

**MEDICAL STAFF BYLAWS, POLICIES, AND  
RULES AND REGULATIONS  
OF  
RANDOLPH HOSPITAL**

**MEDICAL STAFF BYLAWS**

*Effective October 1, 2009*

# MEDICAL STAFF BYLAWS

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## ARTICLE 1

### GENERAL

#### 1.A. DEFINITIONS

The following definitions shall apply to terms used in these Bylaws and related policies and manuals:

- (1) "ALLIED HEALTH PROFESSIONAL" means a health care practitioner other than a physician, dentist, podiatrist, or oral surgeon who is authorized to provide patient care services in the Hospital.
- (2) "BOARD" means the Board of Directors of the Hospital, which has the overall responsibility for the Hospital, or its designated committee.
- (3) "CATEGORY I PRACTITIONER" means a Licensed Independent Practitioner, an Allied Health Professional who is permitted by law and by the Hospital to provide patient care services without direction or supervision, within the scope of his or her license and consistent with the clinical privileges granted.
- (4) "CATEGORY II PRACTITIONER" means an Advanced Dependent Practitioner, an Allied Health Professional who provides a medical level of care or performs surgical tasks (i.e., Advanced Practice Registered Nurse ("APRN"), Physician Assistant ("PA")) consistent with the clinical privileges granted, but who is required by law and/or the Hospital to exercise those clinical privileges under the direction of, or in collaboration with, a Supervising Physician, pursuant to a written supervision or collaborative agreement. Category II practitioners also include those physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at the Hospital under the conditions set forth in the AHP Policy (e.g., moonlighting residents).
- (5) "CATEGORY III PRACTITIONER" means a Dependent Practitioner, an Allied Health Professional who is permitted by law or the Hospital to function only under the direction of, or in collaboration with, a Supervising Physician, pursuant to a written supervision agreement and consistent with the scope of practice granted. All aspects of the clinical practice of Category III practitioners at the Hospital shall be handled by the Hospital's Human Resources Department in accordance with applicable human resources policies and procedures, and the provisions of these Bylaws shall specifically not apply. Hereinafter, as used in these Bylaws, the term "Allied Health Professional" shall mean Category I and Category II practitioners only.
- (6) "CLINICAL PRIVILEGES" or "PRIVILEGES" means the authorization granted by the Board to a practitioner to render specific patient care services, for which

the Medical Staff leaders and Board have developed (i) eligibility and other credentialing criteria, (ii) ongoing professional practice evaluation review criteria, and (iii) focused professional practice evaluation review criteria.

- (7) "CORE PRIVILEGES" means a defined grouping of privileges for a specialty or subspecialty that includes the fundamental patient care services that are routinely taught in residency and/or fellowship training for that specialty or subspecialty and which have been determined by the Medical Staff leaders and Board to require closely related skills and experience.
- (8) "CREDENTIALS POLICY" means the Hospital's Medical Staff Policy on Appointment, Reappointment and Clinical Privileges.
- (9) "DAYS" means calendar days.
- (10) "DENTIST" means a doctor of dental surgery ("D.D.S.") or doctor of dental medicine ("D.M.D.").
- (11) "EXECUTIVE SESSION" is a meeting of a Medical Staff committee or department which only the voting Medical Staff members may attend, along with senior Hospital management. Executive Sessions may be called by the presiding officer, and are intended to be utilized to discuss peer review issues, personnel issues, or any other issue requiring confidentiality.
- (12) "HOSPITAL" means Randolph Hospital.
- (13) "MEDICAL EXECUTIVE COMMITTEE" ("MEC") means the Executive Committee of the Medical Staff.
- (14) "MEDICAL STAFF" means all physicians, dentists, oral surgeons, and podiatrists who have been appointed to the Medical Staff by the Board.
- (15) "MEDICAL STAFF LEADER" means any Medical Staff officer, service line chair, and committee chair.
- (16) "MEMBER" means any physician, dentist, oral surgeon, and podiatrist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the Hospital.
- (17) "NOTICE" means written communication by regular U.S. mail, e-mail, facsimile, Hospital mail, or hand delivery.
- (18) "ORAL OR MAXILLOFACIAL SURGEON" means an individual with a D.D.S. or a D.M.D. degree, who has successfully completed an accredited post-graduate training program in oral and maxillofacial surgery.

- (19) "ORGANIZED HEALTH CARE ARRANGEMENT" means the term used by the HIPAA Privacy Rule to describe a clinically-integrated care setting in which patients typically receive health care from more than one provider (such as a hospital and its Medical Staff) and which benefits from regulatory provisions designed to facilitate compliance with the HIPAA Privacy Rule.
- (20) "PATIENT CONTACT" includes any admission, assumption of care, consultation, procedure (inpatient or outpatient), or response to emergency call performed in the Hospital. It shall not include referrals for diagnostic or laboratory tests, or for non-diagnostic treatments or procedures.
- (21) "PERMISSION TO PRACTICE" means the authorization granted to Allied Health Professionals by the Board or President/CEO, as applicable, to exercise a scope of practice and/or clinical privileges.
- (22) "PHYSICIAN" includes both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s").
- (23) "PODIATRIST" means a doctor of podiatric medicine ("D.P.M.").
- (24) "PRESIDENT/CEO" means the individual appointed by the Board to act on its behalf in the overall management of the Hospital.
- (25) "SPECIAL NOTICE" means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.
- (26) "SPECIAL PRIVILEGES" means privileges that fall outside of the core privileges for a given specialty, which require additional education, training, and/or experience beyond that required for core privileges in order to demonstrate competence.
- (27) "SUPERVISING PHYSICIAN" means a member of the Medical Staff with clinical privileges, who has agreed in writing to supervise or collaborate with a Category II practitioner and to accept full responsibility for the actions of the Category II practitioner while he or she is practicing in the Hospital.
- (28) "SUPERVISION" means the supervision of (or collaboration with) a Category II practitioner by a Supervising Physician, that may or may not require the actual presence of the Supervising Physician, but that does require, at a minimum, that the Supervising Physician be readily available for consultation. The requisite level of supervision (general – Supervising Physician is available by telephone; direct – Supervising Physician is physically on the Hospital campus; or personal – Supervising Physician is present in the room) shall be determined at the time each Category II practitioner is credentialed and shall be consistent with any applicable written supervision or collaboration agreement that may exist.

- (29) "UNASSIGNED PATIENT" means any individual who comes to the Hospital for care and treatment and who does not have an attending physician, or whose attending physician or designated alternate is unavailable to attend the patient, or who does not want the prior attending physician to provide him/her care while a patient at the Hospital.

#### 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) Unless otherwise provided, 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 chair, may delegate performance of the function to one or more designees.
- (2) When a Medical Staff member is unavailable to perform a necessary function, one or more of the Medical Staff Leaders shall 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 full Medical Staff and may vary by category.
- (2) Dues shall be payable annually upon request. Failure to pay dues shall result in ineligibility to apply for Medical Staff reappointment.
- (3) Signatories to the Hospital's Medical Staff account shall be the Chief of Staff and the Chief of Staff-Elect.

#### 1.E. GOVERNING LAWS

The Medical Staff Bylaws, Policies, Rules and Regulations and related documents have been drafted in accordance with relevant federal and North Carolina laws and shall be interpreted in accordance with those laws.

## 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 following categories:

#### 2.A. ACTIVE STAFF

##### 2.A.1. Qualifications:

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

- (a) are involved in at least 24 patient contacts per two-year appointment term; and
- (b) have demonstrated a commitment to the Medical Staff and Hospital through service on Hospital or Medical Staff committees or active participation in performance/quality improvement 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 less 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; and
- \*\* The member must request another staff category that best reflects his/her relationship to the Medical Staff and the Hospital (options – Courtesy, Coverage, or Ambulatory Care).

##### 2.A.2. Prerogatives:

Active Staff members may:

- (a) admit patients without limitation, in accordance with the clinical privileges that have been granted, 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 service line and committee meetings;

- (c) hold office, serve as service line chairs, and serve on Medical Staff committees and as chairs of such committees; and
- (d) exercise such clinical privileges as are granted to them.

### 2.A.3. Responsibilities:

- (a) Active Staff members must:
  - (1) assume all the responsibilities of membership on the Active Staff, including committee service, providing specialty coverage for the Emergency Department, providing care for unassigned patients, and participating in evaluation of members during the provisional period;
  - (2) actively participate in the professional practice evaluation and performance improvement processes;
  - (3) accept consultations when requested;
  - (4) attend applicable meetings;
  - (5) pay applicable fees, dues, and assessments;
  - (6) perform other duties assigned by the Medical Staff Leaders; and
  - (7) in the event that the Hospital's Disaster Plan is activated, come to the Hospital promptly, if called, and perform duties assigned by the Medical Staff Leaders.
- (b) Members of the Active Staff who are at least 65 years of age and who have provided at least 20 years of Hospital service may request an exemption from responsibility for providing call coverage in the Emergency Department as long as there will be no resulting gap in call coverage. Members of the relevant specialty must affirmatively vote by simple majority to approve an exemption. In the event of a tie vote that cannot be resolved within the relevant specialty, the Chief of Staff will serve as the tie-breaking vote. The MEC may rescind an exemption if circumstances arise where the exemption will cause a gap in coverage and, in such cases, the physician will be required to resume taking unassigned call.

## 2.B. COURTESY STAFF

### 2.B.1. Qualifications:

The Courtesy Staff shall consist of those physicians, dentists, oral surgeons, and podiatrists who:

- (a) are involved in more than six, but fewer than 24, patient contacts per two-year appointment term;
- (b) are members in good standing of the Active Staff at another accredited hospital (unless this requirement is waived by the Board after considering the recommendations of the Credentials Committee and the MEC); 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 managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Guidelines:

Unless a Courtesy 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 less than six patient contacts during his/her two-year appointment term must request another staff category that best reflects his/her relationship to the Medical Staff and the Hospital (option – Ambulatory Care).
- \*\* Any member who has more than 24 patient contacts during his/her two-year appointment term must request another staff category that best reflects his/her relationship to the Medical Staff and the Hospital (options – Active or Coverage).

2.B.2. Prerogatives and Responsibilities:

Courtesy Staff members:

- (a) may attend and participate in Medical Staff and service line meetings (without vote);
- (b) may not hold office or serve as service line chairs or committee chairs;
- (c) shall generally have no staff committee responsibilities, but may be assigned to committees (with vote);
- (d) are excused from providing specialty coverage for the Emergency Department and providing care for unassigned patients unless 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; and
- (f) shall pay applicable fees, dues, and assessments.

## 2.C. CONSULTING STAFF

### 2.C.1. Qualifications:

The Consulting Staff shall consist of those physicians who:

- (a) are of recognized professional ability and expertise who provide a service that is not available on the Active Staff (should the service become 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);
- (b) have been specifically invited by the MEC and the Board to apply for Consulting Staff status;
- (c) provide services at the Hospital only at the request of members of the Medical Staff;
- (d) are members in good standing of the Active Staff at another accredited hospital (unless this requirement is waived by the Board after considering the recommendations of the Credentials Committee and the MEC); and
- (e) 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).

### 2.C.2. Prerogatives and Responsibilities:

Consulting Staff members:

- (a) may evaluate and treat (but not admit) patients in conjunction with members of the Medical Staff;
- (b) may not hold office or serve as service line chairs or committee chairs;
- (c) may attend meetings of the Medical Staff and applicable service line meetings (without vote);

- (d) shall generally have no staff committee responsibilities, but may be assigned to committees (with vote);
- (e) are excused from providing call coverage for the Emergency Department and providing care for unassigned patients unless the MEC determines otherwise after reviewing the facts and circumstances and the needs of the Emergency Department; and
- (f) shall pay applicable fees, dues, and assessments.

## 2.D. COVERAGE STAFF

### 2.D.1. Qualifications:

The Coverage Staff shall consist of physicians, dentists, oral surgeons, and podiatrists 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;
- (b) are members in good standing of the Active Staff at another accredited hospital (unless this requirement is waived by the Board after considering the recommendations of the Credentials Committee and the MEC);
- (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 managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians);
- (d) are not required to satisfy the residence and office location requirements set forth in Section 2.A.1 of the Credentials Policy, except for those times when they are providing coverage; and
- (e) 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.D.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 that 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 be entitled to attend Medical Staff and service line meetings (without vote);
- (c) 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;
- (d) shall generally have no staff committee responsibilities, but may be assigned to committees (with vote);
- (e) may not serve as an officer, a service line chair, or a committee chair;
- (f) shall pay applicable fees, dues, and assessments; and
- (g) in the event that the Hospital's Disaster Plan is activated, shall come to the Hospital promptly, if called, and perform duties assigned by the Medical Staff Leaders (this applies only when the Coverage Staff member is covering for an Active Staff member).

## 2.E. AMBULATORY CARE STAFF

### 2.E.1. Qualifications:

- (a) The Ambulatory Care Staff consists of those physicians, dentists, oral surgeons, and podiatrists who desire to be associated with the Hospital but who do not wish to exercise clinical privileges on an inpatient basis.
- (b) The primary purpose of the Ambulatory Care Staff is to permit these members access to inpatient Hospital services for their patients by referral to members of the Active Staff, while at the same time providing follow-up care, on an outpatient basis, for unassigned patients presenting to the Emergency Department and those discharged by the hospitalist service and providing additional physician alternatives for patients with outpatient needs.
- (c) Individuals requesting appointment to the Ambulatory Care Staff must submit an application as prescribed in the Credentials Policy.

## 2.E.2. Prerogatives and Responsibilities:

### Ambulatory Care Staff members:

- (a) may attend meetings of the Medical Staff and applicable service lines (all without vote);
- (b) shall generally have no staff committee responsibilities, but may be assigned to committees (with vote);
- (c) may attend educational activities sponsored by the Medical Staff and the Hospital;
- (d) may refer patients to members of the Active Staff for admission and/or care;
- (e) are encouraged to submit their relevant outpatient records for inclusion in the Hospital's medical records for any patients who are referred;
- (f) are also encouraged to communicate directly with the Active Staff members about the care of any patients referred, as well as to visit any such patients and record a courtesy visit note in the medical record containing relevant information from the patients' outpatient care;
- (g) may review the medical records and test results (via paper or electronic access) for any patients who are referred;
- (h) may perform preoperative history and physical examinations in the office and have those reports entered into the Hospital's medical records;
- (i) may not: admit patients, attend patients, exercise inpatient clinical privileges, write inpatient orders or progress notes, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to inpatients at the Hospital, but may apply for and be granted appropriate clinical privileges for ambulatory care only;
- (j) establish and provide the Hospital with evidence of a formal arrangement with a member of the Active Staff to provide inpatient care for their patients;
- (k) actively participate in the professional practice evaluation and performance improvement processes, as pertinent to their scope of practice;
- (l) may refer patients to the Hospital's diagnostic facilities;
- (m) must accept referrals from the Emergency Department and from hospitalists for follow-up care of patients treated in the Emergency Department and/or discharged by the hospitalist service; and

- (n) pay applicable fees, dues, and assessments.

## 2.F. HONORARY STAFF

### 2.F.1. Qualifications:

- (a) The Honorary Staff shall consist of practitioners 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.
- (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 may:

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

## ARTICLE 3

### OFFICERS

#### 3.A. DESIGNATION

The officers of the Medical Staff shall be the Chief of Staff and the Chief of Staff-Elect.

#### 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 appointment or clinical privileges;
- (3) not presently be serving as Medical Staff officers, Board members or department/service line chairs 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 experience in a leadership position, or other involvement in performance improvement functions, for at least two years;
- (6) attend continuing education relating to Medical Staff leadership and/or credentialing functions prior to or during the term of the office;
- (7) have demonstrated an ability to function collegially and cooperatively in the performance of Medical Staff responsibilities; and
- (8) provide full disclosure of 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 or any financial relationship with the Hospital itself. This does not apply to services provided within a practitioner's office and billed under the same provider number used by the practitioner.

These eligibility criteria are also used in the selection process for service line and committee chairs unless indicated otherwise in those sections of the Bylaws.

### 3.C. DUTIES

#### 3.C.1. Chief of Staff:

The Chief of Staff shall:

- (a) act in coordination and cooperation with Hospital Administration in matters of mutual concern involving the care of patients in the Hospital;
- (b) be accountable to the Board in conjunction with the MEC for the quality and efficiency of clinical service and performance within the Hospital;
- (c) receive and interpret the policies of the Board to the Medical Staff;
- (d) represent and communicate the views, policies, and needs of, and report on the activities of, the Medical Staff to the President/CEO and the Board;
- (e) direct the development of and adherence to policies and procedures which organize and govern Medical Staff affairs and professional practice within the Hospital;
- (f) participate in ensuring compliance with standards of ethical conduct and professional demeanor among the members of the Medical Staff in their relations with each other, the Board, Hospital management, other professional and support staff, and the community the Hospital serves;
- (g) provide leadership in accomplishing process measurement, assessment, and improvement related to organization performance improvement activities, and encourage physicians to assume a leadership role when a clinical process is the primary responsibility of physicians;
- (h) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;
- (i) unless otherwise specified, appoint all Medical Staff committee chairs and committee members;
- (j) chair the MEC (with vote, if necessary to resolve a tie vote by the other members) and may attend any other Medical Staff and Hospital committees, *ex officio*, without vote;
- (k) review and authenticate the MEC and Medical Staff meeting minutes;
- (l) attend Board of Directors meetings unless otherwise requested by the Board;

- (m) promote adherence to the Bylaws, policies, and Rules and Regulations of the Medical Staff and to the Policies and Procedures of the Hospital;
- (n) be the spokesperson for the Medical Staff in its external professional and public relations;
- (o) recommend Medical Staff representatives to Hospital committees and work with the President/CEO to assure that service line chairs and other physicians have input in the Hospital planning and budgetary process;
- (p) perform all functions authorized in all applicable policies, including collegial intervention steps outlined in the Credentials Policy; and
- (q) complete a conflict of interest disclosure form on an annual basis and also disclose, at the time it occurs, any other conflict of interest that may arise during his/her term of office.

### 3.C.2. Chief of Staff-Elect:

The Chief of Staff-Elect shall:

- (a) assume all duties of the Chief of Staff with the full authority of the Chief of Staff in his or her absence (when functioning on behalf of the Chief of Staff, the Chief of Staff-Elect may vote on the MEC if necessary to resolve a tie vote by the other members);
- (b) serve on the MEC and attend meetings of the Board unless otherwise requested by the Board;
- (c) assume all such additional duties as are assigned to him or her by the Chief of Staff or the MEC or by the Board; and
- (d) complete a conflict of interest disclosure form on an annual basis and also disclose, at the time it occurs, any other conflict of interest that may arise during his/her term of office.

### 3.D. NOMINATIONS

- (1) The Chief of Staff shall appoint a Nominating Committee consisting of three to five members of the Active Staff for all general and special elections. The most immediate Past Chief of Staff shall serve as chair of the Nominating Committee. The Nominating Committee shall prepare at least one nominee for the office of Chief of Staff-Elect who satisfies the qualifications set forth in Section 3.B. The nominee shall be contacted by the Nominating Committee and advised of the obligations of the office for which he/she has been nominated and an inquiry shall be made about his/her willingness to serve. The Medical Staff Office shall

provide notification to the Medical Staff of the nominee(s) at least four weeks prior to the election.

- (2) No later than two weeks prior to the election, any five members of the Active Staff may submit to the Nominating Committee the name of a qualified member of the Medical Staff for inclusion as a candidate on the ballot. The Nominating Committee shall review the qualifications of the proposed candidate and if the candidate satisfies the qualifications for office, as set forth in Section 3.B of these Bylaws, the Medical Staff Office shall provide notice to all Active Staff members of the additional nominee(s). Nominations from the floor shall not be accepted.

### 3.E. ELECTION

- (1) The Chief of Staff attains office by automatic succession from the office of Chief of Staff-Elect.
- (2) The candidate receiving a majority of votes cast (written or voice) at the Medical Staff meeting for the office of Chief of Staff-Elect shall be elected. Only members of the Active Staff present at the meeting shall be eligible to vote, with the exception of permitted proxy voting as defined in Article 6 of these Bylaws. 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.
- (3) In the alternative, at the discretion of the MEC, the election shall be held solely by written ballot returned to the Medical Staff Office. Ballots may be returned in person, by mail, by facsimile, or by e-mail ballot. All ballots must be received in the Medical Staff Office by the day of the election. The candidate who receives a majority of the votes cast shall be elected. 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.

### 3.F. TERM OF OFFICE

Officers shall serve for a term of two years or until a successor is elected. The officer shall assume office on October 1 of the year elected. Each officer serves until the end of his or her term or until a successor is elected. Officers may be reelected to serve additional terms, but not consecutively.

### 3.G. REMOVAL

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

- (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (b) failure to remain in good standing on the Medical Staff, including being the subject of an adverse recommendation pursuant to the Credentials Policy, or having automatically relinquished privileges pursuant to that Policy;
  - (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 by the body initiating the removal action. The individual shall be afforded an opportunity to speak to the Active Staff, the MEC, or the Board, as applicable, prior to a vote on removal.

### 3.H. VACANCIES

A vacancy in the office of Chief of Staff shall be filled by the Chief of Staff-Elect. If the Chief of Staff-Elect has to fill the office of Chief of Staff, a special election will be held within 90 days for the position of Chief of Staff-Elect. The term of office for the newly elected Chief of Staff-Elect shall begin at the time of election. In the event there is a vacancy in the office of Chief of Staff-Elect, the MEC shall appoint an individual to fill the office until a special election can be held.

## ARTICLE 4

### CLINICAL SERVICE LINES

#### 4.A. ORGANIZATION

The Medical Staff shall be organized into the service lines as listed in the Organization Manual.

#### 4.B. CREATION AND DISSOLUTION OF SERVICE LINES

- (1) The MEC will periodically assess the Medical Staff's service line structure and recommend to the Hospital Board any changes to improve organizational efficiency and patient care (i.e., creating new or combining service lines and eliminating service lines). In addition, any group of staff members who satisfy the criterion for service line designation set forth below may petition the MEC in writing and with appropriate supporting documentation for such a designation. The MEC will consider the request and forward its recommendation to the Hospital Board for final action. Action taken by the Hospital Board pursuant to this section shall be effective on the date of Hospital Board action and shall not require formal amendment of these Bylaws.
- (2) The following factors shall be considered by the MEC and the Hospital Board in determining whether the creation of a new service line is warranted:
  - (a) the existence of a sufficiently large number of Medical Staff members who are available for appointment to and are reasonably expected to actively participate in the proposed new service line. This number must be sufficiently large to enable the service line to accomplish its functions as set forth in these Bylaws; and
  - (b) a substantial level of clinical activity by the new service line to warrant imposing the responsibility to accomplish service line functions on a routine basis.
- (3) The following factors shall be considered by the MEC and the Hospital Board in determining whether the elimination of a service line is warranted:
  - (a) an adequate number of Medical Staff members in the service line is no longer available to accomplish the functions set forth in these Bylaws;
  - (b) the number of patients or the amount of clinical activity is insufficient to warrant the imposition of the designated duties on the members in the service line;

- (c) the service line fails to meet often enough to accomplish the functions set forth in these Bylaws;
- (d) the service line fails to fulfill all service line responsibilities and functions; or
- (e) no qualified individual is willing to serve as service line chair.

#### 4.C. ASSIGNMENT TO SERVICE LINE

- (1) Upon initial appointment to the Medical Staff, each member shall be assigned to a clinical service line. Assignment to a particular service line does not preclude an individual from seeking and being granted clinical privileges typically associated with another service line.
- (2) An individual may request a change in service line assignment to reflect a change in the individual's clinical practice. Any such request shall be reviewed by the Credentials Committee and the MEC, which shall forward their recommendations to the Board for action.

#### 4.D. FUNCTIONS OF SERVICE LINES

The service lines 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 service line; (ii) to monitor the practice of all those with clinical privileges in a given service line; (iii) to provide appropriate specialty coverage in the Emergency Department, consistent with the provisions in these Bylaws and related documents; and (iv) to monitor care delivery processes used by Medical Staff members and Hospital staff, research opportunities for improvement, and recommend improvements when appropriate.

#### 4.E. QUALIFICATIONS OF SERVICE LINE CHAIRS AND SERVICE LINE MEC REPRESENTATIVES

Each service line chair and service line MEC representative shall:

- (1) be an Active Staff member;
- (2) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and
- (3) satisfy all of the eligibility criteria in Section 3.B, except that he/she is only required to have been appointed to the Active Staff for a period of three years.

#### 4.F. APPOINTMENT AND REMOVAL OF SERVICE LINE CHAIRS

- (1) Except as otherwise provided by contract, service line chairs shall be elected by the members of the service line.

- (2) Any service line chair may be removed by a two-thirds vote of the service line members; or by a two-thirds vote of the MEC; or by the Board. Grounds for removal shall be:
  - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (b) failure to remain in good standing on the Medical Staff, including being the subject of an adverse recommendation pursuant to the Credentials Policy, or having automatically relinquished privileges pursuant to that Policy;
  - (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.
- (3) 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 shall be taken, at least 10 days prior to the date of the meeting. The individual shall be afforded an opportunity to speak to the service line, MEC, or the Board, as applicable, prior to a vote on such removal.
- (4) Service line chairs shall serve two-year terms, commencing on the first day of the Medical Staff year, or until a successor is elected. Service line chairs and cross representatives may be reelected to serve additional terms; however, there must be a two-year break between terms.

#### 4.G. DUTIES OF SERVICE LINE CHAIRS

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

- (1) all clinically related activities of the service line;
- (2) all administratively related activities of the service line, unless otherwise provided for by the Hospital;
- (3) continuing surveillance of the professional performance of all individuals in the service line who have delineated clinical privileges;

- (4) recommending criteria for clinical privileges that are relevant to the care provided in the service line;
- (5) evaluating requests for clinical privileges for each member of the service line;
- (6) assessing and recommending off-site sources for needed patient care services not provided by the service line or the Hospital;
- (7) the integration of the service line into the primary functions of the Hospital;
- (8) the coordination and integration of interdepartmental and intradepartmental services;
- (9) the development and implementation of policies and procedures that guide and support the provision of services;
- (10) recommendations for appropriate numbers, qualifications, and competencies for Hospital staff who provide care or service in the service line;
- (11) continuous assessment and improvement of the quality of care and services provided;
- (12) maintenance of quality monitoring programs, as appropriate;
- (13) the orientation and continuing education of all persons in the service line;
- (14) recommendations for space and other resources needed by the service line;
- (15) performing all functions authorized in the Credentials Policy, including collegial intervention;
- (16) appointing one or more vice chairs as deemed necessary, subject to approval of the MEC, who shall perform such duties as may be requested by the service line chair or the MEC; and
- (17) completing a conflict of interest disclosure form on an annual basis and also disclosing, at the time it occurs, any other conflict of interest that may arise during his/her term of office.

#### 4.H. APPOINTMENT AND REMOVAL OF SERVICE LINE CROSS-REPRESENTATIVES

- (1) Individuals shall be elected as cross-representatives of their respective clinical service lines by their home service line members.
- (2) Any cross-representative may be removed by the service line chair. Grounds for removal shall be:

- (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (b) failure to remain in good standing on the Medical Staff, including being the subject of an adverse recommendation pursuant to the Credentials Policy, or having automatically relinquished privileges pursuant to that Policy;
  - (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.
- (3) 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 shall be taken, at least 10 days prior to the date of the meeting. The individual shall be afforded an opportunity to speak to the service line, MEC, or the Board, as applicable, prior to a vote on such removal.
- (4) Service line cross-representatives shall serve two-year terms, commencing on the first day of the Medical Staff year, or until a successor is elected. Service line cross-representatives may be reelected to serve additional terms; however, there must be a two-year break between terms.

#### 4.I. DUTIES OF SERVICE LINE CROSS-REPRESENTATIVES

Service line cross-representatives shall:

- (1) serve as advocates for their service lines;
- (2) attend meetings as assigned;
- (3) be responsible for communication and feedback between home service lines and the service line to which they are assigned as cross-representatives; and
- (4) represent their home services line by voting at the assigned service line meetings.

## 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 peer review and other performance improvement functions that are delegated to the Medical Staff by the Board.

#### 5.B. APPOINTMENT OF COMMITTEE CHAIRPERSONS AND MEMBERS

- (1) Unless otherwise provided by specific policies, all Medical Staff and Hospital committee chairs and members shall be appointed by the Chief of Staff. Committee chairs shall be selected based on the criteria set forth in Section 3.B of these Bylaws, except that they are only required to have been appointed to the Active Staff for a period of three years.
- (2) Committee chairs and members shall be appointed for initial terms of two years, but may be reappointed for additional terms. All appointed chairs and members may be removed and vacancies filled by the Chief of Staff at his/her discretion.
- (3) Unless otherwise provided, all Hospital and administrative representatives on the committees shall be appointed by the President/CEO. All such representatives shall serve on the committees without vote.
- (4) Unless otherwise specified, the Chief of Staff and the President/CEO shall be members, *ex officio*, 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 officers of the Medical Staff and the clinical service line chairs, and six additional service line representatives allocated by the proportion of Active Staff membership in the respective service lines. The

methodology for determining the allocation of additional service line representatives shall be as set forth in the Medical Staff Rules and Regulations.

- (b) The President/CEO shall be an *ex officio* member of the MEC, without vote.

5.D.2. Duties:

The MEC has the primary oversight authority related to professional activities and functions of the Medical Staff and performance improvement activities regarding the professional services provided by individuals with clinical privileges. 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;
  - (4) delineation of clinical privileges for each eligible applicant;
  - (5) participation of the Medical Staff in Hospital performance improvement activities;
  - (6) the mechanism by which Medical Staff appointment may be terminated; and
  - (7) hearing procedures;
- (c) consulting with the President/CEO on quality-related aspects of contracts for patient care services as well as privileging inclusion/exclusion issues related to such contracts;
- (d) receiving and acting on reports and recommendations from Medical Staff committees, service lines, and other groups as appropriate, and making appropriate recommendations for improvement of the clinical practices of individual Medical Staff members and of Hospital processes generally;
- (e) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;

- (f) providing leadership in activities related to patient safety;
- (g) providing oversight in the process of analyzing and improving patient satisfaction;
- (h) prioritizing continuing medical education activities;
- (i) 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
- (j) performing such other functions as are assigned to it by these Bylaws, the Credentials Policy, the Board or other applicable policies.

#### 5.D.3. Meetings:

- (a) The MEC shall meet as often as necessary to fulfill its responsibilities and shall maintain a permanent record of its proceedings and actions.
- (b) MEC meetings shall be open to members of the Medical Staff. Non-MEC members may participate in discussions (without a vote) unless the Chief of Staff calls an executive session.

#### 5.E. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in performance improvement functions, including reviewing data and recommending and implementing processes to address 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) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;
  - (d) the utilization of blood and blood components, including review of significant transfusion reactions;
  - (e) operative and other procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
  - (f) education of patients and families;

- (g) coordination of care, treatment and services with other practitioners and Hospital personnel;
  - (h) accurate, timely and legible completion of medical records;
  - (i) the quality of history and physical examinations;
  - (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; and
  - (o) compliance with all relevant laws and regulations.
- (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 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 task force 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 Chief of Staff. Such 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 October 1 to September 30.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

The Medical Staff shall meet at least once a year.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the Chief of Staff, the MEC, the Board, or by a petition signed by not less than one fourth of the Active Staff.

6.C. SERVICE LINE AND COMMITTEE MEETINGS

6.C.1. Regular Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each service line and committee shall meet at least annually, or more often as necessary, at times set by the presiding officer.

6.C.2. Special Meetings:

A special meeting of any service line or committee may be called by or at the request of the presiding officer, the Chief of Staff, the MEC, or by a petition signed by not less than one-fourth of the Active Staff members of the service line 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, service lines and committees at least two weeks in advance of the meetings. Notice may also be provided by posting in a designated location at least two weeks prior to the meetings. All notices shall state the date, time, and place of the meetings.

- (b) When a special meeting of the Medical Staff, a service line, and/or a committee is called, all of the provisions in paragraph (a) shall apply except that the notice period shall be reduced to 48 hours (i.e., must be given at least 48 hours prior to the special meeting). All relevant members shall be notified of special meetings and posting may not be the sole mechanism used for providing notice.
- (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, service line, or committee, one-third of the voting members (but in no event fewer than two members) shall constitute a quorum. Exceptions to this general rule are as follows:
  - (1) for meetings of the MEC, the Credentials Committee, the Medical Staff Quality Council, the Medical Case Review Committee, and the Surgical Case Review Committee, the presence of at least 50% of the voting members of the committee shall constitute a quorum; and
  - (2) for amendments to the Medical Staff Bylaws, at least 50% of the voting staff shall constitute a quorum.
- (b) Recommendations and actions of the Medical Staff, service lines, 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 service line, or a committee may also be presented with a question by mail, facsimile, e-mail, website, hand delivery, or telephone, 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, Credentials Committee, Medical Staff Quality Council, Medical Case Review Committee, and Surgical Case Review Committee (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 if a majority of the responses returned has so indicated.
- (d) Meetings may also be conducted electronically.
- (e) Voting by proxy.
  - (1) Physicians required to provide onsite Hospital coverage at the time of the Medical Staff meeting in which voting is taking place may delegate their

vote to another member of the Active Medical Staff. Physician specialties eligible to delegate a vote to a proxy are as follows:

- One radiologist;
- Two hospitalists;
- Two anesthesiologists; and
- Two emergency physicians.

The chairs of the relevant service lines will notify the Medical Staff Office, in writing, of the physician(s) designating the proxy (principal) and the name of the proxy within 24 hours of the full Medical Staff meeting.

- (2) The MEC has the discretion to permit other voting members of the Medical Staff to vote by proxy in exceptional circumstances when the individuals are unavailable for good cause, as determined by the MEC. Voting members must specifically request permission to vote by proxy at least 10 days in advance of the Medical Staff meeting.

#### 6.D.3. Agenda:

The presiding officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, service line, or committee.

#### 6.D.4. Rules of Order:

The latest edition of Robert's Rules of Order may be used for reference at all meetings and elections, but shall not be binding. Specific provisions of these Bylaws, and Medical Staff, service line, 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, service lines, 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, service lines, and committees shall be transmitted to the MEC. The Board shall be kept apprised of the recommendations of the Medical Staff and its service lines and committees.

- (c) A permanent file of the minutes of all meetings shall be maintained by the Hospital in the Medical Staff Services Office.

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. A breach of confidentiality may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

- (a) Attendance at meetings of the MEC, the Credentials Committee, the Medical Staff Quality Council, the Medical Case Review Committee, and the Surgical Case Review Committee is required. All members are required to attend 75% 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) Cancer Committee members are required to attend 60% of all regular and special meetings of that committee. Failure to attend the required number of meetings may result in replacement of the member.
- (c) For all other meetings (Medical Staff, service lines, and committees), each Active Staff member is expected to attend and participate.

## ARTICLE 7

### INDEMNIFICATION

The Hospital shall provide a legal defense for, and shall indemnify, all Medical Staff officers, service line chairs, committee chairs, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by the Hospital's corporate bylaws.

## ARTICLE 8

### AMENDMENTS

#### 8.A. MEDICAL STAFF BYLAWS

- (1) All proposed amendments must be reviewed by the MEC prior to a vote by the Medical Staff. The MEC shall provide notice by reporting 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 50% 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.
- (2) The MEC may present proposed amendments to the voting staff by mail ballot, e-mail, or website, to be returned to the Medical Staff Office (or recorded on the website) by the date indicated by the MEC. Along with the proposed amendments, the MEC 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, so long as the amendment is voted on by at least 50% of the staff eligible to vote.
- (3) The MEC 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.
- (4) All amendments shall be effective only after approval by the Board.
- (5) 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 President/CEO within two weeks after receipt of a request for same submitted by the Chief of Staff.

#### 8.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.

- (2) The Credentials Policy addresses the following matters: qualifications for appointment, the process for granting initial appointment, clinical privileges, reappointment, collegial intervention, the investigation process, automatic relinquishments, precautionary suspensions, and the process for hearings and appeals.
- (3) The Medical Staff Organization Manual lists the service lines of the Medical Staff. The Medical Staff Organization Manual also contains a description of the committees of the Medical Staff.
- (4) The Policy on Allied Health Professionals addresses the following matters as they relate to allied health professionals: the process for determining need for new allied health professionals, qualifications for appointment, the process for granting clinical privileges or a scope of practice initially and on an ongoing basis, collegial intervention, investigations and suspensions, and procedural rights.
- (5) An amendment to the Credentials Policy or the Policy on Allied Health Professionals 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, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the MEC. Notice of all proposed amendments to these two documents shall also be provided to each 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 Medical Staff may submit written comments on the amendments to the MEC.
- (6) 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 MEC present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments to these two documents shall be provided to each 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 Medical Staff may submit written comments on the amendments to the MEC.
- (7) Unless specified differently in a specific policy, all other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior notice is required.
- (8) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Policy on Allied Health Professionals, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

- (9) The present Medical Staff Rules and Regulations of the Hospital 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.

ARTICLE 9

ADOPTION

These Bylaws are adopted, and made effective as of October 1, 2009, 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 on July 16, 2009:

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Chief of Staff

Approved by the Board on July 28, 2009:

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Chair, Board of Directors

Revision Dates: