict Management Process outlined in Section 8.C for further deliberation.

8.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures, and Rules and Regulations that are 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 amended in accordance with this Section.

- (2) An amendment to the Credentials Policy may be made by a majority vote of the members of the Executive Committee, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Executive Committee. 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 vote by the Executive Committee. Any voting member may submit written comments on the amendments to the Executive Committee.
- (3) An amendment to the Medical Staff Organization Manual or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Executive Committee. Notice of all proposed amendments to these two documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the vote by the Executive Committee. Any voting member may submit written comments on the amendments to the Executive Committee.
- (4) The Executive Committee and the Board shall have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of all provisionally adopted amendments shall be provided to each member of the Medical Staff as soon as possible. The Medical Staff shall have 14 days to review and provide comments on the provisional amendments to the Executive Committee. If there is no conflict between the Medical Staff and the Executive Committee, the provisional amendments shall stand. If there is conflict over the provisional amendments, then the process for resolving conflicts set forth below shall be implemented.
- (5) All other policies of the Medical Staff may be adopted and amended by a majority vote of the Executive Committee. No prior notice is required.
- (6) Amendments to Medical Staff policies and Rules and Regulations may also be proposed by a petition signed by a majority of the voting members of the Medical Staff. Notice of any such proposed amendment to these documents shall be provided to each voting member of the Medical Staff 14 days in advance of forwarding the proposed recommendation to the Executive Committee. Any such proposed amendments will be reviewed by the Executive Committee, which may comment on the amendments before they are forwarded to the Board for its final action.
- (7) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

8.C. CONFLICT MANAGEMENT PROCESS

- (1) Where a disagreement over an amendment to the Bylaws between the Board and the Executive Committee or the Medical Staff has not been resolved under Section 8.A.(8), or when there is a conflict between the Medical Staff and the Executive Committee with regard to:

- (a) proposed amendments to the Medical Staff Rules and Regulations,
- (b) a new policy proposed by the Executive Committee, or
- (c) proposed amendments to an existing policy that is under the authority of the Executive Committee,

a special meeting of the Medical Staff and the Executive Committee and/or Board, as applicable, will be called. The agenda for that meeting will be limited to the amendment(s) or policy at issue. The purpose of the meeting is to resolve the differences that exist with respect to Medical Staff Bylaws, Rules and Regulations, or policies.

- (2) If the differences cannot be resolved at the meeting, the Executive Committee shall forward its recommendations, along with the proposed recommendations pertaining to the Medical Staff Bylaws, Rules and Regulations or policies offered by the voting members of the Medical Staff, 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 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 CMO, who will (i) forward the request for communication to the Chair of the Board; and (ii) provide notification to the Executive Committee by informing the Chairman of the Medical Staff 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).
- (5) Conflicts outside of the scope of this section that may arise between the Medical Staff, Administration, and/or the Board shall be referred to the Joint Conference Committee, as outlined in Section 3.F of the Medical Staff Organization Manual.

ARTICLE 9

INDEMNIFICATION

The Hospital shall provide a legal defense for, and shall indemnify, all Medical Staff Officers, department chairs, committee chairmen, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by law, in accordance with the Hospital's bylaws.

ARTICLE 10

ADOPTION

These 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.

APPENDIX A
MEDICAL STAFF CATEGORIES SUMMARY

	Active	Consulting	Telemedicine	Affiliate	Honorary
Basic Requirements					
Number of hospital contacts/2-year	≥ 24	< 24	N/A	N/A	N/A
Prerogatives*					
Admit	Y	N	N	N	N
Exercise clinical privileges	Y	Y	Y	N	N
May attend meetings	Y	Y	Y	Y	Y
Voting privileges	Y	P	N	P	P
Hold office/serve as Department Chair	Y	N	N	N	N
Serve on committees	Y	Y	N	Y	Y
Responsibilities					
Emergency call coverage	Y [†]	N	N	F/C	N
Attendance requirements	50%	N	N	N	N
Dues	Y	Y	Y	Y	N

Y = Yes

N = N

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

F/C = Accept referrals for follow-up care

APPENDIX B

HISTORY AND PHYSICAL EXAMINATIONS

- (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 a physician appointee to the Medical Staff, a member of the House Staff, a nurse practitioner or a physician assistant with appropriate clinical privileges. Cases performed using topical/local anesthesia are exempt

* Except as otherwise defined in these Bylaws, the qualifications, prerogatives, and responsibilities of the subgroups of the Active Staff shall be consistent with other members of the Active Staff, except that they may attend, but not vote at, meetings of the Medical Staff and applicable departments, and that they may not hold office or serve as department chairs or committee chairs.

† May be excused based on age/years of service.

from this requirement (per CMS Interpretive Guidelines). The scope of the medical history and physical examination will include, as pertinent:

- (a) patient identification;
- (b) chief complaint;
- (c) history of present illness;
- (d) review of systems:
 - (i) cardiovascular;
 - (ii) respiratory;
 - (iii) gastrointestinal;
 - (iv) neuromusculoskeletal; and
 - (v) skin;
- (e) personal medical history, including medications and allergies;
- (f) family medical history;
- (g) social history, including any abuse or neglect;
- (h) physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses;
- (i) data reviewed;
- (j) assessments, including problem list;
- (k) plan of treatment; and
- (l) 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 will be documented in the plan of treatment.

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.

- (2) Any history and physical that is greater than 30 days old is invalid. 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, provided that the patient has been reassessed within 24 hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first. The update of the history and physical examination must reflect any changes in the patient's condition since the date of the original history and physical or state that there have been no changes in the patient's condition.
- (3) When the history and physical examination is not performed or recorded in the medical record before a surgical, diagnostic operative or invasive procedure, the operation or procedure will be canceled unless the attending physician states in writing that an emergency situation exists. If it is an emergency situation and a history and physical has been dictated but has not been transcribed, there will be a statement to that effect in the patient's chart, with an admission note by the attending physician. The admission note must be documented immediately prior to surgery (same day as surgery) and will include, at a minimum, an assessment of the patient's heart rate, respiratory rate and blood pressure.

- (4) A focused history and physical, containing the chief complaint or reason for the procedure, relevant history of the present illness or injury, and the patient's present clinical condition/physical findings, may be used for ambulatory or same day procedures as approved by the Executive Committee.
- (5) The current obstetrical record will include a complete prenatal record. The prenatal record may be a legible copy of the admitting physician's office record transferred to the Hospital before admission. An interval admission note must be written that includes pertinent additions to the history and any subsequent changes in the physical findings.