



MOUNT CARMEL

**MEDICAL STAFF OF
MOUNT CARMEL HEALTH**

MEDICAL STAFF BYLAWS

TABLE OF CONTENTS

PREAMBLE.....	3
DEFINITIONS	4
ARTICLE I. NAME.....	6
ARTICLE II. PURPOSES & RESPONSIBILITIES.....	7
ARTICLE III. MEDICAL STAFF MEMBERSHIP	9
ARTICLE IV. CATEGORIES OF THE MEDICAL STAFF.....	16
ARTICLE V. PARAMEDICAL HEALTH PROFESSIONALS.....	25
ARTICLE VI. APPOINTMENT AND REAPPOINTMENT.....	26
ARTICLE VII. DELINEATION OF CLINICAL PRIVILEGES	28
ARTICLE VIII. CLINICAL DEPARTMENTS, DIVISIONS & SPECIAL CARE UNITS	29
ARTICLE IX. ORGANIZATION OF THE MEDICAL STAFF	41
ARTICLE X. CORRECTIVE ACTION	53
ARTICLE XI. INTERVIEWS, HEARINGS AND APPELLATE REVIEW	60
ARTICLE XII. FAIR HEARING PLAN.....	62
ARTICLE XIII. CONFIDENTIALITY, IMMUNITY AND RELEASE.....	75
ARTICLE XIV. ADOPTION AND AMENDMENT OF BYLAWS	78
ARTICLE XV. GENERAL PROVISIONS.....	80

PREAMBLE

Recognizing that Mount Carmel Health is a non-profit corporation organized under the laws of the State of Ohio, and

Acknowledging its mission to serve God through this community with compassionate care of the sick, and

Proposing to provide patient care, educational opportunity and research to improve this service,

The Medical Staff will strive to achieve quality patient care in an efficient manner in the Hospital under the ultimate authority of the Hospital's Board of Trustees.

With the understanding that the cooperative efforts of the Medical Staff and the Hospital's Board of Trustees are essential to achieve these goals,

The practitioners of the Hospital hereby organize themselves into a self-governing Medical Staff.

DEFINITIONS

1. Hospital means both the Mount Carmel West Hospital (hereinafter, West) and the Mount Carmel East Hospital (hereinafter, East) unless specific reference is made to one facility or the other, including their outreach medical programs, if any.
2. Medical Staff or Staff means the formal organization of all practitioners who have been granted membership on the medical staff.
3. Board of Trustees or Board means the governing body of the Hospital.
4. Chief Executive Officer means the President, the individual appointed by the members of the Corporation, after consultation with the Board of Trustees, to act on its behalf in the overall management of the Hospital.
5. President of the Medical Staff means the chief elected official and chief medical officer who presides over the Medical Executive Committee and who attains office by automatic and alternate succession from the office of the CDC Chairs of the Hospitals.
6. Practitioner means, unless otherwise expressly provided, any physician, dentist, psychologist, or podiatrist.
7. Paramedical Health Professional, or PHP, means a licensed non-Practitioner health care provider who has been granted the ability to provide specific services within the Hospital under the supervision and employment of a physician who is a member of the Medical Staff and has been granted the appropriate approval.
8. Medico-Administrative Officer means a practitioner, employed or otherwise receiving compensation from the Hospital on a full or part-time basis, whose duties include certain responsibilities, which are both administrative and clinical in nature. Clinical responsibilities are defined as those involving professional capability as a practitioner, such as to require the exercise of clinical judgment with respect to patient care and include the supervision of professional activities of practitioners under his/her direction.
9. Prerogative means a participatory right granted, by virtue of Staff category or otherwise, to a Staff member and exercisable subject to the conditions and limitations imposed in the Bylaws and in other Hospital and Medical Staff policies.
10. Clinical Privileges or Privileges means the permission granted to a practitioner to provide those diagnostic, therapeutic, medical, dental, podiatric or surgical services specifically delineated and granted to him/her.
11. Ex-Officio means service as a member of a body by virtue of office or position held, and unless otherwise expressly provided, means with voting rights.

12. Special Notice means written notification sent by certified or registered mail, return receipt requested.
13. Medical Staff Year means January 1 to December 31.
14. Primary Hospital means, for purposes of other sections in these Bylaws related to Staff appointment or reappointment, either the Medical Center (West) and/or East.
15. Medical Executive Committee, or MEC, means the central governing body of the combined staff of Mount Carmel East and West Hospitals and is described in Article IX.
16. Clinical Department Council, or CDC, means the individual governing bodies of each Hospital, East and West, and is described in Article IX.

ARTICLE I. NAME

The name of this organization is "The Medical Staff of Mount Carmel Health."

ARTICLE II. PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF

2.1 PURPOSES

The purposes of the Medical Staff are:

- 2.1-1 to constitute a professional collegial body, providing mutual education, consultation and support for its members, and to maintain and improve the quality and efficiency of patient care;
- 2.1-2 to be the formal structure through which the benefits of membership can be obtained and the obligations of membership fulfilled;
- 2.1-3 to provide a mechanism for accountability to the Board, for the appropriateness and quality of patient care, professional and ethical conduct and the teaching and research activities of individual members;
- 2.1-4 and to provide a mechanism by which members of the Medical Staff may participate in the Hospital policy-making and planning processes.

2.2 RESPONSIBILITIES

To serve the above purposes, it is the responsibility of the organized Medical Staff to:

- 2.2-1 assess and improve the quality and efficiency of medical care by participating in the Hospital's and Medical Staff's quality assurance programs and the ongoing monitoring of patient care practices and compliance with Medical Staff and Hospital policies;
- 2.2-2 be accountable to the Board for the quality and efficiency of patient care through regular reports and recommendations;
- 2.2-3 evaluate the credentials, qualifications and conduct of members and applicants for membership on the Medical Staff, for the granting of clinical privileges to new members, current members and paramedical health professionals, and to make recommendations to the Board regarding appointment, reappointment, privileges and corrective actions;
- 2.2-4 conduct, or enlist others to conduct, and arrange for Staff participation in educational programs for Staff Members, Residents, Medical Students and hospital personnel;
- 2.2-5 encourage, monitor and participate in research activities;
- 2.2-6 assure that the medical and health care resources of the Hospital are utilized appropriately in meeting patient needs and are consistent with sound health care resource utilization practices;

- 2.2-7 provide and comply with the procedural safeguards outlined in the Bylaws when a practitioner is adversely affected by a credentials decision;
- 2.2-8 develop, administer or recommend amendments to, and to assure compliance with the Bylaws, Policies and Procedures, Rules and Regulations of the Staff and Departments, as well as other Hospital policies;
- 2.2-9 participate in the Board's long-range planning activity, to assist in identifying Community health needs and to suggest to the Board appropriate institutional policies and programs to meet those needs; and
- 2.2-10 exercise the authority granted by these Bylaws under the discretion of the Board, as necessary, to adequately fulfill the foregoing responsibilities.

ARTICLE III. MEMBERSHIP

3.1 NATURE OF MEDICAL STAFF MEMBERSHIP

Membership shall be extended only to those practitioners who meet the qualifications set forth in these Bylaws and in the Credentialing Manual, and who thereafter continuously demonstrate to the appropriate authorities of the Medical Staff the satisfaction of the qualification standards and requirements set forth in these Bylaws and in the Credentialing Manual. Membership, the exercise of those privileges and prerogatives, and the fulfillment of responsibilities shall be accomplished solely in accordance with the provisions of these Bylaws, the Credentialing Manual, the Staff Policies and Procedures, and other lawful Medical Staff and Hospital policies, rules and regulations. No physician, dentist, podiatrist or psychologist may admit or provide services to patients in the Hospital unless he/she is a member of the Medical Staff and has been granted privileges as granted by the Board in accordance with the procedures set forth in these Bylaws and in the Credentialing Manual. Membership, in and of itself, does not convey any privileges of admission or otherwise; rather, it is a prerequisite for the application for privileges. Medical Staff membership is granted independently of any contractual relationship with the Hospital and Staff membership does not automatically terminate upon the termination of any contractual relationship with the Hospital. Termination or withdrawal of Staff membership shall be in accordance with these Bylaws.

3.2 QUALIFICATIONS FOR MEMBERSHIP

3.2-1 General Qualifications

Only physicians, dentists, podiatrists and psychologists who document:

- a) a current Ohio license;
- b) professional experience, education and training and clinical result;
- c) a continuing ability to provide patient care services at an acceptable level of quality and efficiency given the current state of healing in that field and consistent with available resources;
- d) Specialty Board certification or qualification or equivalent training and experience deemed satisfactory by the relevant Staff and Board authorities;
- e) adequate physical and mental health so as to demonstrate to the satisfaction of the Medical Staff that they are professionally competent;

- f) a good personal and professional reputation and demonstrated adherence to the recognized standards of medical and professional ethics;
- g) adequate professional liability insurance coverage as determined by the Board;

and who are willing to participate in and properly discharge those responsibilities determined by the Medical Staff and the Board, shall be deemed to possess the basic qualifications for membership in the Medical Staff, except for the Honorary and Retired Staff categories, in which case these criteria shall only apply as deemed applicable by the MEC.

3.2-2 Attitude

The Staff member, or applicant, shall demonstrate a willingness and capability, based on current attitude and evidence of performance, to:

- a) work with and relate to other Staff members, members of other health disciplines, and the community in general, in a cooperative, professional, non-disruptive manner that is essential for maintaining a hospital environment appropriate to quality and efficient patient care;
- b) discharge the basic obligations of Staff membership and participate equitably in the discharge of Staff obligations as required by Staff membership category;
- c) adhere to generally recognized standards of medical and professional ethics including, but not limited to the AMA code of ethics.

3.2-3 Particular Qualifications

Except for the Honorary and Retired Staff members, all:

- a) physician members/applicants must hold a degree of doctor of medicine or doctor of osteopathic medicine, be specialty board certified/qualified, or able to document and demonstrate equivalency, and must hold a valid and unsuspended license to practice medicine issued by the State Medical Board of Ohio;
- b) dentist members/applicants must hold a degree of dental surgery, medical dentistry or its equivalent, and must hold a valid and unsuspended license to practice dentistry issued by the State Dental Board of Ohio;

- c) podiatrist members/applicants must hold a degree of podiatric medicine, be board certified/qualified, and must hold a valid and unsuspended license to practice podiatry issued by the State Medical Board of Ohio;
- d) psychologist members/applicants must hold a doctoral degree in psychology, school psychology, or a doctoral degree deemed to be equivalent by the State Board of Psychology of Ohio, and must hold a valid and unsuspended license to practice psychology issued by the State Board of Psychology of Ohio.

3.2-4 Nondiscrimination

No aspect of Medical Staff membership shall be denied on the basis of gender, race, age, creed, color, disability, national origin or sexual preference.

3.2-5 Disability and Communication

Members/applicants shall be free of, or have under adequate control, any significant medical or behavioral impairment, and be free of any difficulty in communicating verbally or in writing in the English language that interferes with, or presents a substantial probability of interfering with, the qualifications required by Sections 3.2-1 and 3.2-2, such that patient care is or is reasonably likely to be adversely affected.

3.3 HOSPITAL AND COMMUNITY NEED AND THE ABILITY TO ACCCOMODATE

In acting on new applications for membership, or for changes in clinical privileges or membership category, consideration will be given to the Hospital's and Medical Staff's current and projected needs and goals as well as its ability to provide the physical, personnel, and financial resources which may be required in granting such membership or privileges.

3.4 EFFECT OF OTHER AFFILIATIONS

Qualifications for Medical Staff membership or clinical privileges shall be determined on the basis of education, training, competence and other professional qualifications uniformly applied to all Medical Staff applicants and members. No practitioner shall be automatically entitled to or denied membership or privileges merely because he/she is licensed to practice medicine in this or any other state, is board certified/qualified, is a member of a medical school faculty, because of current or previous Staff membership or privileges at this or another health care facility, or because he/she holds a contract with this or another health care facility.

3.5 BASIC OBLIGATIONS OF INDIVIDUAL STAFF MEMBERSHIP

All members of the Medical Staff, as applicable and defined by Medical Staff category, and each practitioner exercising temporary or emergency privileges under these Bylaws, shall:

- a) provide his/her patients with quality of care meeting the professional standards of the Medical Staff of this Hospital;
- b) abide by the Medical Staff Bylaws, Policies and Procedures, departmental Rules and Regulations, other Staff and Hospital policies and the conflict of interest policies of the Hospital;
- c) abide by the American Medical Association Code of Medical Ethics or other ethical principles established by the member's profession, and by the Ethical and Religious Directives for Catholic Health Facilities;
- d) discharge such Staff, Committee, Department and Hospital functions for which he/she is responsible by Staff category, assignment, appointment, election or otherwise, and pay dues as determined by the MEC;
- e) prepare and complete all medical records for all patients for whom care is provided in the hospital within the time frame and in the manner prescribed in the Bylaws and in the Medical Staff Policies;
- f) aid in any Medical Staff approved educational programs and participate in continuing education programs as determined by the Medical Staff Policies;
- g) provide Emergency Call coverage and consultative evaluations as deemed necessary by the Department Chairperson;
- h) provide continuous care of his/her patients directly, or through a qualified alternate with appropriate privileges, as defined in the Medical Staff Rules and Regulations;
- i) refuse to engage in improper inducements for patient referral;
- j) comply with and conform to Hospital fiscal responsibility policies;
- k) promptly notify the President of the Medical Staff of the revocation, restriction, or suspension of the member's professional license, the imposition of any terms of probation or limitation of practice by any state licensing agency, the revocation or suspension of the member's Drug Enforcement Agency registration, sanctions imposed by Medicare or other federally-funded health care program or the cancellation or reduction of the member's professional liability coverage; and

- l) promptly notify the President of the Medical Staff of the member's loss of Staff membership, or of the loss, reduction, or restriction of privileges at any hospital or health care facility based on quality issues.

3.6 TERMS OF APPOINTMENT

3.6-1 Initial Appointments

All initial appointments to the Provisional Staff category are for a period of two years, with a review at the end of each year. Failure to advance after two years as a Provisional member shall result in voluntary relinquishment of membership and privileges except as provided in Article 4.3-5 (c). Reapplication will not be accepted for a full year after a membership is relinquished or revoked.

3.6-2 Reappointments

All reappointments will be for the period of two years, except that the MEC, with approval of the Board, may establish a more frequent reappraisal period for the exercise of particular privileges in general, for Staff members with identified health disabilities, or those who are or who will become at any time during the appointment period, a defined age to be determined by the MEC and defined in the Medical Staff Policy. A conditional reappointment may be implemented for a lesser period of time.

3.6-3 Board Certification

Staff members must maintain board certification and recertification based on the requirements of their *ABMS or AOA recognized* specialty board. *General dentists must be certified by The American Board of General Dentistry and podiatrists must be certified by the American Board of Podiatric Surgery.* If certification lapses, recertification must be attained at the next available opportunity or the practitioner shall lose their medical staff membership.

3.7 PRIMARY HOSPITAL AFFILIATION

- 3.7-1 With the exception of Honorary, Retired and Community Staff, all practitioners must declare on their application or reapplication for membership a primary affiliation with the Hospital at which he/she intends to concentrate the major portion of his/her clinical activity. The member will then be granted Courtesy Staff membership at the other Hospital. Courtesy Staff members who have been granted that status only by virtue of their membership at the other Hospital, and have no clinical activity at that Hospital for the preceding year, will be excluded from emergency call. Courtesy Staff members with any clinical activity will be subject to the responsibilities, requirements and prerogatives

dictated by their Staff membership category at each Hospital, including emergency Department call, if necessary. Should the focus of clinical activity change, the practitioner must apply for a change in affiliation. Revocation, suspension or reduction of clinical privileges or membership at one Hospital shall automatically result in a similar change at the other Hospital.

3.7-2 Dual Primary Affiliation

A practitioner may, at the time of initial application or reapplication, request dual primary affiliation. Members with dual primary affiliation are required to fulfill all obligations of their membership category at each Hospital, and will have the full prerogatives of the category at each Hospital, except that he/she will only have one vote on Staff-wide matters and may not represent both hospitals on any one Committee. Revocation, suspension or the reduction of clinical privileges or membership at one Hospital shall automatically result in a similar change at the other Hospital.

3.8 LEAVE OF ABSENCE

3.8-1 Leave Status

A Staff member may obtain a voluntary leave of absence from the Medical Staff by submitting written notice to the MEC and the President of the Medical Staff stating the approximate time of the leave, not to exceed one year. During the period of the leave, the Staff member's privileges, prerogatives and responsibilities shall be suspended. All medical record deficiencies must be resolved prior to a leave being granted, unless the President of the Medical Staff grants specific exemption.

3.8-2 Termination of Leave

At least ninety (90) days prior to the termination of the leave, the Staff member may request reinstatement of privileges and Staff membership by submitting written notice to the President of the Medical Staff containing a summary of his/her relevant activities during the leave. The MEC shall take final action on the request and shall send notice of their decision to the Board and Staff member. In the event of an adverse action by the MEC, the Staff member shall be entitled to procedural rights granted under the Fair Hearing Plan (Article XII). Failure, without cause, to request reinstatement or failure to provide requested information shall be deemed a voluntary resignation from the Staff and shall result in automatic termination of membership and privileges. Reapplication will not be accepted for a calendar year and will then be handled as a new application.

3.9 ADMINISTRATIVE AND MEDICO-ADMINISTRATIVE OFFICER

A practitioner employed by the Hospital in a purely administrative capacity is subject to the regular policies of the Hospital and need not be a member of the Medical Staff. If the practitioner desires Staff membership and/or privileges, he/she is subject to the same application, approval and observation processes as all Staff members and applicants, and his/her Medical Staff membership and privileges shall not be contingent upon his/her position with the Hospital.

3.10 HOSPITAL CONTRACTS

3.10-1 Appointment and Clinical Privileges

A practitioner under contract, whether as an individual or member of a group, with the Hospital to provide services, must be a member of the Medical Staff and have been granted the necessary privileges. Requests for membership and privileges will be processed in the manner delineated in the Credentialing Manual and will be subject to the same scrutiny to which all applications are subjected. Termination of the contract with the Hospital shall not result in the termination of membership and privileges unless the performance of those privileges is limited by contract to members of a specific practitioner group as occurs within a "closed staff". Failure to obtain membership or the necessary privileges so as to prevent fulfillment of contractual obligations shall automatically result in termination of the contract.

3.10-2 Qualifications, Prerogatives and Responsibilities

A contract practitioner shall be appointed to a specific Staff category and will be subject to the qualifications, responsibilities and prerogatives of that category.

3.10-3 Closed Staff

When deemed in the best interest of patient care in the Hospital, an organizational entity of the Medical Staff may initiate a request for a contract with the Hospital for providing professional services customarily provided by such an organizational entity or as recommended by the MEC. Said contract shall constitute a "closed staff" for that organizational entity, unless otherwise provided, but shall not abrogate any requirements of these Bylaws or the Medical Staff Policies and Procedures or the Departmental Rules and Regulations. The procedure for formulating contracts is outlined in the Medical Staff Policy and Procedure Manual.

ARTICLE IV. CATEGORIES OF THE MEDICAL STAFF

4.1 CATEGORIES

The Medical Staff shall be divided into Active, Provisional, Courtesy, Community, Visiting/Consulting, Telemedicine/Locum Tenens, Honorary, Retired and Temporary categories. Initial appointments may only be to the Provisional, Visiting/Consulting, Telemedicine/Locum Tenens and Temporary categories.

4.2 ACTIVE STAFF

4.2-1 Qualifications

The Active Staff shall consist of practitioners, each of whom:

- (a) meet the basic qualifications set forth in Article 3.2;
- (b) has a minimum of 25 patient encounters per year or who is actively involved in medical staff leadership. "Encounter" is defined as Hospital admission, inpatient management or consultation, or outpatient procedures performed within the Hospital facilities; excluding outpatient clinic activity. An "Encounter" is also defined as being on call for the Emergency Department at either Mount Carmel East and/or Mount Carmel West Hospital for a 24-hour period of time.
- (c) has satisfactorily completed two years in the Provisional Staff category.

4.2-2 Prerogatives

The prerogatives of an Active Staff member shall be to:

- (a) request the admitting and procedural privileges for which he/she is qualified;
- (b) perform granted privileges without limitation at the Hospital designated as the primary affiliate, assuming bed, staff and scheduling availability;
- (c) attend and vote on matters presented at staff and departmental meetings as well as committee meetings of which he/she is a member, and hold office in the Medical Staff organization, Department or committee(s) of which he/she is a member, provided other qualifications are met as stated in the Bylaws, Policies and Procedures and Department Rules and Regulations.

4.2-3 Responsibilities

Each member of the Active Staff shall:

- (a) meet the basic responsibilities set forth in Article 3.5;
- (b) attend 50% of Staff and departmental meetings and 75% of any committee meetings for which he/she is a member, unless specifically exempted by the departmental Rules and Regulations.

4.2-4 Transfer of Active Staff Member

Any member who fails to meet the requirements or the activity level stipulated in the qualifications for two consecutive years shall automatically be transferred to the appropriate category for which he/she is qualified. The member will be notified by the medical staff office after the first year of a failure to meet the necessary requirements. The successful completion of two additional years of Provisional Staff membership may be required for the restoration of active staff status.

4.3 PROVISIONAL STAFF

4.3-1 Qualifications

The Provisional Staff shall consist of practitioners, each of whom meet the basic qualifications set forth in Article 3.2.

4.3-2 Prerogatives

The prerogatives of a Provisional Staff member shall be to:

- (a) request admitting and procedural privileges for which he/she is qualified;
- (b) exercise granted privileges without limitation at his/her designated Hospital(s);
- (c) serve, when invited, on Staff, departmental and Hospital committees as a voting member;
- (d) attend staff and departmental meetings, without vote, for which he/she is a member as well as educational activities.

4.3-3 Responsibilities

Each member of the Provisional Staff shall:

- (a) meet the basic responsibilities set forth in Article 3.5;

- (b) attend 50% of all staff and departmental meetings for which he/she is a member, unless specifically exempted by the departmental Rules and Regulations, and 75% of all committee meetings for which he/she is a member.

4.3-4 Observation of the Provisional Staff Member

Each Provisional Staff member shall undergo a period of observation by the Department Chair or his/her designee to evaluate the member's proficiency in the exercise of clinical privileges and overall suitability for continued staff membership and advancement. Observation of the member may follow whatever format deemed appropriate by the Department to adequately evaluate the member, including, but not limited to, concurrent or retrospective chart review (including outpatient charts), mandatory consultation and/or direct observation. Appropriate records shall be maintained and the results of the observation communicated by the Department Chair to the Credentials Committee.

4.3-5 Action at the Conclusion of Provisional Status

At the end of the Provisional Staff period, the Department Chair shall advise the Credentials Committee of the member's ability to exercise the clinical privileges initially granted as well as suitability for Staff Membership. The Credentials Committee shall then make its report and recommendations to the MEC, which will then issue its recommendation to the Board:

- (a) favorable recommendations – When the recommendation of the MEC is favorable, the member shall automatically advance to Active, Courtesy or Community Staff membership, as appropriate.
- (b) adverse recommendation – When the MEC recommends a modification or termination of privileges, or denial of advancement, the member shall be promptly informed by written notice which includes the basis for the recommendation as required under Article 12.2-3 (Fair Hearing Plan). The applicant shall then be entitled to a formal hearing as set forth in Articles XI and XII (Fair Hearing Plan).
- (c) inadequate activity – If there has been inadequate activity to assess the practitioner's work and the practitioner does not have active privileges at another local hospital, which can be assessed, the Provisional period may be extended for a maximum of another year.

4.4 COURTESY STAFF

4.4-1 Qualifications

The Courtesy Staff shall consist of practitioners who:

- (a) meet the basic qualifications set forth in Article 3.2;
- (b) have successfully completed two years of Provisional Staff membership at Mount Carmel Hospital(s).
- (c) have a maximum of 25 patient encounters per year excepting those encounters attributed to ER call, resident coverage on the teaching service or covering for partners with Active membership.

4.4-2 Prerogatives

The prerogatives of a Courtesy Staff member shall be to:

- (a) apply for admitting and procedural privileges for which he/she is qualified;
- (b) exercise those privileges which have been granted;
- (c) attend meetings of the Staff and Department of which he/she is a member as well as any educational programs;
- (d) serve on committees, when invited, as a voting member.

4.4-3 Responsibilities

Each member of the Courtesy Staff shall meet the basic responsibilities set forth in Article 3.5, including ER call if deemed necessary by the Department Chair.

4.4-4 Limitations

- (a) Courtesy members shall not be eligible to hold office on the medical staff, nor vote on staff/departmental issues.
- (b) Courtesy Staff members who admit/care for more than 25 patients/year may, after review by the MEC, be obligated to seek membership in the Active or Provisional Staff categories.

4.5 COMMUNITY STAFF

4.5-1 Qualifications

- (a) Primary care physicians may apply directly for Community status without serving a two-year Provisional term;

(b) practice outpatient medicine and who wish to be affiliated with Mount Carmel Hospital;

(c) meet the basic qualifications set forth in Article 3.2;

4.5-2 Prerogatives

The prerogatives of a Community Staff include:

(c) attend staff and departmental meetings of which they are a member as well as any educational programs;

(d) serve, when invited, on committees as a voting member;

(e) visit patients in the hospital;

(f) an option to apply for Active Staff membership after fulfilling departmental meeting requirements and who are actively serving on committees or in Medical Staff governance;

4.5-3 Responsibilities

Each member of the Community Staff shall meet the basic responsibilities set forth in Article 3.5, if applicable.

4.5-4 Limitations

(a) Community Staff members are not eligible to apply for admitting, consultation or procedural privileges, nor permitted to issue verbal or written orders on any patient admitted to the ED or Hospital.

(b) Community Staff members shall not be eligible to hold office in the medical staff nor vote on general staff issues or departmental matters, unless departmental vote is specifically provided for in the departmental Rules and Regulations.

(c) Community staff members interested in exercising clinical privileges in the hospital must complete a two-year Provisional period before being considered for Active status.

4.6 VISITING/CONSULTATIVE STAFF

4.6-1 Qualifications

The Visiting/Consultative Staff shall consist of practitioners, each of whom:

- (a) meets the basic qualifications set forth in Article 3.2;
- (b) is an active staff member in good standing at another accredited health care institute;
- (c) is requesting privileges for a specific purpose;
- (d) possesses an expertise not available at the Hospital, and who has been invited by a clinical Department of the Hospital or by an Active Staff member in good standing to participate in patient care, or whose purpose is to provide coverage for a partner who is a current staff member.

4.6-2 Prerogatives

The prerogatives of a Visiting/Consulting Staff member shall be to:

- (a) examine patients and perform procedures for which he/she has been granted privileges and for the specific time period requested;
- (b) issue verbal and written orders;
- (c) document findings and make recommendations.

4.6-3 Responsibilities

Each member of the Visiting/Consulting Staff shall be required to adhere to the basic responsibilities of staff membership as set forth in Article 3.5, if applicable.

4.6-4 Limitations

- (a) Visiting/Consulting Staff members may not admit or discharge patients except when providing coverage for their partners.
- (b) Visiting/Consulting Staff members are not eligible to vote or hold office within the Medical Staff organization.

4.7 TELEMEDICINE/LOCUM TENENS STAFF

4.7-1 Qualifications

The Telemedicine and Locum Tenens Staff shall consist of practitioners, each of whom meet the basic qualifications set forth in Article 3.2

4.7-2 Prerogatives

The prerogatives of the Telemedicine and Locum Tenens Staff shall be to:

- (a) apply for the clinical privileges for which they are qualified;
- (b) exercise the privileges granted to them;
- (c) attend meetings of the Medical Staff and Department of which they are a member, as well as serve on committees as a non-voting member, and attend all educational activities.

4.7-3 Responsibilities

Each member of the Telemedicine and Locum Tenens Staff shall meet the basic responsibilities set forth in Article 3.5, if applicable.

4.7-4 Limitations

- (a) The Telemedicine Staff member is not permitted to admit or discharge patients, or to hold office or vote on any staff or departmental issues.
- (b) The Locum Tenens Staff member may admit and discharge patients only when this falls under their contractual duties. They may not vote on any staff or departmental issues.
- (c) A physician may be a Locum Tenens Staff member for a maximum period of one year.

4.8 HONORARY STAFF

4.8-1 Qualifications

The Honorary Staff shall consist of retired practitioners recognized for their outstanding reputations and contributions to medicine, the community and the Hospital. Members may be elected to the Honorary Staff by the MEC pursuant to the mechanism defined in the Policy and Procedure Manual of the Medical Staff.

4.8-2 Prerogatives

Honorary Staff members may attend Staff and departmental meetings as well as all educational activities. They may not vote on staff or departmental issues or hold office in the Medical Staff organization, but may serve on committees for one-year renewable terms.

4.8-3 Requirements

Each member of the Honorary Staff shall meet the basic responsibilities of staff membership set forth in Article 3.5, if applicable.

4.9 RETIRED STAFF

4.9-1 Qualifications

The Retired Staff shall consist of members who have retired from active practice and who continue to adhere to appropriate professional standards.

4.9-2 Prerogatives

The prerogatives of the Retired Staff member shall be to attend staff and departmental meetings as well as any educational activities. They may not vote or hold office in the medical staff organization, nor are they eligible to apply for admitting, consultative or procedural privileges.

4.9-3 Requirements

Each member of the Retired Staff shall meet the basic responsibilities of staff membership set forth in Article 3.5, if applicable.

4.10 TEMPORARY STAFF

Temporary Staff membership may be granted on an individual basis only in the event of extenuating circumstances and only after the application process has been completed as delineated in the Credentialing Manual. The President of the Medical Staff, or the Acting President of the Medical Staff, and the Chief Executive Officer, or his/her designee, will have the combined authority to consider and grant temporary staff membership and clinical privileges upon recommendation of the Credentials Committee Chair and the Department Chair. Temporary Staff membership in no way guarantees the granting of permanent staff membership or privileges. Practitioners who have been granted Temporary Staff membership or privileges, but then fail to attain regular membership or privileges, or who have their temporary privileges restricted or terminated are not entitled to a formal hearing. Each member of the Temporary Staff shall meet the basic responsibilities of staff membership set forth in Article 3.5, if applicable.

4.11 LIMITATIONS OF STAFF MEMBERSHIP

Membership on the Medical Staff in no way conveys the granting of admitting or procedural privileges. Rather, membership in the Active, Provisional, Courtesy, Visiting/Consulting or Telemedicine/Locum Tenens Staff categories is a prerequisite to be eligible to apply for privileges. Actual privileges (admitting, consulting or procedural) will only be granted on an individual basis dependent upon the member's qualifications, training and experience.

4.12 LIMITATIONS OF PREROGATIVES

The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other sections of the Bylaws and by the Medical Staff Policies and Procedures.

4.13 MODIFICATION OF MEMBERSHIP CATEGORY

On its own, upon recommendation of the Credentials Committee, or pursuant to a request by a Staff Member, the MEC may recommend a change in the Medical Staff category consistent with the requirement of the Bylaws.

4.14 REAPPLICATION AFTER RELINQUISHMENT OF MEMBERSHIP

Any member, who relinquishes their membership, voluntarily or otherwise, is eligible to reapply for membership after a period of one year.

ARTICLE V. PARAMEDICAL HEALTH PROFESSIONALS

- 5.1 Paramedical health professionals (PHPs) holding a current and valid license, certificate or other legal credential approved or required by Ohio State law who desire to provide specific services within the Hospital, must apply in the manner described in the Credentialing Manual.
- 5.2 All policies and procedures adopted and used by the Central Credentials Committee will have been approved by the MEC and the Hospital Board of Trustees before implementation.

ARTICLE VI. APPOINTMENT AND REAPPOINTMENT

6.1 GENERAL PROCEDURE

- 6.1-1 The Medical Staff, through its designated Departments, Councils, Committees and/or Officers, shall consider and investigate each application for appointment or reappointment to the Staff as well as each request for modification of Staff membership status, primary Hospital affiliation or privileges, and transmit its recommendations to the Board of Trustees. The procedure for evaluation of each appointment or reappointment will be as stated in the Credentialing Manual.
- 6.1-2 All policies and procedures adopted and used by the Central Credentials Committee will have been approved by the MEC and the Hospital Board of Trustees before implementation and are contained in the Credentialing Manual.
- 6.1-3 The right of appeal of an adverse decision by the MEC or Board will be preserved as granted under the Fair Hearing Plan (Article XII).

6.2 DENIAL DUE TO THE HOSPITAL'S INABILITY TO ACCOMMODATE

A recommendation by the MEC, or a decision by the Board, to deny staff membership, primary Hospital affiliation, a departmental affiliation, staff category assignment or particular clinical privileges on the basis of either

- a) the Hospital's present inability, as supported by documented evidence, to provide adequate facilities or supportive services for the applicant and his/her patients, or
- b) on the basis of inconsistency with the Hospital's written plan of development, including the mix of patient care services to be provided, as currently being implemented;

shall be considered adverse in nature and shall entitle the applicant to the procedural rights as provided in Articles XI and XII.

6.3 CONFLICT RESOLUTION

Whenever the Board's proposed decision is contrary to the MEC's recommendation, the Board shall submit the matter to a joint conference of equal numbers of Medical Staff and Board members for review and recommendation before making its final decision and giving notice of final decision as required in the Credentialing Manual.

6.4 REAPPOINTMENT

Medical Staff appointment shall be for two (2) years unless otherwise required by the MEC as described in Article 3.6-2. The reappointment process will be as stated in the Credentialing Manual.

ARTICLE VII. DELINEATION OF CLINICAL PRIVILEGES

- 7.1 Every practitioner or paramedical health professional providing direct clinical services at the Hospital, by virtue of Medical Staff membership or otherwise, shall be entitled to exercise only those clinical privileges or specified services granted to him/her by the Board of Trustees.
- 7.2 The mechanism for application, evaluation and the recommendation for the granting of privileges will be as stated in the Credentialing Manual.
- 7.3 All policies and procedures adopted and used by the Central Credentials Committee will have been approved by the MEC and the Hospital Board of Trustees prior to implementation and will be delineated in the Credentialing Manual.
- 7.4 All members of the Medical Staff have the right of appeal of an adverse decision by the MEC or the Hospital Board of Trustees as stated in the Fair Hearing Plan (Article XII).

ARTICLE VIII. CLINICAL DEPARTMENTS, DIVISIONS & SPECIAL CARE UNITS

8.1 ORGANIZATION

8.1-1 Departments

The Medical Staff shall be comprised of clinical Departments and shall have a Chairman who is elected and has the authority, duties and responsibilities as specified in Article 8.8-6 and Article 9. Each Hospital will have its own set of Departments with the exception of closed Departments with the same physician group under contract at both Hospitals. In other cases, same Departments of each hospital *may* combine with a majority vote of the Active department members followed by a favorable recommendation from the Medical Executive Committee to the Board of Trustees.

8.1-2 Divisions

A Department may be further divided, as appropriate, into divisions that shall be directly responsible to the Department within which they function. A Division Director shall be selected by the Department Chair, with approval of the CDC, the MEC and the Board, and has the authority, duties and responsibilities specified in Article 8.9-5.

8.1-3 Special Care Units

A "Special Care Unit" or "Lab" shall refer to a patient care unit of the Hospital to which the Medical Staff is obliged to extend special efforts to monitor and control the quality of medical care provided in the unit. Each Unit/Lab shall derive its authority from and be directly responsible to the Department(s) within which it functions and shall have a Unit Director who is selected and has the authority, duties and responsibilities specified in Article 8.10-5. In the event that a Unit/Lab shall have multiple departmental concerns, the CDC shall assign the Unit/Lab to a primary Department for administrative control.

8.2 DESIGNATION

8.2-1 Departments

Each Hospital shall have the following Departments (assuming adequate practitioners, patients and resources to support such Department):

- (a) Department of Anesthesia
- (b) Department of Psychiatry
- (c) Department of Cardiothoracic Surgery
- (d) Department of Cardiovascular Medicine
- (e) Department of EENT

- (f) Department of Emergency Medicine
- (g) Department of Family Medicine
- (h) Department of Medicine
- (i) Department of OB/GYN and Newborn Pediatrics
- (j) Department of Orthopedics
- (k) Department of Pathology and Laboratory Medicine
- (l) Department of Radiology
- (m) Department of Surgery

8.2-2 Divisions

The current Divisions of the Clinical Departments will be listed in the Policy and Procedure Manual.

8.2-3 Special Care Units/Labs

The current Special Care Units/Labs will be listed in the Policy and Procedure Manual.

8.3 CHANGES TO THE CURRENT DEPARTMENTS, DIVISIONS, SPECIAL CARE UNITS/LABS

8.3-1 Departmental Changes

The mechanism to create, eliminate, combine or divide a Department shall be by a two-thirds (2/3) majority vote of the appropriate CDC(s) and the Department(s) involved with approval of the MEC and the Board. Creation of a Department may occur when there are sufficient active practitioners at the Hospital where there was previously no specialty representation or insufficient activity to warrant the imposition of the responsibilities of a Department. A Department may be eliminated when the number of practitioners available is no longer sufficient, or likely to be so in the near future, to accomplish assigned functions, or the patient/service activity is no longer substantial enough to warrant the imposition of those responsibilities. Combination or division of Departments may occur when it will result in the more efficient and effective accomplishment of assigned functions and the volume is appropriate to warrant such change.

8.3-2 Divisional Changes

The creation, elimination, combination or reorganization of departmental Divisions may occur if this act will enhance the function and effectiveness of departmental function. The mechanism for this change will be by a two-thirds (2/3) majority vote of the Department and the appropriate CDC with approval by the MEC and the Board.

8.3-3 Special Care Units

The creation or elimination of a Special Care Unit may occur in response to changing technologies, medical needs or Hospital needs. The mechanism of this change will be by Board approval on recommendation by the MEC, the appropriate CDC, the involved Department(s), and Hospital administration.

8.4 ASSIGNMENT TO CLINICAL DEPARTMENTS

- 8.4-1 Each Medical Staff member shall be assigned to at least one clinical Department, but may attend other departmental open meetings when there is a mutual interest or concern as a nonvoting guest. All credentialing and the granting of privileges shall be through the Central Credentials Committee according to the guidelines specified in the Credentialing Manual with input from the appropriate Department Chair(s). Paramedical health professionals will also be assigned to a Department as a nonvoting member. The Central Credentials Committee will make department assignment of both practitioners and paramedical health professionals at the time that Staff Membership is recommended.
- 8.4-2 Members of a Department may be further assigned to a Division within the Department, if appropriate.
- 8.4-3 The exercise of clinical privileges within a Department or a Special Care Unit shall be subject to the Rules and Regulations of that component and the authority of the Chairperson and Director of the Unit.

8.5 FUNCTIONS OF THE DEPARTMENT

8.5-1 General Function

The Clinical Departments will fulfill a variety of clinical, administrative, quality, collegial and educational functions. Members of the Department shall serve on multidisciplinary committees as representatives of the Department Chairperson in the effort to fulfill these functions. The Departments, through the Department Chairperson, are responsible to the respective CDC, the MEC and ultimately, the Board for the effective discharge of these functions.

8.5-2 Clinical Functions

Each Department shall:

- (a) establish policies and procedures designed to ensure adherence to the clinical standards of that medical specialty and develop consistency in patient care, and to monitor its members' as well as nonmembers' adherence to the clinical standards, policies and

practice relevant to the various clinical disciplines under its jurisdiction;

- (b) provide an intra-departmental forum for matters of clinical concern and for resolving clinical issues involving Department members, patient care services and Hospital administration;
- (c) develop criteria for use by the Credentials Committee in recommending the granting or denial of membership and privileges.

8.5-3 Administrative Functions

Each Department shall:

- (a) subject to approval of the CDC, MEC and the Board, establish rules and regulations governing the Department and its members;
- (b) assure that its members contribute their professional views and insights into the formulation of departmental, Medical Staff and Hospital policies and planning and serve as a forum of communication between other Departments, Medical Staff, Nursing services and Hospital administration;
- (c) make recommendations to the CDC concerning the short and long-term allocation and acquisition of resources and provision of services by the Hospital and Department;
- (d) coordinate the professional services of its members with those of other Departments and with Hospital and Medical Staff support services; and,
- (e) subject to the approval of the CDC, provide 24-hour monthly call schedules to the Emergency Department.

8.5-4 Quality Assurance Functions

Each Department shall:

- (a) review quality assurance, utilization data and findings pertinent to the Department, making recommendations or taking action when appropriate;
- (b) participate and assist in data collection and monitoring of outcomes for the purpose of quality assurance, including, but not limited to, surgical case review, morbidity and mortality reports and blood utilization studies;

- (c) support the functions of the Quality Assurance and Peer Review Committee as delineated in the Policy and Procedure Manual.

8.5-5 Collegial and Educational Functions

Each Department shall:

- (a) serve as a source for clinical and emotional support among peers;
- (b) assist in teaching, continuing education and the sharing of new knowledge relevant to the practice of its members;
- (c) provide consultative advice in its area to members of other Departments.

8.6 FUNCTIONS OF CLINICAL DIVISIONS

Each Division shall perform the functions assigned to it by the Department in which it operates. The Division shall also, subject to the approval of the Department, CDC, MEC and the Board, establish policies and procedures designed to ensure adherence to the clinical standards of that specialty and to develop consistency in patient care.

8.7 FUNCTIONS OF SPECIAL CARE UNITS/LABS

Each Special Care Unit/Lab shall, upon the approval of the Department(s) involved, perform the functions assigned to it by the Special Care Unit/Lab Director. The Director shall, subject to approval of the Department(s), the CDC, the MEC and the Board, establish policies and procedures designed to ensure adherence to the clinical standards of that area and to develop consistency in patient care.

8.8 DEPARTMENTAL GOVERNANCE

8.8-1 Officers

Each Department shall have a Chairperson, a Vice Chairperson and a Secretary.

8.8-2 Qualifications

All officers shall be board certified physicians with admitting privileges and members of the Active Staff with the exception of the Secretary who may be a Provisional Staff member and board qualified, members of the Department, and shall be able and willing to faithfully discharge the functions of the office.

8.8-3 Selection of Department Officers

Selection of the Department Officers will occur as provided for in the Medical Staff Policy and Procedure Manual. The officers so selected shall be subject to approval by the appropriate CDC, the MEC and the Board.

8.8-4 Term of Office

The Department Chair shall serve a three (3) year term commencing with approval of the appointment and until his/her successor is chosen, unless he/she resigns or is removed from office. The Vice Chair and Secretary shall serve one (1) year terms. All officers shall be eligible to succeed themselves.

8.8-5 Resignation, Removal and Vacancy of Office

- (a) A departmental officer may resign at any time by giving written notice to the MEC, the effective date to be specified by the officer resigning.
- (b) Removal of a departmental officer may be initiated by the Board acting upon its own recommendation, the recommendation of the MEC, or by a two-thirds (2/3) majority vote of the departmental members eligible to vote and present at a special (closed) meeting called to consider a motion for removal. A special meeting may be called by the Department Chair or by a petition signed by at least 30% of the Active Staff Members of the Department, in accordance with Article 8.11-3. Removal at any time may occur for gross neglect of duties, failing to represent the Department's interests, malfeasance in office or other appropriate condition.
- (c) A vacancy in the Department Chairmanship shall be filled for the remainder of the term by a special election conducted as soon as feasible in the manner outlined in the Medical Staff Policy and Procedure Manual. The Vice Chair will assume interim duties.
- (d) Vacancies in the Vice Chair and Secretary offices shall be filled in the manner described in the departmental Rules and Regulations for the remainder of the term.

8.8-6 Duties

Each Department Chair shall:

- (a) represent the Department at the CDC meetings;
- (b) preside at Department meetings, unless otherwise provided for in the Department Rules and Regulations;

- (c) be accountable to the CDC, MEC, the President of the Medical Staff and the Board for all professional and medical staff administrative duties within the Department, for the quality and efficiency of patient care provided by members of the Department and for the effective conduct of the functions delegated to the Department;
- (d) perform the necessary duties, appoint Committee members, develop and implement departmental programs in cooperation with the MEC, CDC and appropriate committees to fulfill the functions described in Article 8.5;
- (e) monitor the quality of patient care and professional performance rendered within the Department and transmit to the CDC, the Credentials Committee and the Medical Staff office, if indicated, recommendations concerning membership and classification, clinical privileges and the criteria for them, the monitoring of specified services and initiation of corrective action taken with respect to all persons with clinical privileges in the Department;
- (f) enforce departmental, Medical Staff and Hospital Bylaws, Rules and Regulations, Policies and Procedures within the Department, and implement actions taken by the CDC, MEC or the Board which pertain to the Department and its members;
- (g) be responsible for the teaching, education and research programs in the Department;
- (h) participate in every phase of administration of the Department through cooperation with nursing services and Hospital administration in all matters affecting patient care, including the preparation of annual reports and budgetary planning;
- (i) perform other duties as requested by the President of the Medical Staff, CDC Chair, the MEC or the Board.

Each Vice Chair shall:

- (a) serve as temporary Department Chair in the event of absence, illness, incapacity, resignation or removal from office until the Chair returns or a new Chair is approved;
- (b) assist the Department Chair as may be requested in the support of departmental functions.

Each Secretary of the Department shall:

- (a) work with the Medical Staff office in keeping records of the minutes of all meetings, attendance records and make arrangements for mailing notices of special meetings;
- (b) perform other duties as assigned by the Department Chair.

8.9 DIVISION DIRECTORS

8.9-1 Qualifications

Each Division Director shall be a member of the Active Staff and of the Division and Department with admitting privileges, shall be qualified by training, experience, interest and demonstrated current ability in the clinical specialty area of the Division, and shall be willing and able to discharge the responsibilities of the office.

8.9-2 Selection and Appointment of Division Directors

Each Division Director shall be appointed by the Department Chair and is subject to the approval of the CDC, the MEC and the Board.

8.9-3 Term of Office

Each Director shall serve a three (3) year term, commencing on his/her appointment and until his/her successor is chosen, unless he/she resigns or is removed from office. A Director shall be eligible to succeed himself.

8.9-4 Resignation and Removal from Office

A Director may resign at any time by giving written notice effective on the date specified. Removal of a Director may be effected by the MEC or the CDC acting on their own recommendation or on the recommendation of the Department Chair, or by a two-thirds (2/3) majority vote of the Division members eligible to vote.

8.9-5 Duties

Each Division Director shall:

- (a) exercise general supervision over all clinical work performed within the Division and account to his/her Department, the CDC and the MEC for the effective operation of the Division and the discharge of the tasks delineated in Article 8.6;
- (b) establish policies and procedures designed to ensure adherence to the clinical standards of the medical specialty;

- (c) conduct investigations and submit reports and recommendations to the Department Chair regarding the clinical privileges to be exercised within the Division;
- (d) act as presiding officer at all Division meetings, reporting to the Department, the activities of the Division;
- (e) perform other duties commensurate with the office as requested by the Department Chair, the CDC or the MEC.

8.10 SPECIAL CARE UNIT/LAB DIRECTORS

8.10-1 Qualifications

Each Special Care Unit/Lab Director shall be a member of the Active or Provisional Staff with admitting privileges and a member of one of the Departments under which the Unit/Lab functions, be qualified by training, experience, interest and demonstrated current ability in the clinical specialty area covered by the Unit/Lab, and be willing and able to discharge the responsibilities of the office.

8.10-2 Selection of Special Care Unit/Lab Directors

Each Special Care Unit/Lab Director shall be selected in the manner described in the Medical Staff Policy and Procedure Manual for that particular area, and subject to the approval of the MEC and the Board prior to being hired or appointed.

8.10-3 Term of Office

Each Director shall serve a three (3) year appointment, commencing with his/her approval and serving until his/her successor is chosen, unless he/she resigns or is removed from office. A Director is eligible to succeed him/herself, provided Board and MEC approval.

8.10-4 Resignation and Removal from Office

A Director may resign at any time by giving written notice effective on the date specified. Removal of a Unit/Lab Director may be effected by the Board acting on its own recommendation, or upon the recommendation of the CDC, MEC or a two-thirds (2/3) majority vote of the Department(s) members eligible to vote.

8.10-5 Duties

Each Special Care Unit/Lab Director shall:

- (a) exercise general supervision over all clinical work performed within the Unit/Lab and account to the Department(s), the CDC, the MEC and the Board for the effective operation of the Unit/Lab and the discharge of all tasks delegated to it pursuant to Article 8.7;
- (b) establish policies and procedures to ensure adherence to the clinical standards of medical practice within the Unit/Lab;
- (c) conduct investigations and submit reports and recommendations to the Department Chair(s) regarding the clinical privileges to be exercised within the Unit/Lab;
- (d) act as presiding officer at all Unit/Lab meetings, reporting to the Department(s) the activities of the Unit/Lab;
- (e) participate in every phase of administration of the Unit/Lab through cooperation with nursing services and Hospital administration in all matters affecting patient care, including the preparation of annual reports and budgetary planning;
- (f) perform other duties commensurate with the office as requested by the CDC, MEC or the Board.

8.11 MEETINGS

8.11-1 Regular Meetings

Departments and Divisions shall hold regular meetings at a pre-established time, day of the month and location, determined by departmental/Division resolution. No notice other than the resolution shall be required. Changes in meeting time or location shall be announced at the previous meeting, if at all possible, and written notice sent to all Department/Division members one to two weeks prior to the planned meeting.

8.11-2 Meeting Frequency

It is recommended that Departments meet at a minimum of every two (2) months. Divisions shall hold meetings pursuant to their Rules and Regulations. Special Care Units/Labs shall hold meetings as deemed necessary by the Director.

8.11-3 Special Meetings

A special meeting of any Department, Division, or Special Care Unit/Lab may be called by the Department Chair or Division/Unit/Lab Director, the Board, the President of the Medical Staff, the CDC Chair or 30% of the

voting members. No business other than that stated in the purpose for the special meeting shall be transacted.

8.11-4 Notice of Meetings

Written notice stating the purpose, place, day and time of any special meeting, or any meeting not held pursuant to resolution shall be delivered either personally or by mail to each person entitled to be present not less than ten (10) working days prior to such meeting. If mailed, the notice of the meeting shall be deemed delivered seventy-two (72) hours after deposited, postage prepaid, in the United States mail, addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Staff office. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

8.11-5 Quorum

A quorum of departmental, Division, Unit/Lab meetings shall be defined as the number of voting members present, unless otherwise specified in these Bylaws, Medical Staff Policies and Procedures or departmental/Division Rules and Regulations.

8.11-6 Manner of Action and Voting

- (a) Meetings - except as otherwise specified, the action of a majority of the voting members present shall be the action of the group
- (b) Mail ballot - unless otherwise specified, a majority of the Active Staff petitioned by mail ballot returned within twenty working days from the date of the mailing, provided at least 25% of the Active Members respond, shall be the action of the group
- (c) Each active member eligible to vote has only one vote on any matter despite membership in other Departments or dual Hospital privileges

8.11-7 Minutes

Minutes of all meetings shall be prepared by the Secretary and shall include a record of attendees, key subjects discussed and any votes taken or resolutions made. The minutes will be signed by the presiding officer, approved by the attendees, presented to the CDC and placed in a permanent file in the Medical Staff office. Routine access is limited to officers of the staff, the Department Chair and authorized voting members of the group. The President of the Medical Staff may authorize special access after receipt of a written request stating the purpose for the request. In no event shall special access be granted without the personal presence of the President of the Medical Staff or Chairman of

the Department. Copies may not be made nor may the report be removed from the Medical Staff Office.

8.11-8 Attendance Requirements

All Active and Provisional Staff members are required to attend at least 50% of all meetings of each Department for which he/she is a member and 75% of all committee meetings for which he/she is a member. Attendance requirements for Division meetings shall be stated in the Department Rules and Regulations. Failure to meet the attendance requirements may be grounds for corrective action, including, but not limited to, removal from such Committee, change in Staff membership category, or the loss of Staff membership. Chairmen of Departments and Committees shall report all such failures to the MEC for action or referral to the appropriate CDC. Reinstatement of a Staff member whose membership has been revoked because of absence from meetings shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

8.11-9 Special Appearances or Conferences

- (a) A practitioner whose patient's clinical course of treatment is scheduled for discussion should be notified and invited to present the case. If the discussion will occur at a regularly scheduled QA meeting or a scheduled Morbidity and Mortality conference as a part of the departmental quality assurance program, no additional notice will be made.
- (b) Whenever an education program or conference is prompted by findings of review or evaluation and monitoring activities, the practitioner(s) whose pattern of performance prompted the program will be notified of the time, date and place of the program, the subject matter and its applicability to the practitioner's practice. Attendance will be mandatory and failure to attend shall result in corrective action, pursuant to Article 10.3-1(c).

ARTICLE IX. ORGANIZATION OF THE MEDICAL STAFF

9.1 GENERAL OFFICERS OF THE MEDICAL STAFF

9.1-1 Identification

The general officers of the Medical Staff shall be:

- (a) President
- (b) CDC Chairs (one for each Hospital)
- (c) Immediate Past President

9.1-2 Qualifications

The General officers of the Medical Staff must be board-certified physicians in active practice and members of the Active Staff with admitting privileges. They must be in good standing at the time of their nomination and election, and remain so during their term of office. Failure to maintain such status shall result in immediate removal from office. The staff member must be willing to serve, interested and knowledgeable in the affairs of the Hospital.

9.1-3 Election and other Attainment of Office

- (a) President: The President of the Medical Staff attains office by automatic and alternate succession from the office of the CDC Chair of each Hospital.
- (b) CDC Chair: The Chairman of the CDC shall be elected by a mailed secret ballot of the Active Staff members of that Hospital from a slate of two or more candidates developed by a nominating committee Chaired by the current CDC Chair. The election shall take place in the fall of the final year of the CDC Chair's term. Ballots shall be mailed from and returned to the medical staff office on dates determined by the MEC. A candidate shall be deemed elected upon receiving a majority of the valid votes cast provided at least 25% of the members eligible to vote respond. If no candidate receives a majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes. In the event of a tie, or other election problems, the outcome shall be determined by a majority vote of the MEC.
- (c) Immediate Past President: The Immediate Past President attains office by automatic succession from the office of President.

9.1-4 Terms of Office

- (a) President and Immediate Past President: The President and the Immediate Past President shall serve a one year term, commencing January 1, and serving until a successor is named unless he/she shall resign sooner or be removed from office.
- (b) CDC Chair: The CDC Chair shall serve two (2) year staggered terms, commencing January 1, and serving until a successor is elected unless he/she shall resign sooner or be removed from office.

9.1-5 Resignation and Removal of General Officers

- (a) Resignation - Any general staff officer may resign at any time by giving written notice to the MEC, effective on the date designated by the officer, contingent upon formal acceptance by the MEC.
- (b) Removal - Except as otherwise provided, request for removal of a general staff officer may be initiated by a petition signed by 10% of the Active staff eligible to vote. The charges of the initiators shall be made known to the MEC and the individual concerned no less than fifteen (15) days before the meeting at which the matter will be considered. Removal from office shall be by a two-thirds (2/3) vote of the Active staff present at a special General Staff meeting called for this specific purpose. For purposes of removal, a quorum shall be 30% of the Active staff. Removal from office may be based upon, but not limited to, failure to perform the duties of the position held as described in these Bylaws.

9.1-6 Vacancies in General Staff Offices

- (a) President: If there is a vacancy in the office of the President, the CDC Chair who is next in line for succession shall serve out the remaining term.
- (b) CDC Chair: A vacancy in the office of the Chairman of the CDC shall be filled by appointment by the CDC with approval by the MEC for the remainder of the term.
- (c) Immediate Past President: In the event of a vacancy in the office of the Immediate Past President, the position shall go unfilled for the remainder of the term.

9.1-7 Duties of the General Officers:

- (a) President - The President shall serve as the chief medical officer of the Hospital and as the principle elected official of the staff. As such, he/she shall:
- (1) aid in coordinating the activities and concerns of the Hospital administration and of patient care services with those of the Medical Staff;
 - (2) be accountable to the Board, in conjunction with the MEC for the quality and efficiency of patient care, including the effectiveness of medical staff aspects of quality assurance and other review, and make recommendations to the Board regarding these areas;
 - (3) call, preside at and be responsible for the agenda at all General Staff meetings and MEC meetings;
 - (4) serve as an ex-officio member without vote on all staff committees, unless otherwise provided for in these Bylaws;
 - (5) serve as a non-voting ex-officio member of the MCH and MCHS Board of trustees, participate on the Hospital leadership team, and represent the views, policies and concerns of the Medical Staff to the Board, the CEO and other officials of the Hospital;
 - (6) appoint the membership and Chairman, unless otherwise specified in these Bylaws or in the Policy and Procedure Manual, of central medical staff committees and form ad hoc committees when needed to carry out the functions of the Medical Staff;
 - (7) be responsible for the enforcement of the Bylaws and policies of the Medical Staff and Hospital, the implementation of sanctions when indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;
 - (8) be the spokesman for the Medical Staff in its external professional and public relations and coordinate relevant Hospital topics with the Hospital's Public Relations Director;
 - (9) supervise the collection and accounting for any funds that may be collected in the form of staff dues, assessments or

application fees and submit an annual financial statement to the Medical Staff;

- (10) appoint a substitute for the Immediate Past President on the Board Contract subcommittee if he/she is unavailable or in the event of a conflict of interest.

(b) Immediate Past President - The Immediate Past President shall:

- (1) serve as a voting member of the MEC;
- (2) serve as an ex-officio member of the Board Contract Review subcommittee;
- (3) perform other such advisory duties as assigned by the President, the MEC or the Board.

(c) CDC Chair - The Chairman of the CDC shall serve as the elected official representative for the Medical Staff at the Hospital where elected to serve, and shall:

- (1) be accountable to the MEC for the quality and efficiency of clinical care and performance with that Hospital;
- (2) appoint the membership and Chair, unless otherwise provided for in these Bylaws, or in the Policy and Procedure Manual, of the decentralized committees and form ad hoc committees when needed to carry out the functions of the Medical Staff;
- (3) be responsible for compliance with the Medical Staff Bylaws and Policies and Procedures, the implementation of sanctions when indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner within his/her Hospital;
- (4) call, preside at and be responsible for the agenda of all CDC meetings at the Hospital where elected;
- (5) serve as a voting member of the MEC, participate in the Hospital leadership team, and serve as an ex-officio member without vote on all decentralized committees;
- (6) assume the duties of the President of the Medical Staff in his/her absence when he/she is the next successive President of the Medical Staff;

- (7) perform other appropriate duties as requested by the President of the Medical Staff or the MEC.

9.1-8 Other Officials of the Medical Staff

- (a) A representative to the AMA shall be elected to a three year term. He/she shall be a staff member in good standing and be willing to attend the MEC meetings as a nonvoting member.
- (b) Other officials of the Medical Staff may include officials deemed necessary to fulfill or supervise any staff function required by these Bylaws. Selection, terms and duties will be described in the Policy and Procedure Manual. To the extent that any such official performs any clinical functions, he/she must be a member of the medical Staff and be granted the privileges needed. In all events, he/she is subject to these Bylaws, the Medical Staff Policies and Procedures and all other lawful policies of the Hospital.

9.2 GOVERNING STRUCTURE AND REPRESENTATION OF THE MEDICAL STAFF

9.2-1 MEDICAL EXECUTIVE COMMITTEE (MEC)

- (a) Composition - The MEC shall consist of eight (8) voting members:
 - i. the President;
 - ii. the Immediate Past President;
 - iii. the Chair of each CDC;
 - iv. four (4) members-at-large, two (2) current elected Department Chairs in good standing, to be appointed by each CDC Chair for staggered two year terms;and the following non-voting members:
 - i. the CEO shall serve as an ex-officio member without vote;
 - ii. the Chairman of the Central Credentials Committee;
 - iii. physician representatives of the Medical Staff Quality and Peer Review Committee, one from each Hospital;
 - iv. the AMA representative.
- (b) Function - The function of the MEC shall include, but not be limited to:

- i. receive and act upon reports and recommendations from the CDCs, Departments, Committees and Officers of the Staff concerning Medical Staff components of the Performance Improvement Program and other review, evaluation and monitoring functions of the Staff, the discharge of their delegated administrative responsibilities, and to recommend to the Board specific programs to implement these functions;
- ii. coordinate the activities of and policies adopted by the Staff, the CDCs, Departments and Committees;
- iii. recommend to the MCH Board all matters relating to appointments, reappointments, staff categories and departmental assignments, clinical privileges and corrective actions;
- iv. account to the Board and to the Medical Staff for the overall quality and efficiency of patient care in the Hospital;
- v. take reasonable steps to insure professionally ethical conduct and competent performance on the part of staff members, including initiating and pursuing corrective action when warranted;
- vi. make recommendations on medico-administrative, planning and Hospital management matters including capital equipment and expenditures;
- vii. develop the Policies and Procedures of the Medical Staff with assistance from the appropriate central committees and interpret and enforce the Bylaws and Policies and Procedures of the Medical Staff;
- viii. represent and act on behalf of the Staff, subject to such limitations as may be imposed by these Bylaws;
- ix. participate in identifying community health needs and in setting Hospital goals and implementing programs and plans to meet those goals;
- x. supervise compliance of the Staff with the standards of applicable licensing and accreditation authorities and inform the Medical Staff of the accreditation program and status of the Hospital;

- xi. review physician contracts with the Hospital, either directly, or through their designee, pursuant to Article 3.10-3 for recommendations prior to final approval and execution.
- (c) Meetings and Tie Votes - The MEC shall meet monthly or as appropriate to conduct its necessary business and responsibilities. It shall be chaired by the President of the Medical Staff. A tie vote on any matter presented to the MEC is a negative vote of the MEC.

9.2-2 CLINICAL DEPARTMENT COUNCIL (CDC)

- (a) Composition - Each Hospital shall have a CDC composed of the following voting members:
- i. the Chairman of each of the current Clinical Departments of the Hospital, including the Chairman or his/her designee of the combined Departments;
 - ii. the elected Chairman of the CDC
 - iii. two (2) additional members-at-large may be selected for a one year term from the Departments of Medicine or Surgery, if additional representation is needed. The mechanism for this shall be found in the Policy and Procedure Manual;
- and the following non-voting members:
- i. a secretary appointed by the CDC Chair from the Active Staff;
 - ii. the Chairman of the Medical Staff Quality and Peer Review Committee, or their designee;
 - iii. the CEO and President of the Medical Staff, or their designees;
 - iv. the physician representative from the Hospital Performance Improvement Team (or its equivalent) may be invited to serve as a standing guest.
- (b) Duties - The duties of the CDC shall be to:
- i. receive and review the reports and recommendations from the Clinical Departments under its jurisdiction, the functions of the decentralized staff committees and

transmit its own reports and recommendations along with the Department's actions, as required by these Bylaws, to the relevant Central Committees or MEC;

- ii. receive, for informational purposes, follow-up, or action as it deems necessary, the findings and recommendations of the Medical Staff Quality and Peer Review Committee and to provide appropriate input to it;
 - iii. receive reports and recommendations from the decentralized committees established at its respective Hospital, take final action thereon and report such actions to the MEC for its approval (which as part of its authority and responsibility under these Bylaws may retroactively rescind any CDC action which, in its views, does not comport with an overall plan of integration and unification);
 - iv. coordinate the activities of, and policies adopted by, the Departments and decentralized committees operating at its respective Hospital;
 - v. recommend to the Central Credentials Committee or the MEC, as appropriate, all matters relating to appointments, reappointments, staff category, Department assignments, clinical privileges and corrective actions at its respective Hospital;
 - vi. take reasonable steps to insure professionally ethical conduct and competent performance on the part of the Staff members at its respective Hospital, including initiating investigations and pursuing corrective action, when warranted, and to see that the Ethical and Religious Directives for Catholic Health Facilities are followed;
 - vii. make recommendations to the MEC on medico-administrative and Hospital management matters pertinent to its respective Hospital;
 - viii. perform such other duties as may reasonably be assigned to it by the President of the Medical Staff, the MEC or the Board.
- (c) Meetings – The CDC shall meet monthly or as appropriate to conduct its necessary business and responsibilities.

9.3 COMMITTEES

Committees may be formed on a standing or ad hoc basis to facilitate the fulfillment of Medical Staff functions. Committees may be centralized or decentralized in nature.

9.3-1 Functions – Functions of the Medical Staff which may be delegated to committee including, but not limited to:

- (a) performance improvement and quality assurance activities, including peer review;
- (b) utilization review;
- (c) credentialing and privileging of independent and dependent health care providers;
- (d) monitoring of special care areas, labs and patient care support services;
- (e) educational and research activities;
- (f) supervision of the Hospital's library services;
- (g) supervision of medical records completion;
- (h) development and surveillance of drug utilization policies and practices;
- (i) prevention and investigation of Hospital-acquired infections and monitoring of the infection control program;
- (j) participation in Hospital growth and development, community disaster planning and response;
- (k) direct staff organizational activities, Bylaws, administrative issues and participate in Hospital accreditation activities;
- (l) coordination of care provided by practitioners with patient care services and administrative services.

9.3-2 Classification of Committees

- (a) Standing Committees – A standing committee shall refer to a committee that is established to perform an ongoing function, and shall remain in existence unless deleted or changed pursuant to Article 9.3-3. The makeup and function of standing committees will be defined in the Policy and Procedure Manual unless otherwise provided for in these Bylaws.

- (b) Special Committees – A special committee shall refer to a committee established to perform or monitor a specific function, whenever the need arises, and shall remain in existence until deleted or changed pursuant to Article 9.3-3. Special committees need not be described in these Bylaws or in the Policy and Procedure Manual, and shall not be assigned functions that fall within the jurisdiction of any existing standing or special committee.
- (c) Ad Hoc Committees – An ad hoc committee shall refer to a committee established to perform a definitive task within a finite period. It shall be dissolved automatically upon completion of its assigned task.
- (d) Central Committees – Central Committees perform functions affecting the entire Hospital system, and are responsible to the President of the Medical Staff, the MEC and the Board.
- (e) Decentralized Committees – Decentralized committees perform functions specific to the individual Hospital, and are responsible to the Chairman of the CDC, the CDC and the individual Departments when appropriate. When like committees exist at each Hospital, the committee description shall be uniformly applied at each Hospital. Should difficulties arise relative to the uniform function of the committees, the matter will be referred to the MEC for resolution.

9.3-3 Creation, Deletion, Combination or Changing of Committees

- (a) Central Standing and Special Committees may be created, deleted, combined or their composition and function changed by a majority vote of the MEC, subject to the approval of the Board, unless otherwise specified in these Bylaws.
- (b) Decentralized Standing and Special Committees may be created, deleted, combined or their composition and function changed by a majority vote of the CDC of that Hospital, subject to the approval of the MEC and the Board, unless otherwise specified in these Bylaws.
- (c) The President of the Medical Staff or the CDC Chair, as appropriate shall appoint ad Hoc Committees.

9.3-4 Committee Description

All standing committees will be described in terms of function, composition and selection of members in the Policy and Procedure Manual unless otherwise specified in these Bylaws.

9.3-5 Committee Appointments

Unless otherwise specified in these Bylaws:

- (a) Central Committee appointments shall be made by the President of the Medical Staff, upon recommendation of the MEC and CDC Chairs, and subject to the approval of the MEC and the Board.
- (b) Decentralized Committee appointments shall be made by the CDC Chair upon recommendation of the CDC, subject to the approval of the MEC and the Board.
- (c) All appointments shall be for two year renewable terms, providing the appointee agrees to continue as committee member.
- (d) Active members of the Medical Staff shall be obliged to accept appointment as a voting member of Central and Decentralized committees at the Hospital where they are active in order to fulfill their Medical Staff obligations as contained in these Bylaws.
- (e) No member of the Medical Staff shall be required to accept appointment to more than three committees, nor to serve as Chair on more than one standing committee unless he/she desires to do so.

9.3-6 Individual Committees

- (a) MEC: The MEC will function as described in Article 9.2-1. Changes to the function or composition of the MEC shall be by amendment to these Bylaws.
- (b) CDCs: Each Hospital shall have as its governing body, a CDC, as described in Article 9.2-2. Changes in the function and composition of the CDCs shall be by amendment to these Bylaws.
- (c) Central Credentials Committee: A Central Credentials Committee shall be responsible for the initial and ongoing review and credentialing of all Medical Staff applicants and members, Paramedical Health Professionals as well as making recommendations for the granting of privileges based on the practitioner's experience, education and training. The committee will present its findings to the MEC through its Chairman who will also serve as an ex-officio member of the MEC without vote. The committee's structure, composition and function as well as the mechanism for the selection of its Chairman and members shall be described in the Credentialing Manual. The Chairman and members are subject to the approval of the MEC and the Board.

- (d) Quality and Peer Review Committee: A central quality assurance and peer review committee shall be responsible for the review and evaluation of all Department proposed quality initiatives and review concern regarding the quality of care provided by individual practitioners at any level. The Committee shall be represented on the Hospital Quality Committee and shall report Medical Staff quality and peer review issues directly to the MEC and the Board. Members of the Committee shall be designated as an ex-officio member of each CDC and the MEC (two) without vote. A subcommittee, composed solely of physician members shall be responsible for peer review and report to the MEC directly through the Chair(s). The Committee's structure, composition and function as well as the mechanism for the selection of its Chair(s) and members shall be described in the Policy and Procedure Manual. The Chair(s) as well as members are subject to the approval of the MEC and the Board.

ARTICLE X. CORRECTIVE ACTION

10.1 ROUTINE CORRECTIVE ACTION

10.1-1 Criteria for Initiation

Whenever the activities or professional conduct, either within or outside of the Hospital, of any practitioner with clinical privileges are, or are reasonably likely to be, detrimental to patient safety or to the delivery of quality or efficient patient care, or are reasonably likely to be disruptive to Hospital operations, corrective action against such practitioners may be initiated by any officer of the Medical Staff, by the Chairman of a Clinical Department Council (CDC), or any Clinical Department Chairman or standing Committee Chairman of the Medical Staff, by the Chief Executive Officer or by the Board of Trustees.

10.1-2 Requests and Notices

All requests for corrective action shall be in writing, submitted to the Chairman of the CDC at the appropriate Hospital with a copy to the Chairman of the MEC, and supported by reference to the specific activities or conduct which constitute the grounds for the request. The Chairman of the MEC shall promptly notify the CEO in writing of all requests for corrective action received by the MEC and shall continue to keep him fully informed of all action taken in conjunction therewith.

10.1-3 Investigation

After deliberation, the CDC may refer the matter directly to the MEC or direct that investigation concerning the grounds for the corrective action request be undertaken. The CDC may conduct such investigation itself or may assign this task to a Medical Staff Officer, Department, standing or ad hoc committee or other organizational component. The investigative process is not a "hearing" as that term is used in the Fair Hearing Plan. It shall include a discussion with the practitioner involved, with the individual or group making the request, with other individuals who may have knowledge of the events involved, and may include a request that the practitioner undergo a medical and/or psychiatric examination by a physician approved by the investigating body. This investigation shall not constitute a hearing, shall be preliminary in nature, and shall not be conducted according to the procedural rules provided with respect to hearings. The practitioner shall be informed of the general nature of the circumstances and may present information relevant thereto. A record of the investigation and such interviews shall be made. This investigating group or individual must forward a written report of the investigation to the MEC for further action, and to the CDC for information as soon as is practical after the assignment to investigate has been made. The MEC may at any time within its discretion, and shall at the request of the

Board, terminate the investigative process and proceed with action as provided below.

10.1-4 MEC Action

As soon as is practical after the receipt of the investigative report, the MEC shall take action upon the request. Such actions may include, without limitation:

- (a) reject the request for corrective action;
- (b) issue a warning, a letter of admonition, or a letter of reprimand;
- (c) recommend a probationary period of defined length with retrospective review of cases but without special requirements of prior or current consultation or director supervision;
- (d) recommend individual requirements for mandatory consultation or direct supervision;
- (e) recommend the reduction, suspension, or revocation of clinical privileges;
- (f) recommend the reduction of Staff category or limitation of any prerogatives directly affecting the practitioner's clinical privileges;
- (g) recommend the suspension or revocation of Staff membership.

10.1-5 Procedural Rights

Any action by the MEC pursuant to Article 10.1-4 (d), (e), (f) or (g), or any combination of such actions, shall entitle the practitioner to the procedural rights as provided in Article XI, and the matter shall be processed in accordance with the provisions of the Fair Hearing Plan (Article XII).

10.1-6 Other Actions

If the MEC's recommended action is as provided in Article 10.1-4 (a), (b), or (c), such recommendation, together with all supporting documentation, shall be transmitted to the Board. Thereafter, the procedure to be followed shall be as provided in Articles 12.5-3 (b), and Article 11.2-2, as applicable.

10.2 SUMMARY SUSPENSION

10.2-1 Criteria for Initiation

- (a) Whenever a practitioner's conduct requires that immediate action be taken to protect the life of any patient(s), or to reduce the substantial likelihood of immediate injury or damage to the health or safety of any patient, employee or other person present in the Hospital, either the Chairman of MEC, of a CDC or of a Department, the CEO, the Executive Committee of either the Medical Staff, the Board or an appropriate Committee of the Board, shall have the authority to summarily suspend the Medical Staff membership status or all or any portion of the clinical privileges of such practitioner.
- (b) Such summary suspension shall become effective immediately upon imposition and shall apply at both Hospitals. The CEO shall promptly give special notice of the suspension to the practitioner. In the event of any such suspension, the practitioner's patients then in the Hospital whose treatment by such practitioner is terminated by the summary suspension shall be assigned to another practitioner by the Department Chairman. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

10.2-2 MEC Action

As soon as possible after summary suspension, a meeting of the MEC shall be convened to review and consider the action taken. The MEC may modify, continue or terminate the terms of the summary suspension.

10.2-3 Procedural Rights

Unless the MEC immediately terminates the suspension and ceases all further corrective action, the practitioner shall be entitled to the procedural rights as provided in Article XI, and the matter shall be processed in accordance with the provisions of the Fair Hearing Plan (Article XII).

10.2-4 Other Action

If the MEC's action pursuant to Article 10.2-2 is to terminate the suspension and to cease all further corrective action, such action shall be transmitted immediately, together with all supporting documentation, to the Board. Thereafter, the procedure to be followed shall be as provided in Article 12.5-3 (b), and 11.2-2, as applicable. The terms of this summary suspension as originally imposed shall remain in effect pending a final decision by the Board.

10.3 AUTOMATIC SUSPENSION

10.3-1 Criteria for Initiation

Automatic suspension/restriction/revocation of a practitioner's or paramedical health professional's Medical Staff Membership or clinical privileges shall occur under the following circumstances:

(a) License

- i. Revocation: Whenever a practitioner's or paramedical health professional's license to practice in this State is revoked, his/her Staff membership and clinical privileges are immediately and automatically revoked.
- ii. Restriction: Whenever a practitioner's or paramedical health professional's license is partially limited or restricted in any way, those clinical privileges which he/she has been granted that are within the scope of the limitation or restriction are similarly limited or restricted, immediately and automatically. Further action on the matter proceeds under Article 10.3-2(b).
- iii. Suspension: Whenever a practitioner's or paramedical health professional's license to practice in this State is suspended, his/her Staff membership and clinical privileges are immediately and automatically suspended. Further action on the matter proceeds under Article 10.3-2(b).
- iv. Probation: Whenever a practitioner is placed on probation insofar as the use of his/her DEA or other controlled substances number is concerned, action on the matter proceeds under Article 10.3-1(b).

(b) Drug Enforcement Administration (DEA)

- i. Revocation: Whenever a practitioner's DEA or other controlled substance number is revoked, he/she is immediately and automatically divested of at least his/her right to prescribe medications covered by the number. Further action on the matter proceeds under Article 10.3-2(b).
- ii. Restriction: Whenever a practitioner's use of his/her DEA or other controlled substances number is partially restricted or limited in any way, his/her right to prescribe medications covered by the number is similarly restricted or limited, effective upon, for at least the term of, and consistent with any other conditions of the restriction of limitation. Further action on the matter proceeds under Article 10.3-2(b).

- iii. Suspension: Whenever a practitioner's DEA or other controlled substance number is suspended, he/she is divested at least of his/her right to prescribe medications covered by the suspended number effective upon and for at least the term of the suspension. Further action on the matter proceeds under Article 10.3-2(b).

(c) Special Appearance Requirements

- i. The request for a special appearance by a practitioner may be made as provided for in Articles 8.11-9(b), 10.1-3 or 11.1, or if a pattern of apparent or suspected deviation from standard clinical practice is identified through the Medical Staff Quality Assurance and Peer Review Committee.
- ii. The request for a special appearance by a practitioner will be given by special notice of the conference/appointment at least five (5) days prior to it, including the date, time and place, a statement of the issues involved, and notification that the practitioner's appearance is mandatory. Failure of the practitioner to appear at any such conference, unless excused by the MEC upon a showing of good cause, will result in an automatic suspension of all or such portion of the practitioner's clinical privileges as the MEC may direct. A suspension under this section will remain in effect until the matter is resolved by subsequent action of the MEC or the Board.

(d) Medical Records

It is the responsibility of all practitioners and paramedical health professionals to complete medical records in an appropriate and timely fashion as described in the Medical Staff Policy. The complete and specific medical record policy as well as the mechanism for the enforcement of the policy and penalties for failure to comply with it will be described in the Medical Staff Policy. Failure to comply with the Medical Record Completion Policy shall result in disciplinary action, which may include, but is not limited to the suspension, modification, limitation or termination of privileges or membership.

(e) Compliance with Certain Programs

An automatic suspension may, after warning of delinquency, be imposed for failure to comply with programs established by the Medical Staff Quality Assurance and Peer Review Committee or

any of its subcommittees. Such suspension shall take the form of a withdrawal of a practitioner's admitting prerogative and clinical privileges with respect to new patients and shall remain in effect until the practitioner indicates willingness to comply.

(f) Malpractice Insurance

A practitioner who fails to maintain the amount of professional liability insurance, if any, established under Article 3.2 shall immediately be suspended from practicing in the Hospital.

10.3-2 Procedural Rights

- (a) Revocation of license – The automatic revocation of a member's membership and privileges that occurs Article 10.3-1 (a) (1) is not subject to appeal. The practitioner may, upon restoration of his/her license, submit an application for membership and privileges, which will be processed as a new application as provided in these Bylaws.
- (b) As soon as practical after a practitioner's license is suspended, restricted or placed on probation, or after his controlled substance number is revoked, restricted, suspended or made probationary, the MEC shall convene to review and consider the facts under which such action was taken. The MEC may then recommend such further corrective action as is appropriate to the facts disclosed in the investigation, including limitation of prerogatives. Thereafter, the procedure in Article 10.1-5 or 10.1-6, as applicable, is followed, but only with respect to any additional corrective action recommended by the MEC or the Board.
- (c) Malpractice insurance - A practitioner suspended under this Article may request reinstatement of appointment and appropriate privileges by sending a written notice to the President of the Medical Staff, along with a certified copy of the insurance certificate from the insurance company and a written statement explaining the circumstances of the previous insurance being cancelled or not renewed and any limitations of the new policy. The Staff member must submit a written summary of relevant activities during the period of suspension.
- (d) Medical records completion – a practitioner whose privileges or membership are automatically suspended due to medical records policy violation (per medical records completion policy) is not entitled to the procedural rights described in Article 11, rather, he/she will be bound by the procedure as described in the aforementioned Medical Records Completion Policy.

- (e) A practitioner under automatic suspension by operation of Article 10.3-1 (c) and (e) shall be entitled to the procedural rights described in Article 11, and the matter shall be processed in accordance with the provisions of the Fair Hearing Plan (Article 12).

ARTICLE XI. INTERVIEWS, HEARINGS AND APPELLATE REVIEW

11.1 INTERVIEWS

When the MEC, other relevant Staff Committee or officer, the Board or any appropriate Committee thereof receives, or is considering initiating an adverse recommendation concerning a practitioner, the practitioner may be afforded an interview as described in Article 10.1-3 as part of the investigative process.

11.2 HEARINGS

11.2-1 Adverse MEC Recommendation

When any practitioner receives special notice of an adverse (as defined in Article 12.2-1) recommendation of the MEC, he/she shall be entitled, upon timely and proper request, to a hearing before an ad hoc committee of the Medical Staff.

11.2-2 Adverse Board Decision

When any practitioner receives special notice of an adverse decision (as defined in Article 12.2-1) by the Board, taken either contrary to a favorable recommendation by the MEC under circumstances where no right to a hearing existed, or on the Board's own initiative without benefit of a prior recommendation by the MEC, such practitioner shall be entitled, upon timely and proper request, to a hearing by an ad hoc hearing committee appointed by the Board.

11.3 APPELLATE REVIEW

Upon an adverse decision by the Board either after a hearing before an ad hoc hearing committee of the Medical Staff as described in Article 11.2-1, or of the Board as described in Article 11.2-2, the practitioner shall then be entitled, upon timely and proper request, to an appellate review by the Board before a final decision is rendered.

11.4 EXCEPTIONS

11.4-1 Neither the voluntary relinquishment or limitation of Staff membership, the issuance of a warning, a letter of admonition or reprimand, the imposition of a probationary period with retrospective review of practice but without special requirements of consultation or supervision, nor the denial, termination or reduction of temporary privileges, nor any other actions except those specified in the Fair Hearing Plan, shall give rise to any right to a hearing or appellate review.

11.4-2 The automatic suspension/restriction/revocation of Staff Membership or privileges shall not entitle the practitioner to any right of hearing or appellate review if a result of:

- (a) license revocation/restriction/suspension;
- (b) DEA number revocation/ restriction/suspension;
- (c) Violation of the Medical Record policy as described in the Policy and Procedure Manual;
- (d) Inadequate malpractice insurance.

11.4 PROCEDURE

All hearings and appellate reviews shall be in accordance with the procedures and safeguards set forth in the Fair Hearing Plan, Article 12.

ARTICLE XII. FAIR HEARING PLAN

12.1 DEFINITIONS

The following definitions, in addition to those stated for the Medical Bylaws, shall apply to the provisions of the Fair Hearing Plan:

- a) "Appellate Review Body" means the group designated pursuant to this Plan to hear a request for appellate review properly filed and pursued by a practitioner.
- b) "Hearing Committee" means the Committee appointed pursuant to this Plan to hear a request for an evidentiary hearing properly filed and pursued by a practitioner.
- c) "Parties" means the practitioner who requested the hearing or appellate review and the body or bodies upon whose adverse action a hearing or appellate review request is predicated.

12.2 INITIATION OF HEARING

12.2-1 Recommendation or Actions

The following recommendations or actions shall, if deemed adverse pursuant to Section 12.2-2 of this Plan, entitle the practitioner affected thereby to a hearing:

- (a) denial of initial staff appointment
- (b) denial of reappointment
- (c) suspension of staff membership
- (d) revocation of staff membership
- (e) denial of requested advancement in staff category
- (f) reduction in staff category
- (g) limitation of the right to admit patients
- (h) denial of requested clinical privileges
- (i) reduction in clinical privileges
- (j) suspension of clinical privileges
- (k) revocation of clinical privileges
- (l) individual requirement of consultation

12.2-2 When Deemed Adverse

A recommendation or action listed in Section 12.2-1 of the Plan shall be deemed adverse only when it has been:

- (a) recommended by the MEC; or

- (b) taken by the Board contrary to a favorable recommendation by the MEC under circumstances where no right to hearing existed; or
- (c) taken by the Board on its own initiative without benefit of a prior recommendation by the MEC.

12.2-3 Notice of Adverse Recommendation or Action

A practitioner against whom an adverse recommendation or action has been taken pursuant to Article 12.2-2 of this Plan shall promptly be given special notice of such action. Such notice shall:

- (a) advise the practitioner of his/her right to a hearing pursuant to the provisions of the Medical Staff Bylaws and of this Fair Hearing Plan;
- (b) specify the number of days following the date of receipt of notice within which a request for a hearing must be submitted;
- (c) state that failure to request a hearing within the specified time period shall constitute a waiver of rights to a hearing and to an appellate review on the matter; and
- (d) state that upon receipt of his/her hearing request, the practitioner will be notified of the date, time and place of the hearing, and the grounds upon which the adverse action is based.

12.2-4 Request for Hearing

A practitioner shall have thirty (30) days following his/her receipt of a notice pursuant to Article 12.2-3 to file a written request for a hearing. Such request shall be delivered to the CEO either in person or by certified or registered mail.

12.2-5 Waiver by Failure to Request a Hearing

A practitioner who fails to request a hearing within the time and in the manner specified in Article 12.2-4 waives any right to such hearing and to any appellate review to which he/she might otherwise have been entitled. Such waiver in connection with:

- (a) an adverse action by the Board shall constitute acceptance of that action, which shall thereupon become effective as the final decision of the Board.

- (b) an adverse recommendation by the MEC shall constitute acceptance of that recommendation, which shall thereupon become and remain effective pending the final decision of the Board. The Board shall consider the committee's recommendation at its next regular meeting following waiver. In its deliberations, the Board shall review all the information and material considered by the committee and may consider all other relevant information received from any source. If the Board's action in the matter is in accord with the MEC's recommendation, such action shall constitute a final decision of the Board. If the Board's action has the effect of changing the MEC's recommendation, the matter shall be submitted to a Joint Conference as provided in section 12.8-2 of this Plan. If the Board's action after receipt of the Joint Conference Review recommendations is to affirm the recommendation of the MEC, the action shall constitute the final decision of the Board. The CEO shall then promptly send the practitioner a special notice informing him/her of each action taken pursuant to this section 12.2-5, and shall notify the President of the Medical Staff and the MEC of each such action. If it has the effect of changing the original MEC recommendation, and is considered adverse, the practitioner will receive notice per Article 12.2-3 informing him/her of the Board's decision and be entitled to the rights described in Article 11.

12.3 HEARING PREREQUISITES

12.3-1 Notice of Time and Place for Hearing

Upon receipt of a timely request for hearing, the CEO shall deliver such request to the President of the Medical Staff or to the Board, depending on whose recommendation or action prompted the request for hearing. Within seven (7) days after receipt of such request, the President of the Medical Staff or the Board shall schedule and arrange for a hearing. At least fifteen (15) days prior to the hearing, the CEO shall send the practitioner special notice of the time, place and date of the hearing. The hearing commencement date shall be not more than thirty (30) days from the date of receipt of the request for hearing, provided that a hearing for a practitioner who is under suspension then in effect shall be held as soon as the arrangements for it may reasonably be made, but not later than thirty (30) days from the date of receipt of the request for hearing.

12.3-2 Statements of Issues and Events

The notice of hearing required by Article 12.3-1 shall contain a concise statement of the practitioner's alleged acts or omissions, a list by number of the specific or representative patient records in question and/or the other reasons or subject matter forming the basis of the adverse recommendation or action which is the subject of the hearing.

12.3-3 Appointment of Hearing Committee

(a) By the Medical Staff

A hearing occasioned by an adverse MEC recommendation pursuant to Article 12.2-2 (a) shall be conducted by a Hearing Committee appointed by the President of the Medical Staff and composed of at least five (5) members of the Active Medical Staff. Any person who is in direct economic competition with the practitioner involved may not be appointed to the Hearing Committee. One of the members so appointed shall be designated as Chairman.

(b) By the Board

A hearing occasioned by an adverse action of the Board pursuant to Article 12.2-2 (b) or (c) shall be conducted by a Hearing Committee appointed by the Chairman of the Board and composed of at least five (5) persons. At least one Medical Staff member shall be included on this committee when feasible. One of the appointees to the committee shall be designated as Chairman.

(c) Service on Hearing Committee

A Medical Staff or Board Member shall not be disqualified from serving on a Hearing Committee merely because he/she participated in initiating or investigating the underlying matter at issue or because he/she has heard of the case or has knowledge of the facts involved or what he/she supposes the facts to be. Only under extreme circumstances shall a member of the body whose adverse recommendation of action occasioned the hearing serve on the Hearing Committee.

12.4 HEARING PROCEDURE

12.4-1 Personal Presence

The personal presence of the practitioner who requested the hearing shall be required. A practitioner who fails, without good cause, to appear and proceed at such hearing shall be deemed to have waived his/her rights in the same manner and with the same consequence as provided in section 12.2-5 of this Plan.

12.4-2 Presiding Officer

Either the hearing officer, if one is appointed pursuant to Article 12.9-1, or the Chairman of the Hearing Committee shall be the presiding officer. The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant or oral and documentary evidence. He/she shall be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

12.4-3 Representation

The practitioner who requested the hearing shall be entitled to be accompanied and represented at the hearing by a member of the Medical Staff in good standing or by a member of his/her local professional society, by an attorney, or by another person of his/her choice. He/she shall inform the CEO in writing of the name of that person at least seven (7) days prior to the hearing date. The body whose recommendation or action prompted the request for hearing shall appoint an individual who, only if the practitioner is represented by an attorney, may be an attorney. Nothing contained herein shall be construed to prevent either party from using legal counsel in connection with preparation for a hearing.

12.4-4 Rights of Parties

During a hearing, each of the parties shall have the right to:

- a) call and examine witnesses
- b) introduce exhibits
- c) cross-examine any witness on any matter relevant to the issues
- d) impeach any witness
- e) rebut any evidence
- f) request that the record of the hearing be made by use of a court reporter or an electronic recording unit

If the practitioner who requested the hearing does not testify in his own behalf, he may be called and examined as if under cross-examination.

12.4-5 Procedure and Evidence

The hearing need not be conducted strictly according to rules of law to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record. The presiding officer may, but shall not be required to, order that oral evidence be taken only on oath or affirmation administered by a person

designated by him and entitled to notarize documents in the state where the hearing is held.

12.4-6 Official Notice

In reaching a decision, the Hearing Committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Any party shall be given opportunity, on timely request, to request that a matter be officially noticed and to refute the officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the Hearing Committee. The committee shall also be entitled to consider all other information that can be considered, pursuant to the Medical Staff Bylaws, in connection with applications for appointment or reappointment to the Medical Staff and for clinical privileges.

12.4-7 Burden of Proof

When a hearing relates to sections 12.2-1 (a), (e), (h), or (i) of this Plan, the practitioner who requested the hearing shall have the burden of proving, by clear and convincing evidence, that the adverse recommendation or action lacks any substantial factual basis or that such basis or the conclusions drawn therefrom are either arbitrary, unreasonable, or capricious. Otherwise, the body whose adverse recommendation or action occasioned the hearing shall have the initial obligation to present evidence in support thereof; but the practitioner shall thereafter be responsible for supporting his challenges to the adverse recommendation or action by a preponderance of the evidence that the grounds therefore lack any substantial factual basis or that such basis or the conclusions drawn therefrom are either arbitrary, unreasonable or capricious.

12.4-8 Record of Hearing

A record of the hearing shall be kept that is of sufficient accuracy to permit an informed and valid judgement to be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The Hearing Committee may select the method to be used for making the record, such as a court reporter, electronic recording unit, detailed transcription, or minutes of the proceedings. A practitioner electing the method under section 12.4-4 (f) shall bear the cost of copies of the record for use by the practitioner.

12.4-9 Postponement

Requests for postponement of a hearing shall be granted by the Hearing Committee only upon a showing of good cause and only if the request is made as soon as is reasonably practical.

12.4-10 Presence of Hearing Committee Members and Vote

A majority of the Hearing Committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the proceedings, he/she shall not be permitted to participate in the deliberations of the decision.

12.4-11 Recesses and Adjournment

The Hearing Committee may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing Committee shall thereupon, at a time convenient to itself, conduct its deliberations and the hearing shall be declared finally adjourned.

12.5 HEARING COMMITTEE REPORT AND FURTHER ACTION

12.5-1 Hearing Committee Report

Within fifteen (15) days after final adjournment of the hearing, the Hearing Committee shall make a written report of its findings and recommendations in the matter and shall forward the same, together with the hearing record and all other documentation considered by it, to the body whose adverse recommendation or action occasioned the hearing. All findings and recommendations by the Hearing Committee shall be supported by reference to the hearing record and the other documentation considered by it.

12.5-2 Action on Hearing Committee Report

Within fifteen (15) days after receipt of the report of the Hearing Committee the MEC or the Board, as the case may be, shall consider the same and affirm, modify or reverse its recommendation or action in the matter. It shall transmit the result, together with the hearing record, the report of the Hearing Committee and all other documentation considered, to the CEO.

12.5-3 Notice and Effect of Result

(a) Notice

The CEO shall promptly send a copy of the result to the practitioner by special notice, to the President of the Medical Staff, to the MEC and to the Board.

(b) Effect of favorable result

- i. adopted by the Board: If the Board's result pursuant to Section 12.5-2 is favorable to the practitioner, such result shall become the final decision of the Board and the matter shall be considered finally closed.
- ii. Adopted by the MEC: If the MEC's result is favorable to the practitioner, the CEO shall promptly forward it, together with all supporting documentation, to the Board for its action. The Board shall take action thereon by adopting, rejecting or modifying the MEC's result in whole or in part. If the Board's action has the effect of changing the MEC's recommendation, the matter shall be submitted to a Joint Conference as provided in Article 12.8-2. The Board's action on the matter following receipt of the Joint Conference recommendations shall constitute the decision of the Board. The Board shall promptly send the practitioner special notice informing him/her of each action taken pursuant to this section 12.5-3. Favorable action shall become the final decision of the Board, and the matter shall be considered finally closed.

(c) Effect of adverse result

If the result of the Board continues to be adverse to the practitioner in any of the respects listed in section 12.2-1 of this Plan, whether upon adverse recommendation of the MEC, after Joint Conference, or upon its own initiation, the CEO shall send special notice as required by section 12.5-3 (a) of this Plan informing the practitioner of his/her right to request an appellate review by the Board as provided in Articles 11 and 12.6-1.

12.6 INITIATION OF PREREQUISITES OF APPELLATE REVIEW

12.6-1 Request for Appellate Review

A practitioner shall have thirty (30) days following his receipt of a notice pursuant to Article 12.5-3 to file a written request for an appellate review. Such request shall be delivered to the CEO either in person or by certified or registered mail and may include a request for a copy of the report and record of the Hearing Committee and all other material, favorable or

unfavorable, if not previously forwarded, that was considered in making the adverse action or result.

12.6-2 Waiver by Failure to Request Appellate Review

A practitioner who fails to request an appellate review within the time and in the manner specified in section 12.6-1 above waives any right to such review. Such waiver shall have the same force and effect as that provided in section 12.2-5 of this Plan.

12.6-3 Notice of Time and Place for Appellate Review

Upon receipt of a timely request for appellate review, the CEO shall deliver such request to the Board. Within fifteen (15) days after receipt of such time request, the Board shall schedule and arrange for an appellate review which shall commence not less than twenty (20) days nor more than sixty (60) days from the date of receipt of the appellate review request; provided, however, that an appellate review for a practitioner who is under suspension then in effect shall be held as soon as the arrangements for it may reasonably be made, but not later than sixty (60) days from the date of receipt of the request for review. At least five (5) days prior to the appellate review, the CEO shall send the practitioner special notice of the time, place and date of the review. The time for the appellate review may be extended by the appellate review body for good cause and if the request therefore is made as soon as is reasonably practical.

12.6-4 Appellate Review Body

The Board shall determine whether the appellate review shall be conducted by the Board as a whole or by an appellate review committee of at least three (3) members of the Board appointed by the Chairman of the Board. If a committee is appointed, one of its members shall be designated as Chairman.

12.7 APPELLATE REVIEW PROCEDURE

12.7-1 Nature of Proceedings

The proceedings by the review body shall be in nature of an appellate review based upon the record of the hearing before the Hearing Committee, that committee's report, and all subsequent results and actions thereon. The Appellate Review Body shall also consider the written statements, if any, submitted pursuant to section 12.7-2 of this Plan and such other materials as may be presented and accepted under sections 12.7-4 and 12.7-5 of this Plan.

12.7-2 Written Statements

The practitioner seeking the review may submit a written statement detailing the findings of fact, conclusions and procedural matters with which he/she disagrees, and his/her reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing process, and the legal counsel may assist in its preparation. The statement shall be submitted to the appellate review body through the CEO at least seven (7) days prior to the scheduled date of the appellate review, except if the appellate body waives such time limit. A written statement in reply may be submitted by the MEC or the Board, and if submitted, the CEO shall provide a copy thereof to the practitioner at least four days prior to the scheduled date of the appellate review.

12.7-3 Presiding Officer

The Chairman of the Appellate Review Body shall be the presiding officer. He/she shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

12.7-4 Oral Statement

The Appellate Review Body, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative so appearing shall be required to answer questions put to him by any member of the Appellate Review Body. Representation of any party by an attorney at any appellate review appearances shall be handled in the same manner as provided in section 12.4-3 of this Plan. For purposes of the appellate review, the term "hearing" as used in Article 12.4-3 shall be read as "appellate review".

12.7-5 Consideration of New or Additional Matters

New or additional matters or evidence not raised or present during the original hearing or in the hearing report and not otherwise reflected in the record shall be introduced at the appellate review only at the discretion of the Appellate Review Body, following an explanation by the party requesting the consideration of such matter or evidence as to why it was not presented earlier. Any such new or additional matters or evidence shall be subject to the same rights of cross-examination, impeachment and rebuttal provided at the hearing pursuant to section 12.4-4 of this Plan.

12.7-6 Powers

The Appellate Review Body shall have all the powers granted to the Hearing Committee, and such additional powers as are reasonably appropriate to the discharge of its responsibilities.

12.7-7 Presence of Members and Vote

A majority of the Appellate Review Body must be present throughout the review and deliberations. If a member of the review body is absent from any part of the proceedings, he/she shall not be permitted to participate in the deliberations of the decision.

12.7-8 Recesses and Adjournment

The Appellate Review Body may recess the review proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon the conclusion of oral statements, if allowed, the appellate review shall be closed. The appellate review body shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon the conclusion of those deliberations, the appellate review shall be declared finally adjourned.

12.7-9 Action Taken

The Appellate Review Body may recommend that the Board affirm, modify or reverse the adverse result or action taken by the MEC or by the Board pursuant to section 12.5-2 or 12.5-3, or, in its discretion, may refer the matter back to the Hearing Committee for further review and recommendation to be returned to it within thirty (30) days and in accordance with its instruction. Within thirty (30) days after receipt of such recommendations after referral, the appellate review body shall make its recommendation to the Board as provided in this section 12.7-9.

12.7-10 Conclusion

The appellate review shall not be deemed to be concluded until all of the procedural steps provided herein have been completed or waived.

12.8 FINAL DECISION OF THE BOARD

12.8-1 Board Action

Within thirty (30) days after the conclusion of the appellate review, the Board shall render its final decision in the matter in writing and shall send notice thereof to the practitioner by special notice, to the President of the Medical Staff, and to the MEC. If this decision is in accord with the MEC's last recommendation in the matter, if any, it shall be immediately effective and final. If the Board's action has the effect of changing the MEC's last recommendation, if any, the Board shall refer the matter to a Joint Conference per section 12.5-3 (b) (2), and as provided in section 12.8-2 below. The Board's action on the matter following receipt of the

Joint Conference recommendation shall be immediately effective and final.

12.8-2 Joint Conference Review

Within thirty (30) days of its receipt of a matter referred to it by the Board pursuant to the provisions in this Plan, the Joint Conference Committee shall convene to consider the matter and shall submit its recommendation to the Board. The Joint Conference Review committee shall be composed of equal numbers of the Medical Staff and the Board, with members appointed by the President of the Medical Staff and the CEO, respectively.

12.9 GENERAL PROVISIONS

12.9-1 Hearing Officer Appointment and Duties

The use of a hearing officer to preside at an evidentiary hearing is optional. The Board shall determine the use and appointment of such officer after consultation with the President of the Medical Staff. A hearing officer may or may not be an attorney at law but must be experienced in conducting hearings. He/she shall act as the presiding officer of the hearing.

12.9-2 Attorneys

If the affected practitioner desires to be represented by an attorney at any hearing or at any appellate review appearance pursuant to sections 12.4-3 or 12.7-4, his/her initial request for the hearing must state his/her wish to be so represented at either or both such proceeding in the event they are held. The Hearing Committee or Appellate Review Body may be represented by an attorney. The foregoing shall not be deemed to deprive the practitioner, the MEC or the Board of the right to legal counsel in connection with preparation for a hearing of an appellate review.

12.9-3 Number of Hearings and Reviews

Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no practitioner shall be entitled as a right to more than one evidentiary hearing or appellate review with respect to an adverse recommendation or action.

12.9-4 Release

By requesting a hearing or appellate review under this Fair Hearing Plan, a practitioner agrees to be bound by the provisions of Article 13 in the Medical Staff Bylaws relating to immunity from liability in all matters relating thereto.

12.9-5 Waiver

If at any time after receipt of special notice of an adverse recommendation, action or result, a practitioner fails to make a required request or appearance or otherwise fails to comply with this Fair Hearing Plan or to proceed with the matter, he/she shall be deemed to have consented to such adverse recommendation, action or result and to have voluntarily waived all rights to which he/she might otherwise have been entitled under the Medical Staff Bylaws then in effect or under this Fair Hearing Plan with respect to the matter involved.

ARTICLE XIII. CONFIDENTIALITY, IMMUNITY AND RELEASE

13.1 SPECIAL DEFINITIONS

For the purpose of this Article, the following definitions shall apply:

- (a) INFORMATION means record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, investigations, examinations, hearings, recommendations, findings, evaluations, opinions, conclusions, actions, data and other disclosure or communications, whether in written or oral form, relating to any of the subject matter specified in Section 13.5.
- (b) MALICE means the dissemination of a knowing falsehood or of information with a reckless disregard for whether or not it is true or false.
- (c) PRACTITIONER means a Staff member or applicant, and for the purposes of this article only, will also refer to paramedical health professionals or limited independent practitioners.
- (d) REPRESENTATIVE means a Board and any Trustees or Committee thereof; a Chief Executive Officer or his designee; a Medical Staff organization and any member, officer, Department, Council or Committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering, analysis, use or disseminating functions.
- (e) THIRD PARTIES mean individuals and organizations providing information to any representative.

13.2 AUTHORIZATION AND CONDITIONS

By submitting an application for Staff membership or by applying for, or exercising, clinical privileges or providing specified patient care services within the Hospital, a practitioner:

- (a) Authorizes representatives of the Hospital and the Medical Staff to solicit, provide and act upon information bearing on his professional ability and other qualifications.
- (b) Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative who acts in accordance with the provisions of the Article.
- (c) Acknowledges that the provisions of the Article are express conditions to his application for, or acceptance of, Staff membership and the continuation of such membership, or to his exercise of clinical privileges or provision of specified services at this Hospital.

13.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any practitioner submitted, collected or prepared by any representative of this or any other health care facility or organization or Medical Staff for the purpose of evaluation and improving the quality and efficiency of patient care, reducing morbidity and mortality, contribution to teaching or clinical research, determining that health care services are professionally indicated or were performed in compliance with the applicable standard of care, or establishing and enforcing guidelines to keep health care costs within reasonable bounds, shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a representative nor be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient's file and shall be held strictly confidential under lock and key and accessible only to the President of the Medical Staff, Chief Executive Officer and the individuals involved.

13.4 IMMUNITY FROM LIABILITY

13.4-1 For Action Taken

No representative of the Hospital or Medical Staff shall be liable to a practitioner for damages or other relief for any decision, opinion, action, statement or recommendation taken or made within the scope of his duties as a representative, if such representative acts in good faith and without malice after a reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the decision, opinion, action, statement, or recommendation is warranted by such facts.

13.4-2 For Providing Information

No representative of the Hospital or Medical Staff and no third party shall be liable to a practitioner for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of this Hospital or Medical Staff or to any other health care facility or organization of health professionals concerning a practitioner or paramedical health professional who is or has been an applicant to or member of the Medical Staff or who did or does exercise clinical privileges or provided specified services at the Hospital, provided that such representative or third party acts in good faith and without malice and has made a reasonable effort to obtain the facts of the matter as to which he is providing information and provided further that such information is related to the performance of the duties and functions of the recipient and is reported in a factual manner.

13.5 ACTIVITIES AND INFORMATION COVERED

13.5-1 Activities

The confidentiality and immunity provided by this Article shall apply to all information or disclosures performed or made in connection with this or any other health care facility's or organization's activities concerning, but not limited to:

- (a) Applications for appointment to a Medical Staff or for the exercise of clinical privileges or specified services.
- (b) Periodic reappraisals for reappointment to a Medical Staff or for the exercise of clinical privileges or specified services.
- (c) Corrective actions.
- (d) Hearings and appellate reviews.
- (e) Quality assurance program activities.
- (f) Utilization reviews.
- (g) Claims review.
- (h) Profiles and profile analysis.
- (i) Malpractice loss prevention.
- (j) Other Hospital, Department, Council, Committee or Staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

13.5-2 Information

The information referred to in this Article may relate to a practitioner's professional qualifications, clinical ability, judgement, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect the quality or efficiency of patient care provided at the Hospital.

13.6 RELEASE

Each practitioner shall, upon request of the Hospital, execute general and specific releases in accordance with the tenor and import of the Article, subject to such requirements including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of the State. Execution of such releases shall not be deemed a prerequisite to the effectiveness of the Article.

13.7 CUMULATIVE EFFECT

Provisions in these Bylaws and in application forms relating to authorizations, confidentiality of information and immunities from liability shall be in addition to other protection provided by laws and not in limitation thereof, and in the event of conflict, the applicable law shall be controlling.

ARTICLE XIV. ADOPTION AND AMENDMENT OF BYLAWS

14.1 MEDICAL STAFF RESPONSIBILITY

Subject to the conditions provided in Article 14.2 below, the Medical Staff shall have the initial responsibility to formulate, adopt and recommend to the Board, Medical Staff Bylaws and amendments thereto, which shall be effective when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, timely and responsible manner, reflecting the interests of providing patient care of a generally recognized professional level of quality and efficiency and of maintaining a harmony of purpose and effect with the Board and the community.

14.2 METHODOLOGY

Subject to the conditions provided, Medical Staff Bylaws may be adopted, amended or repealed by the following Medical Staff and Board actions:

14.2-1 Medical Staff

(a) Notification:

- i. at least forty five (45) days prior to the vote, a written notice, accompanied by the proposed Bylaws changes will be given for the intention to take such action;
- ii. all parties interested in discussion or contesting any proposed changes to the Bylaws must notify the President of the Medical Staff;

(b) Special Meeting(s):

- i. at least thirty (30) days prior to the vote, the proposed changes will be presented at special meetings of the Staff Members eligible to vote, called for the specific purpose of discussing the proposed changes;
- ii. such meetings will be held at each Hospital;
- iii. notification of such meeting will be by mail and will be sent at least fourteen (14) days prior to the planned meeting;

(c) Vote:

Bylaws changes may be adopted upon:

- i. the affirmative vote of two-thirds (2/3) of the Active Medical Staff present at a special meeting called for the

purpose of taking action on the Bylaws, providing that thirty percent (30%) of the Active Medical Staff members are present, following the process as described in section 14.2 (b); or

- ii. the affirmative vote of two-thirds (2/3) of the Active Medical Staff responding via mail ballots which are returned within twenty (20) working days from the date of mailing of the ballots, providing that thirty percent (30%) of the Active Medical Staff members respond and that notification requirements have been met.

14.2-2 Board of Trustees

Bylaws changes adopted by the Medical Staff shall become effective following approval by the Board of Trustees, which approval shall not be unreasonably withheld or delayed.

- 14.3 Neither the Medical Staff nor the governing body of the Hospital may unilaterally amend the Bylaws.

ARTICLE XV. GENERAL PROVISIONS

15.1 STAFF POLICIES AND PROCEDURES

Subject to approval by the Board, the Medical Staff shall develop such Policies and Procedures as may be necessary to implement more specifically the general principles found in these Bylaws. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each practitioner or paramedical health professional in the Hospital. Such policies and procedures shall be developed by the MEC and appropriate central committees, and approved by a majority vote of the MEC. Such changes shall become effective when approved by the Board. Any substantial changes shall be mailed to all staff members.

15.2 DEPARTMENTAL RULES AND REGULATIONS

Subject to the approval of the applicable CDC, the MEC, and the Board, each Department shall formulate its own Rules and Regulations for the conduct of its affairs and the discharge of its responsibilities. Such Rules and Regulations shall not be inconsistent with these Bylaws, the Policies and Procedures of the Medical Staff or other policies of the Hospital. A two-thirds (2/3) affirmative vote by a quorum of the active staff members of the Department is required for adoption. Any substantial changes shall be mailed to all Department members.

15.3 CREDENTIALING

In addition to these Bylaws, the Medical Staff Policies and Procedures and the departmental Rules and Regulations, additional documents, including, but not limited to the Credentialing Manual, shall be binding to the function and conduct of the Medical Staff. Changes to these manuals shall be made upon the recommendation of the appropriate committee, after review and a majority affirmative vote by the MEC and contingent upon approval by the Board. Any substantial changes shall be mailed to all staff members.

15.4 STAFF DUES

The MEC shall set the amount of annual dues, if any, and determine the manner of expenditure of funds received. The amount of annual dues as well as application fees may vary with staff category. Dues shall be payable on or before the dates specified in the annual statement of dues sent to each staff member. Failure, unless excused by the MEC for good cause, to render payment by said date, may be grounds after special notice of delinquency, for disciplinary action, including, but not limited to, the summary suspension of privileges.

15.5 FORMS

Application forms and other prescribed forms required by these Bylaws for use in connection with staff appointments, reappointments, delineation of clinical

privileges, corrective action, notices, recommendations, reports and other matters shall be subject to adoption by the Board after considering the advice of the MEC.

15.6 CONSTRUCTION OF TERMS AND HEADINGS

Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

15.7 TRANSMITTAL OF REPORTS

Reports and other information that these Bylaws require the Medical Staff to transmit to the Board shall be deemed so transmitted when delivered, unless otherwise specified, to the Chief Executive Officer.

15.8 PROCEDURAL RULES

Meetings of the Staff, Departments, Divisions, Councils and Committees will be conducted according to the then current edition of Robert's Rules of Order. In the event of conflict between these Rules and any provision of the Medical Staff Bylaws, the latter is controlling.

15.9 REVIEW OF BYLAWS, AND OTHER MEDICAL STAFF POLICIES, RULES AND REGULATIONS

Review of the Bylaws and any amendments, the Policies and Procedures of the Medical Staff, departmental Rules and Regulations and the Credentialing Manual shall be reviewed every two (2) years by:

- (a) Bylaws – Medical Staff President
- (b) Policies and Procedures – both CDC Chairmen
- (c) Departmental Rules and Regulations – Department Chair
- (d) Credentialing Manual – Credentials Committee Chairman

The date of review shall be noted and the document(s) initialed by the reviewing officer.

ARTICLE XVI. ADOPTION AND AMENDMENT

16.1 ADOPTION

16.1-1 Medical Staff

The foregoing Fair Hearing Plan was adopted and recommended to the Board of Trustees by the Medical Executive Committee in accordance with and subject to the Medical Staff Bylaws.

President of the Medical Staff

16.1-2 Board

The foregoing Fair Hearing Plan was approved and adopted by resolution of the Board after considering the Medical Executive Committee's recommendations and in accordance with and subject to the Hospital Corporate Bylaws.

Chair, Mount Carmel Health Board of Trustees

16.2 AMENDMENT

This Fair Hearing Plan may be amended or repealed, on whole or in part, by a resolution of the MEC recommended to and adopted by the Board, subject always to the Bylaws of the respective bodies.