



Medical

Staff

Bylaws

**HEALTH CENTRAL
MEDICAL STAFF BYLAWS**

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HEALTH CENTRAL MEDICAL STAFF BYLAWS

PREAMBLE

The Medical Staff of Health Central, being a self-governing body and subject only to the ultimate authority of the Governing Board of Trustees do hereby organize themselves in conformity with the following Bylaws, Rules, and Regulations and this ultimate authority invested in the Board of Trustees will not be delegated.

It is recognized that the Medical Staff of Health Central is responsible for the quality of medical care in the hospital and must accept and discharge this responsibility, and in cooperation with the Board of Trustees, the Medical Staff pledges itself to render and to serve the best interest and needs of its patients.

ARTICLE 1 - DEFINITIONS

The following definitions shall apply to terms used in these bylaws:

- (1) "Board" means the Board of Trustees of Health Central Hospital, who have the overall responsibility for the conduct of the hospital;
- (2) "Chief Executive Officer" means the Administrator of the hospital or the Administrator's designee;
- (3) "Committee" is broadly defined to exist whenever two or more persons, or one person acting on their behalf, engaged in any conduct involving evaluation or assessment of quality of care or of determination of whether health services rendered were professionally indicated or performed in compliance with the applicable standard of care that the cost of the health care is reasonable, which group or individual acting on their behalf intends to maintain and/or improve the quality of health care rendered to patients in the hospital. "Committee" includes but is not limited to those committees created by these bylaws. The investigations, proceedings and records of committees are privileged to the full extent of state and federal law.
- (4) "Executive Committee" means the Executive Committee of the Medical Staff unless specifically written "Executive Committee of the Board";
- (5) "Medical Staff" means all physicians, dentists, psychologists and podiatrists who are given privileges to treat patients in the hospital;
- (6) "Physicians" shall be interpreted to include both doctors of medicine and doctors of osteopathy; and
- (7) "Hospital" shall be interpreted to include any and all Health Central facilities unless otherwise specified; and
- (8) Words used in these bylaws shall be read as the masculine and feminine gender, and as the singular or plural, as the context requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

ARTICLE II CATEGORIES OF THE MEDICAL STAFF

All appointments to the medical staff shall be made by the Board and shall be to one of the following categories of the staff. All members shall be assigned to a specific service, but shall be eligible for clinical privileges in another service as applied for and recommended pursuant to these bylaws and approved by the Board. All initial appointments to the medical staff and all initial clinical privileges shall be to the provisional category for a period of time required to complete a minimum of two (2) satisfactory ongoing professional practice evaluations, or longer if recommended by the Executive Committee. Effective January 1, 2008, a focused professional practice evaluation shall be implemented for all initially granted privileges. Provisional staff members shall be required to participate in emergency department call coverage, if required by their specialty, during their provisional period. At the conclusion of the provisional period, appointment shall be made to the appropriate staff category, based on the required patient activity and the results of the professional practice evaluations.

(Amended by Medical Staff 06/29/2009, Board 06/30/2009)

ARTICLE II - PART A: ACTIVE STAFF

The Active Staff shall consist of those physicians, dentists, psychologists and podiatrists who attend, admit or consult on the treatment of at least 12 patients per year at this facility. Each member of the Active Staff shall agree to assume all the functions and responsibilities of appointment to the Active Staff, including, where appropriate, care for unassigned patients unless for due cause refused (in which case the on call physician will place the patient in the care of another physician), emergency room call, and consultation. Active Staff members shall be entitled to vote, hold office, serve on medical staff committees, and serve as chairmen of such committees. They shall be required to attend medical staff meetings as set forth in Article III, Part E, Section 1a of these bylaws. Hospital-based physicians who work in the hospital at least fifty-two (52) days per year shall be eligible for active staff privileges.

ARTICLE II - PART B: COURTESY STAFF

The Courtesy Staff shall consist of physicians, dentists, psychologists and podiatrists who attend, admit or consult on the treatment of less than 12 patients per year at this facility. Courtesy Staff members may admit patients, have staff committee responsibilities, may not vote and may not hold office. They are encouraged to attend staff meetings. Courtesy staff physicians shall be required to take emergency department call if required by their specialty, only if there is an inadequate number of active and provisional staff physicians to provide coverage within a specific specialty. The Sections shall have the authority to determine those specialties requiring coverage by courtesy staff members. (Amended Medical Staff 09/25/06; Board 09/26/06)

ARTICLE II - PART C: SENIOR ACTIVE STAFF

The Senior Active Staff shall consist of members of the Active Medical Staff who have served 20 years on the Active Medical Staff and who are fifty years of age or who have served 10 years on the Active Medical Staff and who are sixty years of age. Such members may, if they desire, participate in staff activities assigned by the Executive Committee or the Chief of Staff. If Senior Active Staff members admit or care for patients in the hospital, they must attend staff meetings. Members of the Senior Active Staff shall have the same privileges that they had previously, including the right to vote and hold office until retirement from the active practice of medicine within the community. They shall not be required to take emergency room call or meet any admission quota other than the volume requirements specific to clinical privileges in their specialty.

ARTICLE II - PART D: HONORARY STAFF

The Honorary Staff shall consist of medical staff members who have retired from active hospital practice or other physicians or dentists who are of outstanding reputation, not necessarily residing in the community. Persons appointed to the Honorary Staff shall not be eligible to admit or attend patients, to vote, to hold office or to serve on standing medical staff committees, but may be appointed to special committees. They may, but are not required to attend any medical staff meetings.

ARTICLE II – PART E: HEALTH CENTRAL PARK STAFF

The Health Central Park Staff shall consist of physicians, dentists, psychologists and podiatrists who admit, attend or consult on the treatment of patients in the long term care setting. As of

March 1, 1999 all practitioners requesting privileges in this category shall be required to meet the minimum threshold criteria and requirements for privileges in their primary specialty as outlined in these Bylaws. Those practitioners actively practicing at Health Central Park as of February 28, 1999 will be grandfathered to the extent of the privileges held on February 28, 1999.

ARTICLE II – PART F: ASSOCIATE STAFF

The Associate Staff shall consist of physicians, dentists, podiatrists or psychologists who do not meet the inpatient volume requirements for privileges in their specialty, but who desire to establish and/or maintain an association with this facility. Associate Staff members may admit and/or treat patients only under the supervision of an Active Staff practitioner in their same specialty/subspecialty and all orders must be co-signed by the precepting physician within twenty-four (24) hours. Associate Staff member's medical records shall be subject to one hundred percent (100%) retrospective review. The precepting physician must agree to the preceptorship in writing, prior to assignment to the Associate Staff. Medical staff members who do not admit by virtue of their specialty, may apply for Associate staff category with the understanding that all inpatient consultations shall be coordinated by the attending physician on the case. Associate Staff members may not vote and may not hold office. They are encouraged, but not required, to attend staff meetings. At the time of re-appointment, the Associate Staff member shall provide a written independent audit of their office patient records as a condition of re-appointment. Should an Associate Staff member admit or treat twelve (12) patients in a twelve (12) month period, he/she shall be evaluated for elevation to the Active Staff, and if elevated shall be subject to all of the rights and responsibilities of that staff category. (Amended 06/27/2006)

ARTICLE II – PART G: TELEMEDICINE STAFF

Telemedicine staff members shall be limited to those physicians, dentists, podiatrists or psychologists who are contracted by Health Central to provide diagnosis and treatment to patients in the hospital remotely solely through telecommunications links. They may not vote and may not hold office or serve as department or committee chairman. They may be required by contract to assume responsibilities and functions such as emergency care and consultation, teaching assignments, care of service patients and participation of peer review activities. Telemedicine Staff membership shall automatically terminate upon termination of the member's contractual relationship with Health Central, with no recourse to the procedural rights provided in Article VIII Hearing and Appeal Procedures of these Bylaws, unless otherwise specified by contract. (Approved by Medical Staff 09/27/2010, Board 09/28/2010)

ARTICLE III STRUCTURE OF THE MEDICAL STAFF

ARTICLE III - PART A: GENERAL

Section 1, Medical Staff Year:

For the purpose of these bylaws the medical staff year commences on the first day of October and ends on the thirtieth day of September each year.

ARTICLE III - PART B: OFFICERS

The officers of the medical staff shall be the Chief of Staff, the Vice Chief of Staff, and the Secretary-Treasurer. Officers must be appointed to the Active Staff at the time of nomination and election and must continue so during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

ARTICLE III - PART B: OFFICERS

Section 1. Qualifications of Officers, Chairmen and Chiefs:

Only those physicians and dentists who satisfy the following criteria shall be eligible for election or appointment as officers, chairmen or chiefs:

- (a) must be appointed in good standing to the Active or Senior Active Staff of the hospital;
- (b) must not be presently serving as an officer, chairman or chief at another hospital and shall not so serve during his term of office;
- (c) must have constructively participated in medical staff affairs, including peer review activities;
- (d) must be willing to discharge faithfully the duties and responsibilities of the position to which he has been elected or appointed; and
- (e) must be knowledgeable concerning the hospital's organization and his role as an officer, chairman or chief within that organization.

ARTICLE III - PART B: OFFICERS

Section 2. The Chief of Staff:

The Chief of Staff shall:

- (a) act as the chief medical officer of the hospital;
- (b) call, preside at and be responsible for the agenda of all general meetings of the medical staff;
- (c) make appointment of committee chairmen and members, in accordance with the provisions of these bylaws, to all standing and special medical staff committees except the Executive Committee;
- (d) chair the Executive Committee;
- (e) serve as ex officio member without vote, of all medical staff committees other than the Executive Committee;
- (f) represent the views, policies, needs and grievances of the medical staff and the medical activities of the staff to the Board of Trustees; and
- (g) receive and interpret the policies of the Board to the medical staff and communicate to the Board on the performance and maintenance of quality with respect to the delegated responsibility of the medical staff to provide medical care.
- (h) shall serve for a two-year term beginning October 1 of each odd year, until the end of the next odd Medical Staff year and until his successor is chosen, unless he shall sooner resign or be removed from office; and shall be eligible to succeed himself, but may serve no more than two (2) consecutive full terms in office.

ARTICLE III - PART B: OFFICERS

Section 3. Vice Chief of Staff:

The Vice Chief of Staff shall:

- (a) assume all the duties and have the authority of the Chief in the event of the Chief's temporary inability to perform due to illness or due to unavailability for any other reason;
- (b) serve on the Executive Committee;
- (c) automatically succeed the Chief when the Chief fails to serve for any reason; and
- (d) perform such duties as are assigned by the Chief.

ARTICLE III - PART B: OFFICERS

Section 4. Secretary-Treasurer:

The Secretary-Treasurer shall:

- (a) have responsibility for accurate and complete minutes of all staff and Executive Committee meetings;
- (b) collect staff dues and funds, and make disbursements authorized by the Executive Committee or its designees; and
- (c) call meetings on order of the Chief of Staff, attend to all correspondence and perform such other duties as pertain to the office of Secretary-Treasurer.

ARTICLE III - PART B: OFFICERS

Section 5. Section Chiefs:

- (a) Qualifications: Each chief shall be a member of the Active Staff, shall have demonstrated ability in the clinical area covered by the section and shall be willing and able to faithfully discharge the functions of the office. Each chief shall be certified by his or her appropriate specialty board, or affirmatively establish through the privilege delineation process, that he or she is possessed of comparable competence.
- (b) Selection and Appointment: Nominations for the appointment of the Section Chiefs Elect will be made by the specific section and voted on by mail ballot, prior to the September meetings every year. The sections shall meet in July of each year to develop a slate of nominees for the Section Chief Elect. All Active and Senior Active members of the section as of July 1st shall be invited to attend the meeting and submit nominations. All nominees must accept nomination either in person or in writing. Nominations will remain open for a period of two weeks following the July section meeting, and nominations shall close at 5PM on the fourteenth day following the July meeting. A review shall be conducted to assure each candidate meets the qualifications outlined in Article III, Part B, Section 1 of these bylaws. At the conclusion of nominations, should a candidate remain unopposed, he shall be considered elected by the membership and no vote shall be required for that position. A published ballot of qualified candidates will then be distributed by mail to eligible voting section members as follows:
 - (i) Ballots will be mailed to eligible voting members only;
 - (ii) Eligible voting members are members of the Active or Senior Active staff as of July 1st;
 - (iii) Ballots must be returned by mail, in the two envelopes provided with the

- ballot;
- (iv) The completed ballot shall be placed in the un-addressed envelope and sealed;
- (v) The sealed envelope with the completed ballot shall then be placed in the numbered, pre-addressed envelope and sealed;
- (vi) The eligible voting member must sign the numbered, pre-addressed envelope prior to mailing;
- (vii) Ballots returned without the eligible voting members signature will be considered invalid and will not be counted;
- (viii) Ballots returned after the deadline stated in the ballot mailing will be considered invalid and will not be counted;
- (ix) Medical Staff Services shall date stamp each ballot when received, confirm voting member's signature and enter receipt of ballot on the master list of eligible voting members;
- (x) Medical Staff Services shall then unseal signed envelope and place sealed inner envelope with ballot in a secure area with other ballots received;
- (xi) After the deadline stated in the ballot mailing and prior to the September section meeting, the votes shall be counted and verified by Medical Staff Services and a minimum of one member of the current Medical Executive Committee, who was not nominated for the office;
- (xii) The results of the election shall be announced at the September section meetings.

Appointments will be confirmed by the Chief of Staff.

- (c) Term of Office: A Section Chief Elect shall serve for a one-year term beginning October 1 of each year and shall then serve for a one-year term as Section Chief beginning October 1 of the following year. Removal of a Section Chief/Section Chief Elect from office may be initiated by the MEC acting upon its own recommendation or by a majority vote of the section members eligible to vote on section matters. Removal will be accomplished as is described in ARTICLE III – PART B, Section 10 of these Bylaws.

- (d) Duties: Each Section Chief shall be responsible for the following:
 1. Be accountable to the Medical Executive Committee for all clinical and administrative activities within his section, and particularly for the quality of patient care rendered by members of his section and for the effective quality review, evaluation and monitoring functions delegated to his section;
 2. Develop and implement section programs in cooperation with the Chief of Staff for retrospective patient care audit, on-going monitoring of practice, credentials review and privilege delineation, continuing medical education, and utilization review;
 3. Be a member of the Medical Executive Committee, give guidance to the overall medical policies of the Hospital, and the development and implementation of policies and procedures that guide and support the provision of care within the section;

4. Maintain the continuing review of the competence and professional performance of all practitioners with clinical privileges, Allied Health Professionals, and personnel who are not licensed independent practitioners and who provide patient care services to patients in the section and report regularly thereon to the Medical Executive Committee;
5. Transmit to the appropriate authorities his section's recommendations concerning appointment and classification, reappointment, delineation of clinical privileges or specified services, and corrective action with respect to practitioners in his section;
6. Enforce the Hospital and Medical Staff Bylaws, rules, policies and regulations within his section, including initiating corrective action and investigation of clinical performance and ordering consultations to be provided or to be sought when necessary;
7. Implement within his section actions taken by the Medical Executive Committee and by the Board;
8. Participate in every phase of administration of his section through cooperation with the nursing service and the Hospital Administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders and techniques;
9. Assist in the preparation of such annual reports, including budgetary planning, pertaining to his section as may be required by the Medical Executive Committee, the Chief Executive Officer or the Board;
10. Perform such other duties commensurate with his office as may from time to time be reasonably requested of him by the Chief of Staff, the Medical Executive Committee or the Board;
11. The integration of the section into the primary functions of the organization;
12. The coordination and integration of interdepartmental and intradepartmental services;
13. The recommendations for a sufficient number of qualified and competent persons to provide care/service;
14. Recommending to the medical staff the criteria for clinical privileges in the section;
15. The continuous assessment and improvement of the quality of care and services provided;
16. The orientation and continuing education of all persons in the section;
17. Recommendations for space and other resources needed by the section; Assessing and recommending off-site resources for needed patient care services not provided by the section or available at the hospital; and
18. Recommendations to the medical staff, the criteria for clinical privileges that are relevant to the care provided in the section.
19. Recommends clinical services to be delivered by licensed independent practitioners through telemedicine link. **(Approved by Medical Staff 09/27/2010, Board 09/28/2010)**

ARTICLE III - PART B: OFFICERS

Section 6. Health Central Park Medical Director and Assistant Medical Director:

- (a) Qualifications: The Health Central Park Medical Director and Assistant Medical Director shall be members of the Active Staff, shall have demonstrated ability in the long term care setting and shall be willing and able to faithfully discharge the functions of the office. The medical directors shall be certified by their appropriate specialty board, or affirmatively establish through the privilege delineation process, that he or she is possessed of comparable competence.
- (b) Selection and Appointment: The medical directors shall be selected and appointed by the Health Central Park Administrator with input from the Chief of Staff
- (c) Term of Office: The medical directors shall serve for an indefinite period of time and may be terminated by either party with a sixty (60) day written notice, as outlined in the Medical Director Service Agreement.
- (d) Duties: The Medical Director and in his absence the Assistant Medical Director shall be responsible for the following:
 - 1. Assumes the administrative authority, responsibility and accountability of implementing the medical services, policies and procedures at Health Central Park
 - 2. Coordinates the medical care; implements methods to keep the quality of care under constant surveillance; and arranges for continuous physician coverage to handle medical emergencies at Health Central Park.
 - 3. Participates in development of policies, rules and regulations which reflect the total needs of the residents of Health Central Park.
 - 4. Ensures residents receive adequate services appropriate to their needs.
 - 5. Ensures the medical regimen is incorporated in the resident care plan.
 - 6. Participates in staff meetings including infection control, pharmaceutical services, resident care policies, quality assurance and performance improvement.
 - 7. Assists in the development and implementation of written resident care policies and procedures.
 - 8. Develops and participates in the in-service training programs for nursing service and other related services.
 - 9. Attends and participates in resident assessment and care planning meetings as needed.
 - 10. Implements methods which assure continuous surveillance of the health status of employees including freedom from infection and routine health examinations.
 - 11. Works with other health care professionals to establish policies to ensure all health care professionals practice within the scope of their license and the privileges that have been granted.
 - 12. Reviews written reports of surveys and inspections and makes recommendations to Administrator.
 - 13. Consults with the Administrator and service directors regarding the organization's ability to meet the needs of the residents.
 - 14. Advises the Administrator regarding the adequacy and appropriateness of the organization's scope of services, medical equipment and its professional and support staff.

15. Explores opportunities for and advises Administration regarding future resident care programs.
16. Participates in managing the environment by reviewing and evaluating variance reports and identifying hazards to health and safety, and making recommendations to Administration.
17. Acts as the organization's medical representative in the community.
18. Improves performance of medical services as an integral part of improving organizational performance.
19. Is responsible for continuing surveillance of the competence and professional performance of all individuals who have delineated clinical privileges or who provide patient care services at Health Central Park.
20. Makes recommendations to the Board concerning appointment and classification, reappointment, delineation of clinical privileges or specified specialty, and corrective action with respect to practitioners at Health Central Park.
22. Enforces the Hospital System and Medical Staff Bylaws, rules, policies and regulations, including initiating corrective action and investigation of clinical performance and ordering consultations to be provided or to be sought when necessary.

ARTICLE III - PART B: OFFICERS

Section 7. Election of Officers:

- (a) At least sixty days before the scheduled date of the next medical staff election, the Medical Staff Executive Committee shall meet to develop a slate of nominees for every office and at-large seat on the Executive Committee. All Active and Senior Active members of the medical staff shall be invited to attend the meeting and submit nominations. All nominees must accept nomination either in person or in writing.
- (b) Nominations for officers and at-large seats on the Executive Committee will remain open for a period of two weeks following the July Medical Staff Executive Committee meeting, and nominations shall close at 5PM on the fourteenth day following the July meeting.. A review shall be conducted to assure each candidate meets the qualifications outlined in Article III, Part B, Section 1 of these bylaws.. At the conclusion of nominations, should a candidate remain unopposed, he shall be considered elected by the membership and no vote shall be required for that position. A published ballot of qualified candidates will then be distributed by mail to medical staff members as follows:
 - (i) Ballots will be mailed to eligible voting members only;
 - (ii) Eligible voting members are members of the Active or Senior Active staff as of July 1st;
 - (iii) Ballots must be returned by mail, in the two envelopes provided with the ballot;
 - (iv) The completed ballot shall be placed in the unaddressed envelope and sealed;
 - (v) The sealed envelope with the completed ballot shall then be placed in the numbered, pre-addressed envelope and sealed;
 - (vi) The eligible voting member must sign the numbered, pre-addressed envelope prior to mailing;

- (vii) Ballots returned without the eligible voting members signature will be considered invalid and will not be counted;
- (viii) Ballots returned after the deadline stated in the ballot mailing will be considered invalid and will not be counted;
- (ix) Medical Staff Services shall date stamp each ballot when received, confirm voting member's signature and enter receipt of ballot on the master list of eligible voting members;
- (x) Medical Staff Services shall then unseal signed envelope and place sealed inner envelope with ballot in a secure area with other ballots received;
- (xi) After the deadline stated in the in the ballot mailing and prior to the September Medical Executive Committee meeting, the votes shall be counted and verified by Medical Staff Services and a minimum of one member of the current Medical Executive Committee who was not nominated for an office;
- (xii) The results of the election shall be announced at the September general staff meeting.

(c) Each officer shall serve from the start of the next medical staff term for a term of two years or until a successor has been elected.

ARTICLE III - PART B: OFFICERS

Section 8. Conflict of Interest:

In any instance where an officer, chairman, chief or member of the Executive Committee or Credentials Committee has a conflict of interest in any matter involving another medical staff member that comes before such individual or committee, or in any instance where an officer, chairman, chief or member of the Executive Committee or Credentials Committee brought the complaint against that member, that individual or committee member may not participate in the matter and shall leave from the meeting during that time, although that individual or committee member may be asked and answer any questions concerning the matter before leaving.

ARTICLE III - PART B: OFFICERS

Section 9. Removal of Officers:

The Medical Staff, by a two-thirds majority vote, may remove any medical staff officer or section chiefs for conduct detrimental to the interests of the hospital upon showing of good cause, or is not performing the duties of the office as listed in the medical staff bylaws, or if the officer is suffering from a physical or mental infirmity that renders him incapable of fulfilling the duties of that office, providing that notice of the meeting at which such action takes place shall have been given in writing to such officer at least ten days prior to the date of such meeting. The officer shall be afforded the opportunity to speak prior to the taking of any vote on such removal.

ARTICLE III - PART B:

Section 10. Vacancies in Office:

If there is a vacancy in the office of the Chief of Staff prior to the expiration of the Chief of Staff's term, the Vice Chief of Staff shall assume the duties and authority of the Chief of Staff for the remainder of the unexpired term. If there is a vacancy in any other office, the Executive Committee shall appoint another Active Staff member to serve out the remainder of the unexpired term. Such appointment shall be effective when approved by the Board.

ARTICLE III - PART C: MEETINGS OF THE MEDICAL STAFF

Section 1. Annual Staff Meeting:

The last regular medical staff meeting before the end of the staff year, September 30, shall be the annual meeting at which officers, any members at-large of the Executive Committee for the ensuing year shall be announced. At that meeting, the retired officers and committees shall make such reports as may be desirable.

ARTICLE III - PART C: MEETINGS OF THE MEDICAL STAFF

Section 2. Regular Staff Meetings:

The medical staff shall hold regular quarterly meetings on dates set at the beginning of the year by the Chief of Staff, for the purpose of reviewing and evaluating committee reports and recommendations and to act on any other matters placed on the agenda by the Chief of Staff. The date, time, and place of the regular meetings shall be determined by the Chief of Staff and adequate notice shall be given to the medical staff members. The annual meeting of the medical staff shall constitute the regular meeting during the quarter in which it occurs.

ARTICLE III - PART C: MEETINGS OF THE MEDICAL STAFF

Section 3. Special Staff Meetings:

Special meeting of the medical staff may be called at any time by the Chief of Staff, a majority of the Executive Committee or a petition signed by not less than one-half of the voting staff. In the event that it is necessary for the staff to act on a question without being able to meet, the voting staff may be presented with the question by mail and their votes returned to the Chief of Staff by mail. Such a vote shall be valid so long as the question is voted on by a majority of the staff eligible to vote.

ARTICLE III - PART C: MEETINGS OF THE MEDICAL STAFF

Section 4. Quorum:

The presence of members eligible to vote (but in no event less than two members) shall constitute a quorum for any regular or special meeting of the medical staff. The Medical Executive Committee shall require the presence of one-half the total membership to constitute a quorum. A quorum once having been found, the business of the meeting may continue and all

actions taken shall be binding even though less than a quorum exists at a later time in the meeting.

ARTICLE III - PART C: MEETINGS OF THE MEDICAL STAFF

Section 5. Agenda:

The agenda at any regular or special medical staff meeting and its conduct shall be set by the Chief of Staff. All actions of the Executive Committee shall be included in the Executive Committee's report to the medical staff at any regular meeting or any special meeting called for the purpose of receiving the Executive Committee's report.

ARTICLE III - PART D: COMMITTEE MEETINGS

Section 1. Committee Meetings:

All standing committees and lead teams shall meet at least quarterly, unless otherwise specified at a time set by the chairman of the committee or lead team. The agenda for the meeting and its general conduct shall be set by the chairman. The committee or lead team shall maintain a permanent record of its findings, proceedings, and actions and shall make a report thereof, after each meeting to the Executive Committee.

- (a) A special meeting of any committee may be called by or at the request of the chairman, or the Chief of Staff.
- (b) In the event that it is necessary for a committee to act on a question without being able to meet, the voting members may be presented with the question, in person or by mail, and their vote returned to the chairman of the committee. Such a vote shall be binding so long as the question is voted on by a majority of the committee eligible to vote.

ARTICLE III - PART D: COMMITTEE MEETINGS

Section 2. Quorum:

The presence of members of the committee eligible to vote at any regular or special meeting (but in no event less than two members) shall constitute a quorum for all actions. The Medical Executive Committee shall require the presence of one-half the total membership to constitute a quorum. A quorum once having been found, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.

ARTICLE III - PART D: COMMITTEE MEETINGS

Section 3. Minutes:

Minutes of each meeting of each committee shall be prepared and shall include a record of the attendance of members, of the recommendations made and of the votes taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be promptly forwarded to the Executive Committee and at the same time to certain committees as specified elsewhere in these bylaws. Each committee shall maintain a file of the minutes of each of its meetings.

ARTICLE III - PART E: PROVISIONS COMMON TO ALL MEETINGS

Section 1. Attendance Requirements:

- (a) Each Active and Senior Active Staff member shall be encouraged to attend at least 50% of the medical staff meetings and applicable committee meetings in each year.
- (b) Any medical staff member whose clinical work is scheduled for discussion at a regular committee meeting may be so notified and, if so notified, shall be expected to attend such meeting. If such individual is not otherwise required to attend the meeting, the chairman of the committee shall give the individual advance written notice of the time and place of the meeting at which attendance is expected. Whenever apparent or suspected deviation from the standard clinical practice is involved, the notice to the individual shall so state, shall be given by certified mail, return receipt requested, and when such notice is given the individual's attendance at the meeting at which the alleged deviation is to be discussed shall be mandatory.
- (c) The chairman of the applicable committee shall notify the Executive Committee of the failure of the individual to attend any meeting with respect to which notice was given that attendance was necessary. Unless excused by the Executive Committee upon showing of good cause, such failure shall constitute grounds for revocation of medical staff privileges.
- (d) Persons appointed to the Courtesy category of the medical staff shall be expected to attend and participate in medical staff meetings unless unavoidably prevented from doing so but shall not be required to do so as a condition of continued staff appointment.

ARTICLE III - PART E: PROVISIONS COMMON TO ALL MEETINGS

Section 2. Rules of Order:

Wherever they do not conflict with these bylaws, the currently revised Robert's Rules of Order shall govern all meetings and elections.

ARTICLE III - PART E: PROVISIONS COMMON TO ALL MEETINGS

Section 3. Voting:

Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote.

ARTICLE IV MEDICAL STAFF SECTIONS

ARTICLE IV - PART A: MEDICAL STAFF SECTIONS

Section 1. Organization of Medical Staff Sections:

The medical staff shall be divided into sections. Each staff Section shall establish a call schedule to provide coverage for emergency treatment or admission and submit it to the Medical Staff offices two weeks prior to the end of the month in order for it to be distributed to the appropriate entities. (Amended Medical Staff 09/25/06; Board 09/26/06)

Section 2. Designation

The current medical staff has three (3) sections: 1) Medicine, 2) Surgery and 3) OB/Gyn. Each section is currently composed of the following specialties, each of which is directly responsible to the section within which it functions:

A. Medicine:

- | | |
|-------------------------------|--|
| 1. Allergy and Immunology | 14. Neurology |
| 2. Cardiology | 15. Oncology |
| 3. Dermatology | 16. Pediatrics |
| 4. Emergency Medicine | 17. Pediatric Cardiology |
| 5. Endocrinology & Metabolism | 18. Pediatric Nephrology |
| 6. Family Practice | 19. Physical Medicine & Rehabilitation |
| 7. Gastroenterology | 20. Psychiatry |
| 8. General Dentistry | 21. Psychology |
| 9. Hematology | 22. Pulmonary Disease |
| 10. Infectious Disease | 23. Radiation Oncology |
| 11. Internal Medicine | 24. Radiology |
| 12. Neonatology | 25. Rheumatology |
| 13. Nephrology | 26. Sports Medicine |

B. Surgery:

- | | |
|---------------------------------|-----------------------------|
| 1. Anesthesia | 10. Pain Management |
| 2. Colon and Rectal Surgery | 11. Pathology |
| 3. General Surgery | 12. Pediatric Ophthalmology |
| 4. Hand Surgery | 13. Pediatric Surgery |
| 5. Neurosurgery | 14. Plastic Surgery |
| 6. Ophthalmology | 15. Podiatry |
| 7. Oral & Maxillofacial Surgery | 16. Thoracic Surgery |
| 8. Orthopaedics | 17. Urology |
| 9. Otolaryngology | 18. Vascular Surgery |

C. OB/Gyn:

- | | |
|-------------------------|---------------|
| 1. Gynecology | 3. Obstetrics |
| 2. Gynecologic Oncology | |

Section 3. Creation of New Sections: (Amended, Medical Staff: 06/23/2008, Board: 07/29/2008)

Specialties who wish to meet as a department and elect a chairman may do so. All minutes and recommendations must be presented to the appropriate section for action. It is recognized that in the future, sections and specialties may, as deemed appropriate, be created, eliminated, subdivided, or combined by amendments to the bylaws.

A department may apply to the Medical Executive Committee to become a section, if they have:

- (a) a minimum of ten (10) physicians in the department, with a majority on Active or Senior Active Staff;

- (b) been meeting as a department for a minimum of two (2) years;
- (c) held department meetings at least quarterly;
- (d) recorded minutes of the department meetings;
- (e) a quorum present at all department meetings;
- (f) demonstrated consistent performance of departmental peer review.

Any newly created sections shall be subject to the same functions and duties as are outlined in Article IV, Part A, of these bylaws. Newly created sections shall elect a section chief in accordance with Article III, Part B, Section 5 of these bylaws and shall be subject to the duties and responsibilities as outlined therein.

The addition of new sections shall be considered each odd year, prior to the election of officers.

- (a) The department chairman shall submit a written request to become a section to the Medical Executive Committee prior to the May meeting;
- (b) The Medical Executive Committee shall review the request and determine if the department meets the qualifications outlined above;
- (c) The Medical Executive Committee shall notify the department chairman of their decision and;
 - (i) if favorable, shall instruct the chairman to proceed with the election of a chief and chief elect as outlined in Article III, Part B., Section 5., (b) of these bylaws; OR
 - (ii) if unfavorable, inform the department chairman of the areas in which they have not qualified for the creation of a new section; AND

A new section chief shall become a member of the Medical Executive Committee beginning October 1.

A department who qualifies to become a section during an even year, may petition the Medical Executive Committee for a special exception to the process outlined above. In such case the Medical Executive Committee may instruct the department chairman to proceed with the election of a chief and chief elect and appoint the new chief as an ex officio member of the Medical Executive Committee until the next election.

Section 4. Assignment to Medical Staff Section:

Each member of the medical staff shall be assigned to one section, which assignment shall be based on appropriate training and experience and will also be granted clinical privileges in one or more additional specialties. The exercise of clinical privileges within each section shall be subject to the rules and regulations therein, the authority of the Chief of the respective section, and as specified by these bylaws and the medical staff rules and regulations. Each Medical Associate shall be assigned to one section, as is appropriate to his or her occupational or professional training.

Section 5. Functions of Medical Staff Sections

The primary responsibility delegated to each staff section is to implement and conduct specific review and evaluation activities that contribute to the maintenance and improvement of the quality and efficiency of patient care provided within that section.

To carry out this responsibility, each section shall:

- (a) Carry out monitoring and evaluation activities related to patient care, including evaluation of high risk, high volume and problem prone aspects of care for the purpose of analyzing, reviewing and evaluating the quality of care within the service, The number of such monitoring and evaluation activities conducted each year shall be determined by the Executive Committee.
- (b) Recommend to the Medical Executive Committee guidelines for the granting of clinical privileges and clinical duties within the section and the performance of specified services within the section;
- (c) Conduct or participate in, and make recommendations regarding the need for continuing education programs pertinent to change in the state-of-the-art and to findings of performance improvement activities;
- (d) Monitor, on a continuing basis, adherence to:
 - 1. Medical staff Bylaws, Rules & Regulations and hospital policies and procedures;
 - 2. Requirements for alternate coverage and for consultations;
- (e) Coordinate the patient care provided by the section members with nursing and ancillary patient care service and with administrative support services;
- (f) Submit written reports to the Medical Executive Committee on a regularly scheduled basis concerning:
 - 1. Findings of the section's monitoring and evaluation activities, actions taken and the results of such actions taken;
 - 2. Recommendations for maintaining and improving the quality of care provided in the section;
 - 3. Other matters as may be requested from time to time by the Medical Executive Committee;
- (g) Meet at least quarterly for the purpose of receiving, reviewing and considering patient care monitoring and evaluation activities and the results of the section's other reviews;
- (h) Be responsible for complying with government and third party payor requirements on behalf of the medical staff to maintain an effective institution-wide performance improvement program;
- (i) Document the effectiveness of the Section's quality assurance program;
- (j) Review, on an annual basis, and make recommendations concerning the medical staff's quality assurance program and activities in order to ascertain that such a program is ongoing, cost efficient, comprehensive and effective in improving patient care and clinical performance at the hospital;
- (k) Account to the Medical Executive Committee for all professional and medical staff administrative activities within the section; and
- (l) Perform such other responsibilities as are assigned by these bylaws, the medical staff rules and regulations; or a medical staff manual.
- (m) Each staff Section shall establish a call schedule to provide coverage for emergency treatment or admission and submit it to the Executive offices two weeks prior to the end of the month in order for it to be distributed to the appropriate entities.

ARTICLE IV - PART B: MEDICAL DIRECTORS

Section 1. Medical Directors:

Each hospital department significantly concerned with medical care of the hospital shall have a physician medical director appointed from the medical staff by the Chief of Staff. Hospital based and other physician groups shall appoint the medical director for their departments in conjunction with the Chief of Staff

ARTICLE IV - PART B: MEDICAL DIRECTORS

Section 2. Duties of the Medical Directors:

- (a) The director shall be the Chief of Staff's representative for medical staff on-site advise and consultation in resolving problems of facility use, interpersonal conflicts, problems in quality of care, and questions of medical-administrative nature. He shall advise and consult with administrative personnel and the Administrator to see that performance improvement studies and actions are carried out in a proper, timely and meaningful way, reported properly to the medical staff, projected to inservice and medical staff educational settings with appropriate remedies where indicated. He shall ensure readiness for any surveys or inspections. Each medical director shall have an advisory role concerning the hospital department's budget.
- (b) A qualified designee shall be readily available when the medical director is unavailable. This shall be the Chief of Staff or his designee.
- (c) Activities of the medical directors shall be reported to the Section Chiefs, as appropriate and any needs or problems not resolved in the hospital department shall be brought to the appropriate section for action.

ARTICLE IV - PART B: MEDICAL DIRECTORS

Section 3. Hospital Departments for Which Medical Directors Shall Be Appointed:

By Chief of Staff:

- (a) ICU - PCU
- (b) Medical Records
- (c) Pharmacy
- (d) Cardiopulmonary, EKG, EEG

By hospital based and other physician groups in conjunction with Chief of Staff:

- (a) Anesthesia
- (b) Emergency Room
- (c) ExpressCare
- (d) Laboratory
- (e) Radiology
- (f) Surgery Center

Section 4.

Medical Directors shall not be required for hospital departments for which a staff member has been elected a Section Chief or Department Chairman.

ARTICLE V
COMMITTEES OF THE MEDICAL STAFF

ARTICLE V - SECTION 1. COMMITTEES:

The medical staff shall function as a Committee of the Whole in matters of major policy. The following committees shall be appointed by the Chief of Staff: Credentials Committee, Bylaws Committee, and members of multidisciplinary committees that come from the Medical Staff. The Administration shall appoint non-physician members. The Chairman of a multidisciplinary committee or medical co-leader of a team shall be a physician appointed by the Chief of Staff and shall report to the Executive Committee and Medical Staff and shall submit copies of each report.

ARTICLE V - SECTION 2. EXECUTIVE COMMITTEE:

- (a) The Executive Committee shall consist of the officers of the medical staff with the Chief of Staff as Chairman, Chiefs of the Sections or designee and four members elected at-large from the Active Staff . Two at-large members shall practice in a medical specialty and two at-large members shall practice in a surgical specialty. New section chiefs may be added as members of the Medical Executive Committee until the committee reaches a maximum of fifteen (15) members. **(Amended, Medical Staff: 06/23/2008, Board: 07/29/2008)**
The Chiefs Elect of the Sections may serve as ex officio members without vote, unless serving as the Chief's designee, in which case the Chief Elect shall vote and count toward the quorum. **(Ammended by Medical Staff 09/27/2010, Board 09/28/2010)**
- (b) A majority of executive committee members are fully licensed physician members of the Active or Senior Active staff, but may include other licensed independent practitioner members of the Active or Senior Active staff.
- (c) The Executive Committee shall meet monthly, a minimum of ten times each calendar year, be empowered to act for the staff at intervals between medical staff meetings, and maintain a permanent record of their proceedings and actions. The Chief Executive Officer of the hospital or his designee attends each meeting on an ex-officio basis without vote. The committee's actions shall be accepted as actions of the medical staff unless reversed at a full regular meeting.
- (d) The Executive Committee shall perform the following functions:
- (i) receiving and acting upon reports and recommendations from the medical staff, committees, hospital departments, sections and lead teams;
 - (ii) implementing approved policies of the medical staff;
 - (iii) recommending to the Board for its approval:
 - (A) all matters relating to appointments, reappointments, staff categories, section assignments and delineated clinical privileges;
 - (B) all matters of disciplinary action against members of the medical staff which, following action by the Executive Committee, must be referred to the Medical Staff as a whole;
 - (C) the structure of the medical staff;
 - (D) the mechanism used to review credentials and to delineate individual clinical privileges;
 - (E) the organization of the activities of the medical staff as well as the mechanism used to conduct, evaluate, and revise such activities;

- (F) the mechanism by which membership on the medical staff may be terminated, and
- (G) the mechanism for fair-hearing procedures.
- (iv) initiating and pursuing disciplinary action when warranted in accordance with medical staff bylaws and provision; and
- (v) informing the medical staff of JCAHO accreditation programs and accreditation status of the hospital. Medical staff members shall be actively involved in the accreditation process; this shall include participation in the hospital survey and particularly in the final critique session, which shall be conference with surveyor only.
- (vi) Medical Staff representation and participation in any hospital deliberation affecting the discharge of Medical Staff activities including the review and approval of contracts and off-site services relating to clinical and patient care.
- (vii) recommend clinical services to be provided by telemedicine.

ARTICLE V - SECTION 3. CREDENTIALS COMMITTEE:

- (a) The Credentials Committee shall be appointed by the Chief of Staff and shall consist of members of the active medical staff.
- (b) The duties of the Credentials Committee shall be:
 - (i) to review the credentials of all applicants for medical staff appointment, reappointment, and clinical privileges, including specific consideration of the recommendations from the sections in which the applicant requests privileges, to make investigations of and interview such applicants as may be necessary, and to make a report of its findings and recommendations;
 - (ii) to review the credentials of all applicants who request to practice in the hospital as Medical Associates, including specific consideration of the recommendations from the sections in which the applicant requests privileges, to make investigations of and interview such applicants as may be necessary, and to make a report of its findings and recommendations; and
 - (iii) to act as the Allied Health Committee in all matters, as outlined in the hospital policy on Authorization for Dependent Allied Health Professionals;
 - (iv) to review as questions arise all information available regarding the behavior and clinical competence of persons currently appointed to the medical staff and of those practicing as Medical Associates and dependent Allied Health Professionals, and as a result of such review to make recommendations.
 - (v) to review all clinical work performed by members of the Medical Staff.
 - (vi) to review medical records of all provisional staff members and at the end of the individual's provisional performance, make recommendations regarding the individual's continued membership on the Medical Staff.
 - (vii) to make recommendations to the Medical Executive Committee regarding appointment, reappointment, delineation of clinical privileges and corrective action with respect to the Medical Staff and Medical Associates.
- (c) The Credentials Committee shall meet monthly, maintain a permanent record of its proceedings and actions, and make a monthly report to the Medical Executive Committee. **(Amended by Medical Staff 06/29/2009, Board 06/30/2009)**

ARTICLE V - SECTION 4. BYLAWS COMMITTEE:

The Bylaws Committee shall be composed of at least three members of the Medical Staff. The Committee shall review the Bylaws, Rules and Regulations and make recommendations for revisions to reflect the Hospital's current practices. The Committee shall meet, as necessary, and maintain a permanent record of its proceedings and actions and shall report its recommendations to the Medical Staff Executive Committee.

ARTICLE V - SECTION 5. PRACTITIONER PERFORMANCE IMPROVEMENT COMMITTEE:

- (a) The Practitioner Performance Improvement Committee shall be appointed by the Chief of Staff and shall consist of the current section chiefs and five (5) permanent members who shall serve a term of four (4) years. In order to be eligible for permanent committee membership, a Medical Staff member must be able to demonstrate sufficient practice experience, participation in medical staff activities and commitment to the community. Any member of the Medical Staff may be considered a temporary member when consulted by the Practitioner Performance Improvement Committee for specific specialty or sub-specialty evaluation. A quorum for the meetings of the Practitioner Performance Improvement Committee shall be one half or more of the members.
- (b) The duties of the Practitioner Performance Improvement Committee shall be: to review, analyze and make recommendations on trended data related to processes (specific services or performance improvement and patient safety teams), occurrence trends and required reviews including but not limited to:
 - (i) Blood usage evaluation,
 - (ii) Drug usage evaluation, formulary and ADRs.
 - (iii) Medical Record review,
 - (iv) Surgical case review,
 - (v) Utilization review,
 - (vi) Infection control,
 - (vii) Risk Management.

The details of these functions are incorporated into the Quality Management Plan and Practitioner Performance Improvement Plan.

- (c) The Practitioner Performance Improvement Committee carries out a system of performance improvement activities in the sections by insuring that education programs are derived there from and provided for those in appropriate specialties. Final evaluation, educational programs and disposition of all evaluation of records shall be the responsibility of the Practitioner Performance Improvement Committee. All records so processed and evaluated shall be confidential under the Peer Review Laws of Florida. Appropriate security precautions shall be taken at the direction of the Executive Committee to insure these provisions. Any physician may request peer review of his case by the Practitioner Performance Improvement Committee with the appropriate findings to be confidential. The general purpose of this medical care evaluation shall be the improvement of medical care.
- (d) Participation in Practitioner Performance Improvement.
All medical staff members agree to cooperate in performance improvement activities that are solely intended to improve the quality of medical care provided to patients. Such activities may include the handling and informal review of complaints, disagreements,

questions, clinical competence, conduct and variation in clinical practice. The performance improvement activity may result in the consultation with the Medical Staff member, recommendation for educational actions, informal letters of reprimand or warning or other methods of guidance to Medical Staff members to assist them in improving the quality of patient care outside the mechanism for formal review in this article. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency and do not invoke a right to any hearing as provided in Article VIII of these Bylaws. Any recommendation that could be considered an adverse action regarding the practitioner's medical staff privileges shall be referred to the Medical Executive Committee.

- (e) The Practitioner Performance Improvement Committee shall meet at least quarterly and the results of such meetings shall be considered by the Medical Executive Committee at its meetings. (Amended by Medical Staff 06/29/2009, Board 06/30/2009)

ARTICLE V- SECTION 6. LEAD TEAMS:

The Lead Teams are multidisciplinary committees with Medical Staff representation. The Chief of Staff will appoint at least two members of the Medical Staff to each of the Hospital wide Lead Teams. One of the members will be designated Co-Medical Leader and will have responsibility for reporting on the Team activities to the Medical Staff Executive Committee. The Lead Teams will meet at the discretion of the Co-Leaders of each of the Teams.

ARTICLE V - SECTION 7. OTHER COMMITTEES:

Other committees that may be required to properly carry out the duties of the Medical Staff may be appointed. Such committees shall confine their work to the purpose for which they were appointed, and shall report to the Executive Committee. They shall not have power of action unless such is specifically granted by the motion which created the committee.

ARTICLE VI APPOINTMENT TO THE MEDICAL STAFF

ARTICLE VI - PART A: QUALIFICATIONS FOR APPOINTMENT

Section 1. General:

Appointment to the medical staff is a privilege which shall be extended only to professionally competent individuals who continuously meet the qualifications, standards, and requirements set forth in these bylaws. All individuals practicing medicine, podiatry, psychology or oral surgery in this hospital, unless excepted by specific provisions of these bylaws, must first have been appointed to the medical staff.

ARTICLE VI - PART A: QUALIFICATIONS FOR APPOINTMENT

Section 2. Specific Qualifications:

Only physicians, dentists, podiatrists, and psychologists who satisfy the following conditions shall be qualified for appointment to the medical staff:

- (a) are currently licensed to practice in this state;

- (b) maintain an office and residence close enough to the hospital to provide timely care for their patients; and
- (c) can document their:
 - (i) background, experience, training, and demonstrated competence;
 - (ii) adherence to the ethics of their professions;
 - (iii) good reputation and character, including the applicant's mental and emotional stability; and
 - (iv) ability to work harmoniously with others sufficiently to convince the hospital that all patients treated by them in the hospital will receive quality care and that the hospital and its medical staff will be able to operate in an orderly manner.

ARTICLE VI - PART A: QUALIFICATIONS FOR APPOINTMENT

Section 3. No Entitlement to Appointment:

No individual shall be entitled to appointment to the medical staff or to the exercise of particular clinical privileges in the hospital merely by virtue of the fact that such individual (a) is licensed to practice his profession in this or any other state, (b) is a member of any particular professional organization, or (c) has had in the past, medical staff appointment or privileges in this or another hospital.

ARTICLE VI - PART A: QUALIFICATIONS FOR APPOINTMENT

Section 4. Non-Discrimination Policy:

- (a) No individuals shall be denied appointment on the basis of sex, race, creed, religion, color, or national origin.
- (b) Individuals in administrative positions who desire medical staff membership or clinical privileges are subject to the same procedures as all other applicants for membership or privileges.

ARTICLE VI - PART B: CONDITIONS OF APPOINTMENT

Section 1. Duration of Initial Provisional Appointment:

All initial appointments to the medical staff and all initial clinical privileges shall be provisional for a period of 12 months from the date of the appointment or longer if recommended by the Executive Committee. Effective January 1, 2008, a focused professional practice evaluation shall be implemented for all initially granted privileges. During the term of this provisional appointment, the individual receiving the provisional appointment shall be evaluated as to the individual's clinical competence and general behavior and conduct in the hospital. Provisional clinical privileges shall be adjusted to reflect clinical competence at the end of the provisional period, or sooner if warranted. Continued appointment after the provisional period shall be conditioned on an evaluation of the factors to be considered for reappointment set forth in Article VII, Part A, Section 2 of these bylaws, which shall be submitted to the Executive Committee, in writing, by the Section Chief and the Credentials Committee.

(Amended by Medical Staff 09/24/2007, Board 09/25/2007)

ARTICLE VI - PART B: CONDITIONS OF APPOINTMENT

Section 2. Rights and Duties of Members:

- (a) Appointments to the medical staff shall require that each member assure such reasonable duties and responsibilities the medical staff shall require including, but not limited to, serving on committees and participation in the emergency department call coverage if required.. (Amended Medical Staff 09/25/06; Board 09/26/06)
- (b) All members of the medical staff and all others with individual clinical privileges are subject to the medical staff bylaws, rules and regulations, and policies and are subject to review as part of the hospital's performance improvement and patient safety activities.

ARTICLE VI - PART C: APPLICATION FOR INITIAL APPOINTMENT AND REAPPOINTMENT AND CLINICAL PRIVILEGES

Section 1. Information:

Applications for appointment to the medical staff shall be in writing, and shall be submitted on forms approved by the Board upon recommendations by the Executive Committee. The application shall contain a request for specific clinical privileges desired by the applicant and shall require detailed information concerning the applicant's professional qualifications including:

- (a) the names and complete addresses of at least three physicians, dentists or other practitioners, as appropriate, who have had recent extensive experience in observing and working with the applicant and who can provide adequate information pertaining to the applicant's present professional competence and character. Said references may not be associated or about to be associated with the applicant in professional practice or personally related to the applicant. At least two references shall be from the same specialty area as the applicant;
- (b) the names and complete addresses of the medical advisors of each department of any and all hospitals or other institutions at which the applicant has worked or trained (i.e., the individuals who served as the medical advisors at the time the applicant worked in the particular department). If the number of hospitals worked in is great or if a number of years have passed since the applicant worked at a particular hospital, the Executive Committee and the Board may take into consideration the applicant's good faith effort to produce this information;
- (c) information as to whether the applicant has ever withdrawn his applications for appointment or clinical privileges or his privileges and medical staff membership have ever been voluntarily or involuntarily relinquished, denied, revoked, suspended, limited, reduced, or not renewed at any other hospital or health care facility.
- (d) information as to whether the applicant has ever withdrawn his application for appointment, reappointment and clinical privileges or resigned from the medical staff before final decision by a hospital's or health care facility's governing board;
- (e) information as to whether the applicant's membership in local or national professional societies, or license to practice any profession in any state or district, or Drug Enforcement Administration license has ever been voluntarily or involuntarily relinquished, suspended, modified or terminated and of any currently pending challenges thereto. The submitted application shall include a copy of his Drug Enforcement

- Administration license, medical degree or dental school diploma, and certification from all postgraduate training programs completed;
- (f) information on the applicant's physical and mental health, including information regarding anything in past or present health status that affects, or could reasonably affect their ability to perform the privileges and procedures being requested;
 - (g) information as to whether the applicant has ever been named as a defendant in a criminal action and details about any such instance;
 - (h) information listing and explaining any professional liability settlements or judgments and any pending civil professional liability actions;
 - (i) information on the citizenship and visa status of the applicant;
 - (j) the applicant's signature;
 - (k) the application fee;
 - (l) a recent photograph of the applicant;
 - (m) proof of medical malpractice insurance, or a copy of Financial Responsibility Statement applicant filed with Florida Department of Health;
 - (n) information on participation in continuing medical education;
 - (o) such other information as the Board or medical staff may require.
- (Amended by Medical Staff 09/24/2007, Board 09/25/2007)

Section 2: Reappointment:

Applications for reappointment to the medical staff shall be in writing, and submitted on forms approved by the Board upon recommendations by the Executive Committee. The application shall contain a request for specific clinical privileges desired by the applicant and shall require detailed information concerning the applicant's professional qualifications including:

- (a) information as to whether the applicant has ever withdrawn his applications for appointment or clinical privileges or his privileges and medical staff membership have ever been voluntarily or involuntarily relinquished, denied, revoked, suspended, limited, reduced, or not renewed at any other hospital or health care facility;
- (b) information as to whether the applicant has ever withdrawn his application for appointment, reappointment and clinical privileges or resigned from the medical staff before final decision by a hospital's or health care facility's governing board;
- (c) information as to whether the applicant's membership in local or national professional societies, or license to practice any profession in any state or district, or Drug Enforcement Administration license has ever been voluntarily or involuntarily relinquished, suspended, modified or terminated and of any currently pending challenges thereto. The submitted application shall include a copy of his Drug Enforcement Administration license, medical degree or dental school diploma, and certification from all postgraduate training programs completed;
- (d) information on the applicant's physical and mental health , including information regarding anything in past or present health status that affects, or could reasonably affect their ability to perform the privileges and procedures being requested;
- (e) information as to whether the applicant has ever been named as a defendant in a criminal action and details about any such instance;
- (f) information listing and explaining any professional liability settlements or judgments and any pending civil professional liability actions;

- (g) documentation that they have met continuing medical education requirements for the State of Florida and the percentage that pertain to the privileges/procedures being requested;
- (h) information on participation in Continuing Medical Education;
- (i) proof of medical malpractice insurance, or copy of Financial Responsibility Statement applicant provided to Florida Department of Health;
- (j) the applicant's signature;
- (k) the application fee;
- (l) such other information as the Board or medical staff may require.\

(Amended by Medical Staff 09/24/2007, Board 09/25/2007)

Section 3. Undertakings:

The following undertakings shall be applicable to every medical staff member and applicant for staff appointment or reappointment as a condition of consideration of such application and as a condition of continued medical staff appointment if granted:

- (a) an obligation upon appointment to the medical staff to provide continuous care and supervision to all patients within the hospital for whom the individual has responsibility;
- (b) written agreement to abide by all the bylaws and policies of the hospital, including all bylaws, rules and regulations of the medical staff as shall be in force from time to time during the time the individual is appointed to the medical staff;
- (c) an agreement to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to the applicant after appointment by the Board and the medical staff;
- (d) an agreement to provide the hospital new or updated information as it occurs, that is pertinent to any questions on the application form;
- (e) a statement that the applicant has received and had an opportunity to read a copy of the bylaws, rules and regulations of the medical staff as are in force at the time of his application and that the applicant understands the mechanism for appointment to the medical staff and that the applicant has agreed to be bound by the terms thereof in all matters relating to consideration of his application without regard to whether or not he is granted appointment to the medical staff or clinical privileges;
- (f) a statement of the applicant's willingness to appear for personal interview in regard to his application;
- (g) a statement that any misrepresentation or misstatement in, or omission from the application whether intentional or not, shall constitute cause for automatic and immediate rejection of the application resulting in denial of appointment and clinical privileges. In the event that an appointment has been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in summary dismissal from the medical staff; and
- (h) a statement that the applicant will:
 - (i) refrain from fee splitting or other inducements relating to patient referral;
 - (ii) refrain from delegating responsibility for diagnosis or care of hospitalized patients to any individual who is not qualified to undertake this responsibility or who is not adequately supervised;
 - (iii) refrain from deceiving patients as to the identity of an operating surgeon or any other individual providing treatment or services;

- (iv) seek consultation whenever necessary;
- (v) abide by generally recognized ethical principles applicable to the applicant's profession; and
- (vi) provide continuous care for the applicant's patients in the hospital.

Each applicant for medical staff appointment and reappointment shall specifically agree to these undertakings as part of the application.

Section 4. Burden of Providing Information:

The applicant shall have the burden of producing adequate information for a proper evaluation of his competence, character, ethics and other qualifications, and of resolving any doubts of such qualifications. The applicant shall have the burden of providing evidence that all the statements made and information given on the application are wholly true and correct. Until the applicant has provided all information requested by the hospital, the application for appointment or reappointment will be deemed incomplete and will not be processed. Should an incident occur during the course of an appointment year, the member has the burden to provide information about such incident sufficient for the Credentials Committee's review and assessment.

Section 5. Authorization to Obtain Information:

The following statements, which shall be included on the application form and which form a part of these bylaws, are express conditions applicable to any medical staff applicant, any member of the medical staff and to all others having or seeking clinical privileges, the applicant expressly accepts these conditions during the processing and consideration of his application, whether or not he is granted appointment or clinical privileges. This acceptance also applies during the time of any appointment or reappointment.

(a) Immunity:

To the fullest extent permitted by law, the individual releases from any and all liability, and extends absolute immunity to the hospital, its authorized representatives and any third parties as defined in subsection (d) below, with respect to any acts, communications or documented, recommendations or disclosures involving the individual, concerning the following:

- (i) applications for appointment or clinical privileges, including temporary privileges;
- (ii) evaluations concerning reappointment or change in clinical privileges;
- (iii) proceedings for suspension or reduction of clinical privileges or for revocation of medical staff appointment, or any other disciplinary sanction;
- (iv) summary suspension;
- (v) hearings and appellate reviews;
- (vi) medical care evaluation;
- (vii) utilization reviews;
- (viii) other activities relating to the quality of patient care or professional conduct;
- (ix) matters or inquiries concerning the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; or
- (x) any other matter that might directly or indirectly have effect on the individual's competence, on patient care or on the orderly operation of this or any other

hospital or health care facility. The foregoing shall be privileged to the fullest extent permitted by law. Such privilege shall extend to the hospital and its authorized representatives, and to any third parties.

(b) Authorization to Obtain Information:

The individual specifically authorizes the hospital and its authorized representatives to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior or any other matter reasonably having a bearing on the individual's satisfaction of the criteria for initial and continued appointment to the medical staff. This authorization also covers the right to inspect and obtain any and all communications, reports, records, statements, documents, recommendations, or disclosures of said third parties that may be relevant to such questions. The individual also specifically authorizes said third parties to release said information to the hospital and its authorized representatives upon request.

(c) Authorization to Release Information: Similarly, the individual specifically authorizes the hospitals, health care facilities and their agents, who solicit such information for the purpose of evaluating the applicant's professional qualifications pursuant to the applicant's request for appointment or clinical privileges.

(d) Definitions:

- (i) as used in this section, the term "hospital and its authorized representatives" means the hospital corporation and any of the following individuals who have any responsibility for obtaining or evaluating the individual's credentials, or acting upon the individual's application or conduct in the hospital: the members of its Board and their appointed representatives; the Chief Executive Officer or his designees; other hospital employees; consultants to the hospital; the hospital's attorney and his partners, associates, employees or designees; and all members of the medical staff who have any responsibility for obtaining or evaluating the individual's application or conduct in the hospital;
- (ii) As used in this section, the term "third parties" means all individuals, including members of the Hospital's medical staff, and member of the medical staffs of other hospitals or other physicians or health practitioners, nurses or other organizations, associations, partnerships, and corporations or government agencies, whether hospitals, health care facilities, or not, from whom information has been requested by the hospital or its authorized representatives.

ARTICLE VI - PART D: PROCEDURE FOR INITIAL APPOINTMENT

Section 1. Submission of Application:

- (a) Applications shall be submitted by the applicant to Medical Staff Services. Applications must be accompanied by payment of such processing fees as may be recommended by the medical staff and approved by the Board. Verification in writing and from the primary source, whenever feasible, of 1) the applicant's current licensure (at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration); 2) the applicant's relevant training; and 3) the applicant's current competences shall be performed by Medical Staff Services. After receiving references and all other information or materials deemed pertinent, Medical Staff Services shall determine the

application to be complete and transmit the application and all supporting materials to the appropriate Section Chief for evaluation. The Section Chief shall then make a recommendation and transmit the application to the Credentials Committee for evaluation. An application shall become incomplete if the need arises for new, additional or clarifying information any time during the evaluation. It is the responsibility of the applicant to provide that the application is complete, including adequate responses from references. Any incomplete applications will not be processed.

(Amended by Medical Staff 09/27/2010, Board 09/28/2010)

- (b) In order to verify the applicant requesting approval is the same practitioner identified in the credentialing documents, applicants shall personally appear and present a valid picture ID issued by a state or federal agency, such as a driver's license or passport.
(Amended by Medical Staff 09/24/2007, Board 09/25/2007)
- (c) All practitioners who wish to provide services through telemedicine link shall be credentialed and privileged in accordance with the Medical Staff Telemedicine policy.
(Approved by Medical Staff 09/27/2010, Board 09/28/2010)

ARTICLE VI - PART D: PROCEDURE FOR INITIAL APPOINTMENT

Section 2. Section Chief Evaluation:

- (a) The Section Chief shall examine the evidence of the applicant's character, professional competence, qualifications, prior behavior and ethical standing, through information contained in references given by the applicant and from other sources available, to determine whether the applicant has established and satisfied all of the necessary qualifications for clinical privileges requested.
- (b) Additional sources including the American Medical Association Physician Masterfile and the Federation of State Medical Boards Physician Disciplinary Data Bank may be consulted and compared to the information provided by the applicant.
- (c) If the Section Chief's recommendation for appointment is favorable, the Section Chief shall recommend to the Credentials Committee provisional assignment and provisional clinical privileges.

ARTICLE VI - PART D: PROCEDURE FOR INITIAL APPOINTMENT

Section 3. Credentials Committee Report:

- (a) The Credentials Committee shall review the recommendation from the Section Chief as well as all documentation contained in the application before making a recommendation to the Medical Executive Committee.
- (b) If the Credentials Committee's recommendation for appointment is favorable, the Credentials Committee shall recommend provisional assignment and provisional clinical privileges.
- (c) As part of the process of making its recommendation, the Credentials Committee shall have the right to require the applicant to meet with the committee to discuss any aspect of the applicant's application, qualifications, or clinical privileges requested.
- (d) Not later than 90 days from its receipt of the completed application, the Credentials Committee shall make a written report and recommendation with respect to the applicant.

- (e) If the recommendation of the Credentials Committee is delayed longer than 90 days, the chairman of the Credentials Committee shall send a letter to the applicant.
(Amended by Medical Staff 09/24/2007, Board 09/25/2007)

ARTICLE VI - PART D: PROCEDURE FOR INITIAL APPOINTMENT

Section 4. Executive Committee Procedure:

- (a) At its next regular Executive Committee meeting after receipt of the application, report and recommendation of the Credentials Committee, the Executive Committee shall determine whether to recommend to the Board that the applicant be appointed to the medical staff, that the applicant be deferred for further consideration, or that the application for staff appointment or clinical privileges be denied. The Executive Committee may require a physical and mental examination of the applicant by a physician or physicians satisfactory to the committee and shall require that the results be made available for the committee's consideration. The recommendation of the Executive Committee to appoint or deny an application shall be promptly forwarded, together with all supporting documentation, to the Board with a copy to the Chief Executive Officer. All recommendations to appoint must also specifically recommend the clinical privileges to be granted, which may be qualified by any probationary conditions relating to such clinical privileges.
- (b) When the recommendation of the Executive Committee is to defer the application for further consideration, it must be followed up within 30 days with a subsequent recommendation for appointment to the medical staff with specified clinical privileges, or for denial of the application.
- (c) When the Executive Committee has determined to make a recommendation contrary to the recommendation of the Credentials Committee, the Executive Committee shall either:
 - (i) remand the matter to the Credentials Committee for further investigation and preparation of responses to specific questions raised by the Executive Committee, prior to the Executive Committee's final recommendation; or
 - (ii) set forth in its report and recommendations to the Board the specific reason for the Executive Committee's disagreement with the Credentials Committee's recommendation, supported by reference to particular aspects of the individual's record or the Credentials Committee's report.
- (d) When the recommendation of the Executive Committee would entitle an applicant to a hearing pursuant to Article VIII, Section 2 of these bylaws, the Chief Executive Officer shall promptly so notify the applicant by certified mail, return receipt requested. The Chief Executive Officer shall then hold the application until after the applicant has exercised or has been deemed to have waived the right to a hearing, after which the Chief Executive Officer shall forward the recommendations of the Executive Committee, together with the application and all supporting documentation to the Board.
- (e) When the Board has determined to make a recommendation contrary to the recommendation of the Credentials Committee, the Board shall either:
 - (i) remand the matter to the Credentials Committee for further investigation and preparation of responses to specific questions raised by the Board, prior to the Board's final recommendation; or

- (ii) set forth in its report and recommendations the specific reason for the Board's disagreement with the Credentials Committee's recommendation, supported by reference to particular aspects of the individual's record or the Credentials Committee's report.

ARTICLE VI - PART E: CLINICAL PRIVILEGES

Section 1. General:

Medical staff appointment or reappointment shall not confer any clinical privileges or right to practice in the hospital. Each individual who has been given an appointment to the medical staff of the hospital shall be entitled to exercise only those clinical privileges specifically granted by the Board except as stated in policies adopted by the Board. The clinical privileges recommended to the Board shall be based upon the applicant's education, training, experience, demonstrated current competence and judgment, references, utilization patterns, health status, availability of qualified medical coverage, the hospital's available resources and personnel, and other relevant information.

ARTICLE VI - PART E: CLINICAL PRIVILEGES

Section 2. History and Physical Examination

A patient admitted for inpatient care, observation or ambulatory surgery will have a medical history taken and an appropriate physical examination performed by a qualified physician or allied health professional who has been granted those privileges and shall be documented in the patient's medical record. A history and physical performed and dictated by an allied health professional must be reviewed and verified by the supervising medical staff member after his/her assessment of the patient and co-signed within twenty-four hours. (Ammended by Medical Staff 09/27/2010, Board 09/28/2010)

ARTICLE VI - PART E: CLINICAL PRIVILEGES

Section 3. Clinical Privileges for Dentists:

- (a) The scope and extent of surgical procedures that a dentist may perform in the hospital shall be determined and recommended to the Board in accordance with the provisions of these bylaws governing Medical Associates and such policies as may be adopted by the Board from time to time. Surgical procedures performed by dentists shall be under the overall supervision of the Chief of Surgery. A medical history and a physical examination of the patient shall be made and recorded by a physician who holds an appointment to the medical staff before dental surgery shall be scheduled for performance, and a designated physician shall be responsible for the medical care of the patient throughout the period of hospitalization.
- (b) Oral surgeons who admit patients without underlying health problems may perform complete admission history and physical examination and assess the medical risks of the procedure on the patient if they are deemed qualified to do so by the Credentials Committee. "Oral Surgeons" shall be interpreted to refer to licensed dentists who have successfully completed a post-graduate program in oral surgery accredited by a nationally recognized accrediting body approved by the United States Office of Education.

- (c) The dentist shall be responsible for the dental care of the patient, including the dental history and dental physical examination as well as all appropriate elements of the patient's records. Dentists may write orders within the scope of their license and consistent with the medical staff rules and regulations and in compliance with the hospital and medical staff bylaws.

ARTICLE VI - PART E: CLINICAL PRIVILEGES

Section 4. Clinical Privileges for Podiatrists:

The scope and extent of surgical procedures that a podiatrist may perform in this hospital shall be delineated and recommended to the Board in accordance with the provisions of these bylaws governing Medical Associates and such policies as may be adopted by the Board from time to time. Surgical procedures performed by each podiatrist shall be under the overall supervision of the Chief of Surgery. A medical history and physical examination shall have taken place and been recorded in the medical record by a physician who holds an appointment to the medical staff before podiatric surgery shall be performed, and a designated physician shall be responsible for the medical care of the patient throughout the period of hospitalization. The podiatrist shall be responsible for the podiatric care of the patient, including the podiatric history and the podiatric physical examination as well as all appropriate elements of the patient's record. The podiatrist may write orders within the scope of his license and consistent with the medical staff rules and regulations and in compliance with the hospital and medical staff bylaws.

ARTICLE VI - PART E: CLINICAL PRIVILEGES

Section 5. Clinical Privileges for Psychologists:

The scope and extent of care and treatment that a psychologist may perform in the hospital shall be delineated and recommended to the Board in accordance with the provisions of these bylaws governing Medical Associates and such policies as may be adopted by the Board from time to time. A medical history and physical examination shall have taken place and been recorded in the medical record by a physician who holds an appointment to the medical staff before any psychological care and treatment shall be performed, and a designated physician shall be responsible for the medical care of the patient throughout the period of hospitalization. The psychologist shall be responsible for the psychological care of the patient, including appropriate entries in the patient's medical record. The psychologist may write orders within the scope of his license and consistent with the medical staff rules and regulations and in compliance with the hospital and medical staff bylaws.

ARTICLE VI - PART F: EMERGENCY TEMPORARY CLINICAL PRIVILEGES

- (1) In an emergency involving an important patient care need, a physician who is not currently appointed to the medical staff may be granted emergency temporary privileges by the President/CEO upon recommendation of the Section Chief or Chief of Staff. Prior to the granting of these privileges, Medical Staff Services shall verify at a minimum, current licensure and current competence. Emergency temporary privileges granted in such circumstances shall terminate when the emergency no longer exists or upon discharge of the patient, but in no case shall exceed 120 days. **(Amended by Medical Staff 09/27/2010, Board 09/28/2010)**

- (2) Similarly, in an emergency any medical staff member with clinical privileges is permitted to provide any type of patient care, treatment and services necessary as a life saving measure or to prevent serious harm, (regardless of his or her medical staff status or clinical privileges), provided that the care, treatment and services provided are within the scope of the practitioner's license.
- (3) For the purpose of this section, an "emergency" is defined as a condition which could result in serious or permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that harm or danger.
- (4) Disaster privileges may be granted by the President/CEO, the Chief of Staff or their designees, when the emergency management plan has been activated and the hospital is unable to handle the immediate patient needs, in accordance with the Medical Staff Policy for Credentialing in an Emergency.

ARTICLE VII
ACTIONS AFFECTING MEDICAL STAFF MEMBERS

ARTICLE VII - PART A: PROCEDURE FOR REAPPOINTMENT

Section 1. Application:

Each current member of the Senior Active, Active, Courtesy, Associate and Health Central Park Staff who wishes to be reappointed to the medical staff shall be responsible for completing the reappointment application form approved by the Board. The reappointment application form shall be submitted to the Chief Executive Officer or his designee at least 30 days prior to the expiration of the member's then-current appointment. Failure to submit an applicant by that time may result in expiration of the member's appointment and clinical privileges at the end of the then-current medical staff year. Reappointment, if granted, shall be for a period of not more than two years. Physicians will be reappointed to the Medical Staff during their birth month. Physicians born in even years will be reappointed each even year and physicians born in odd years will be reappointed each odd year. If an application for reappointment has been filed and the Board has not acted upon it prior to the expiration of the member's current appointment, the member's current appointment and clinical privileges shall continue in effect until such time as the Board acts on the reappointment application.

ARTICLE VII - PART A: PROCEDURE FOR REAPPOINTMENT

Section 2. Factors to be Considered:

Each recommendation concerning reappointment of a person currently appointed to the medical staff or a change in staff category, where applicable, shall be based upon such member's:

- (a) ethical behavior, professional performance, clinical competence and professional judgment in the treatment of patients;
- (b) attendance at staff section meetings and medical staff meetings and participation in staff duties;
- (c) compliance with the hospital bylaws and policies and with the medical staff bylaws and rules and regulations;
- (d) compliance with guidelines set forth in original appointment;

- (e) physical and mental health and ability to perform privileges and procedures being requested;
- (f) capacity to satisfactorily treat patients with clinical and technical skill as indicated by the results of the hospital's performance improvement and patient safety activities or other reasonable indicators of continuing qualifications, and
- (g) other peer review relevant findings from the hospital's performance improvement and patient safety activities. (Amended by Medical Staff 09/24/2007, Board 09/25/2007)

ARTICLE VII - PART A: PROCEDURE FOR REAPPOINTMENT

Section 3. Credentials Committee Procedure:

- (a) Criteria for evaluation of requests for reappointment shall be based upon:
 - (i) observation of patient care provided;
 - (ii) review of the records of patient treated in this or other hospitals;
 - (iii) results of the hospital's Performance improvement and patient safety activities; and
 - (iv) other reasonable indicators of the individual's continuing qualifications for appointment and clinical privileges.
- (b) The Credentials Committee shall review pertinent information available including all information provided from either the Section of Medicine or the Section of Surgery and other committees of the medical staff and from hospital management for the purpose of determining its recommendations for staff reappointment, for change in staff category, and for the granting of clinical privileges for the ensuing appointment period.
- (c) The Credentials Committee shall transmit its report and recommendation to the Executive Committee for it to consider this report at its regularly scheduled meeting. Where non-reappointment, non-promotion of an eligible current member, or a change in clinical privileges is recommended, the reason for such recommendation shall be stated, documented and included in the report. The Chairman of the Credentials Committee or his designee shall be available to the Executive Committee or to the Board, or its appropriate committee to answer any questions that may be raised with respect to the recommendation. The Credentials Committee may require that a person currently seeking reappointment procure a physical and/or mental examination by a physician or physicians satisfactory to the Credentials Committee, either as a part of the reapplication process or during the appointment period to aid it in determining whether clinical privileges should be granted or continued, and further may require that person to make results available for the Credentials Committee's consideration.
- (d) Prior to each Board meeting, the Executive Committee shall make written recommendations to the Board with a copy to the Chief Executive Officer concerning all favorable recommendations regarding the reappointment, clinical privileges, and, where applicable, change in staff category of each person currently reapplying for medical staff appointment. Where non-reappointment or non-promotion or a reduction in clinical privileges is recommended, the reasons for such recommendation shall be stated and documented and included in the report. The report of such negative recommendations shall not be transmitted to the Board until the affected staff member has exercised or has been deemed to have waived the right to a hearing as provided in Article VIII.

- (e) When the Executive Committee has determined to make a recommendation contrary to the recommendation of the Credentials Committee, the Executive Committee shall either:
 - (i) remand the matter to the Credentials Committee for its further investigation and preparation of its responses to specific questions raised by the Executive Committee, prior to the Executive Committee's final recommendation,; or
 - (ii) set forth in its report and recommendation to the Board the specific reasons for the Executive Committee's disagreement with the Credentials Committee's recommendation, supported by reference to particular aspects of the individual's record or the Credentials Committee's report.

ARTICLE VII - PART A: PROCEDURE FOR REAPPOINTMENT

Section 4. Meeting With Affected Individual:

If, during the processing of a particular individual's reappointment, it becomes apparent to the Executive Committee or its chairman that the Executive Committee may be considering a recommendation that would deny recommendation, deny a requested change in staff category or clinical privileges, or reduce clinical privileges, the Chairman of the Executive Committee may notify the individual of the general tenor of the possible recommendation and ask the individual if he desires to meet with the committee prior to any final recommendation by the committee. At such meeting, the individual shall be informed of the general nature of the evidence supporting the action contemplated and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing and none of the procedural rules provided in these bylaws with respect to hearings shall apply nor shall minutes of the discussion in the meeting be kept. However, the committee shall indicate as part of its report to the Board whether such a meeting occurred.

ARTICLE VII - PART A: PROCEDURE FOR REAPPOINTMENT

Section 5. Procedure Thereafter:

If a recommendation is made by the Executive Committee concerning reappointment that would entitle the applicant to a hearing pursuant to Article VIII, Part B, Section 2 of these bylaws, the Chief Executive Officer shall promptly notify the individual of the recommendation in accordance with that Article. The recommendation shall not be forwarded to the Board until the individual has exercised or has been deemed to have waived the right to a hearing as provided in Article VIII, after which the Board shall be given the committee's final recommendation and shall act on it. If for any reason the application for reappointment has not been finally acted on by the Board prior to the end of the appointment year, the then current appointment and clinical privileges shall continue until final action on the application is taken by the Board.

ARTICLE VII - PART B: PROCEDURES FOR REQUESTING INCREASE IN

CLINICAL PRIVILEGES

Section 1. Application for Increased Clinical Privileges:

Whenever, during the term of an appointment to the medical staff, an individual desires increased clinical privileges, he shall apply in writing to the appropriate Section Chief. The

request shall state in detail the specific additional clinical privileges desired and the member's relevant recent training and experience which justify increased privileges. This request will be submitted by the Section Chief to the Credentials Committee and consultation will be sought of that specialty. Thereafter, it will be processed in the same manner as an application for initial clinical privileges if the request is being made during the term of appointment, or as a part of the reappointment application if the request is made at that time. (Ammended by Medical Staff 09/27/2010, Board 09/28/2010)

ARTICLE VII - PART B: PROCEDURES FOR REQUESTING INCREASE IN CLINICAL PRIVILEGES

Section 2. Factors to be Considered:

Recommendation for an increase in clinical privileges made to the Board shall be based upon to the extent feasible:

- (a) relevant recent training;
- (b) observation of patient care provided;
- (c) review of the records of patients treated in this or other hospitals;
- (d) results of the hospital's Performance improvement and patient safety activities; and
- (e) other reasonable indicators of the individual's continuing qualifications for the privileges in question.

The recommendation for such increased privileges may carry with it such requirements for supervision or consultation, for such period of time or other conditions as are thought necessary or desirable by the Credentials Committee. Effective January 1, 2008, a focused professional practice evaluation shall be implemented for all initially granted privileges. (Amended by Medical Staff 09/24/2007, Board 09/25/2007)

ARTICLE VII - PART C: PROCEDURE FOR OTHER QUESTIONS INVOLVING MEDICAL STAFF MEMBERS

Section 1. Grounds for Action:

Whenever, on the basis of good cause shown, any physician appointed to the medical staff, including but not limited to the Chief of Staff, the Chief of a Section, the medical advisor of a department, the chairman or a majority of any medical staff committee, or the Chief Executive Officer has cause to question:

- (a) the clinical competence of any medical staff member;
- (b) the care or treatment of a patient or patients or management of a case by any medical staff member;
- (c) the known or suspected violation by any medical staff member of applicable ethical standards or the bylaws, policies, rules or regulations of the hospital or its Board or medical staff, including, but not limited to those known or suspected via the hospital's performance improvement and patient safety, and risk management; or
- (d) behavior or conduct of any medical staff member that is considered lower than the standards of the hospital.

A written request for an investigation of the matter shall be addressed to the Chief of the appropriate Section making specific reference to the activity or conduct which gave rise to the request. The Chief of that Section shall promptly notify the Executive Committee in writing of all requests for action regarding an individual received by that Section and keep the Chief Executive Officer and Executive Committee fully informed of all action taken in connection therewith. The Chief of Staff shall also promptly notify the involved practitioner that a request for an investigation or corrective action has been received. This notification shall indicate the nature of the request which has been made, the reasons for the proposed request and shall inform the affected practitioner of his procedural remedies under these bylaws.

ARTICLE VII - PART C: PROCEDURE FOR OTHER QUESTIONS INVOLVING MEDICAL STAFF MEMBERS

Section 2. Investigative Procedure:

The Medical Executive Committee shall meet as soon after receiving the request as practicable and if, in the opinion of the Medical Executive Committee:

- (a) the request for investigation contains information sufficient to warrant a recommendation for corrective action, the Medical Executive Committee, at its discretion, shall make such a recommendation, with or without a personal interview with the member; or the request for investigation does not at that point contain information sufficient to warrant a recommendation, the Medical Executive Committee shall immediately investigate the matter, appoint a subcommittee to do so, or, if it is deemed appropriate, appoint an Investigating Committee.
 - (i) This Investigating Committee shall consist of up to three physicians, and shall not include partners, associates or relatives of the affected individual.
 - (ii) The Medical Executive Committee, its subcommittee or the Investigating Committee, if used, shall have available to them the full resources of the medical staff and the hospital to aid in their work, as well as the authority to use outside consultants as it may deem necessary. The committee may also require a physical and mental examination of the member by a physician or physicians satisfactory to the committee and shall require that the results of such examination be made available for the committee's consideration.
 - (iii) The individual with respect to whom an investigation has been requested shall have an opportunity to meet with the Investigating Committee before it makes its report. Not less than thirty days prior to this meeting, the individual shall be informed of the general nature of the evidence supporting the investigation requested and shall be invited to discuss, explain, or refute it. This interview shall not constitute a hearing, and none of the procedural rules provided in these bylaws with respect to hearings shall apply. A summary of such interview shall be made by the Investigating Committee and included in its report to the Medical Executive Committee.
 - (iv) If a subcommittee or an Investigating Committee is used, the Medical Executive Committee may accept, modify, or reject the recommendation it receives from that committee.

ARTICLE VII - PART C: PROCEDURE FOR OTHER QUESTIONS INVOLVING MEDICAL STAFF MEMBERS

Section 3. Procedure Thereafter:

- (a) In acting after the investigation, the investigating Committee or Subcommittee may recommend to the Executive Committee that it recommend the following:
 - (i) that no action is justified;
 - (ii) issue a written warning;
 - (iii) issue a letter of reprimand;
 - (iv) impose terms of probation;
 - (v) impose a requirement for consultation;
 - (vi) a reduction in clinical privileges;
 - (vii) suspension of clinical privileges for a term;
 - (viii) revocation of staff appointment; or
 - (ix) make such other recommendations as it deems necessary or appropriate.
- (b) Any recommendation by the Executive Committee that would entitle the affected individual to the procedural rights provided by Article VIII shall be forwarded to the Chief Executive Officer who shall promptly notify the individual by certified mail, return receipt requested. The Chief Executive Officer shall then hold the recommendation until after the individual has exercised or has been deemed to have waived the right to a hearing as provided in Article VIII. At that time, the Chief Executive Officer shall forward the recommendation of the Executive Committee, together with all supporting documentation, to the Board. The Chairman of the Executive Committee or his designee shall be available to the Board or its appropriate committee to answer any questions that may be raised with respect to the recommendation.
- (c) If the action of the Executive Committee does not entitle the individual to a hearing in accordance with Article VIII, the actions shall take effect immediately without action of the Board and without the right of appeal to the Board. A report of the action taken and reasons therefore shall be made to the Board through the Chief Executive Officer and the action shall stand unless modified by the Board.
- (d) In the event the Board determines to consider modification of the action of the Executive Committee and such modification would entitle the individual to a hearing in accordance with Article VIII, it shall so notify the affected individual, through the Chief Executive Officer, and shall take no final action thereon until the individual has exercised or has deemed to have waived the procedural rights provided in Article VIII.

ARTICLE VII - PART D: SUMMARY SUSPENSION OF CLINICAL PRIVILEGES

Section 1. Grounds for Summary Suspension:

- (a) The Chief of Staff shall have the authority, with the approval of the Chief Executive Officer, to summarily or automatically suspend all or any portion of the clinical privileges of a medical staff member or other individual. Indications for automatic suspension may include, but are not limited to, sanction/exclusion from Medicare/Medicaid, suspension or revocation of state license or DEA registration, conviction of a felony, or whenever failure to take such action may result in an imminent danger to the health and/or safety of any individual. The suspension shall take effect

immediately after the medical staff or hospital is made aware of such actions. Such suspension shall not imply any final finding of responsibility for the situation that caused the suspension.

ARTICLE VII - PART D: SUMMARY SUSPENSION OF CLINICAL PRIVILEGES

Section 2. Medical Executive Committee Procedure:

An investigation of the matter resulting in summary suspension shall be completed in 14 days of the suspension or reasons for the delay shall be transmitted to the Board so that it may consider whether the suspension should be lifted. At that point the Medical Executive Committee shall take such further action as is required in the manner specified under Part C of this Article. The summary suspension shall remain in force after the appropriate committee takes responsibility unless and until modified by that committee or until the matter that required the suspension is finally resolved.

ARTICLE VII - PART D: SUMMARY SUSPENSION OF CLINICAL PRIVILEGES

Section 3. Care of Suspended Individual's Patients:

Immediately upon the imposition of a summary suspension, the appropriate Section Chief or, in his absence, the Chief of Staff shall assign to another individual with appropriate clinical privileges, responsibility for care of the suspended individual's patients still in the hospital at the time of such suspension until such time as they are discharged. The wishes of the patient shall be considered in the selection of a substitute. It shall be the duty of the Chief Executive Officer and the Section Chief to enforce all suspensions.

ARTICLE VII - PART E: OTHER ACTIONS

Section 1. Failure to Complete Medical Records

The elective and emergency admitting and consulting clinical privileges of any individual shall be voluntarily relinquished for failure to complete medical records in accordance with applicable regulations governing the same, after notification by the Health Information Services Department of such delinquency. Such relinquishment shall continue until all the records of the individual's patients are no longer delinquent. Failure to complete the medical records that caused relinquishment of clinical privileges after three months from relinquishment of privileges shall constitute a voluntary relinquishment of all clinical privileges and resignation from the medical staff. (Amended by Medical Staff 09/24/2007, Board 09/25/2007)

ARTICLE VII - PART E: OTHER ACTIONS

Section 2. Action by State Licensing Agency:

Action by the appropriate state licensing board or agency revoking or suspending an individual's professional license, or loss or lapse of state license to practice for any reason, shall result in voluntary relinquishment of all hospital clinical privileges until the matter is resolved and the license restored. In the event the individual's license is only partially restricted, the clinical

privileges that would be affected by the license restriction shall be similarly voluntarily restricted.

ARTICLE VII - PART E: OTHER ACTIONS

Section 3. Failure to Attend Meetings or Satisfy Continuing Education Requirements:

Failure to attend meetings or failure to complete mandated continuing education requirements may be sufficient grounds for refusing to reappoint the individual concerned. Such failures shall be documented and specifically considered by the Executive Committee when making its recommendations for reappointment and by the Board when making its final decision.

ARTICLE VII - PART E: OTHER ACTIONS

Section 4. Procedure for Leave of Absence:

- (a) Persons appointed to the medical staff may, under the circumstances outlined below, be granted leaves of absence by the Board for a definitely stated period of time not to exceed one year. Absence for longer than one year shall constitute voluntary resignation of medical staff appointment and clinical privileges except where prohibited by law or unless an exception is requested of the Board in writing. Medical staff members who have been members for less than one year are ineligible for a leave of absence. A leave of absence may be requested under the following circumstances:
 - (i) Medical LOA - for medical staff member or immediate family member;
 - (ii) Educational LOA - to complete additional formal medical education;
 - (iii) Military LOA - for involuntary re-call to Active military duty;
 - (iv) Special circumstances LOA - any other requests for leave of absence shall be evaluated on a case-by-case basis.In no case shall members of the medical staff be permitted to request a leave of absence for the express purpose of avoiding emergency on-call duties.
- (b) Requests for leave of absence shall be made to the Executive Committee and shall state the beginning and the ending dates of the requested leave. Except in the case of an emergency medical or military leave, a request for leave of absence shall be submitted a minimum of thirty (30) days prior to the beginning of the requested leave. The Executive Committee shall make a report and a recommendation and transmit it to the Chief Executive Officer for action by the Board. The leave of absence shall not become effective until approved by the Board.
- (c) Should the medical staff member's scheduled re-appointment fall during the requested leave of absence, the medical staff member shall either request re-appointment prior to the leave or agree to complete the required re-appointment application during the leave. Failure to re-appoint shall result in the expiration of clinical privileges and voluntary resignation from the medical staff.
- (d) At the conclusion of the leave of absence, the individual may be reinstated, upon filing a written statement with the Executive Committee summarizing his professional activities during the leave of absence. The individual shall provide such other information as may be requested by the hospital at the time.
- (e) In acting upon the request for reinstatement, and upon recommendation of the Executive Committee, the Board may approve reinstatement either to the same or

a different staff category, and may recommend limitation or modification of the clinical privileges to be extended the individual upon reinstatement.

ARTICLE VII - PART E: OTHER ACTIONS

Section 5. Procedure for Resignation:

- (a) Medical staff members who wish to resign from the medical staff must do so in writing, addressed and delivered to the appropriate Section Chief with a copy to the Medical Staff Office.
- (b) The resignation letter must clearly indicate the reason for the resignation as well as the anticipated effective date.
- (c) Medical staff members who wish to resign from the medical staff shall give no less than a thirty (30) day advance notice of resignation.
- (d) The Section Chief shall forward his recommendation to the Credentials Committee for action. The Credentials Committee shall review and forward their recommendation to the Medical Executive Committee. After appropriate deliberations, the Medical Executive Committee shall forward their recommendation to the Board.
- (e) Resignations shall not become effective until approved by the Board.
- (f) Medical staff members who resign are responsible for completion of all outstanding medical records within thirty (30) days of resignation.

ARTICLE VII - PART E: OTHER ACTIONS

Section 6. Professional Liability Action:

All members of the medical staff shall report to the Medical Executive Committee the following professional liability action:

Any case in which there is a final judgment against the health care provider or a settlement exceeding \$25,000. Such notification will be made within sixty days.

ARTICLE VII - PART F: CONFIDENTIALITY AND REPORTING

Actions taken and recommendations made pursuant to these Bylaws shall be treated as confidential in accordance with such policies regarding confidentiality as may be adopted by the Board. In addition, reports of actions taken pursuant to these bylaws shall be made by the Chief Executive Officer to such governmental agencies as may be required by law.

ARTICLE VII - PART G: PEER REVIEW PROTECTION

All minutes, reports, recommendations, communications and actions made or taken pursuant to these bylaws are deemed to be covered by the appropriate provisions of Florida Statutes §766.101, §395.0191, §395.0193 and §395.0197 and the Health Care Quality Improvement Act or the corresponding provisions of any additional or subsequent federal or state statute(s) providing protection to peer review or related activities.

ARTICLE VIII
HEARING AND APPEAL PROCEDURES

ARTICLE VIII - PART A: INITIATION OF HEARING

An applicant or an individual holding a medical staff appointment shall be entitled to a hearing whenever a recommendation unfavorable to him has been made to the Executive Committee regarding those matters enumerated in Part B, Section 2 of this Article. The affected individual shall also be entitled to a hearing, before the Board enters a final decision, in the event the Board should determine, without a similar recommendation from the Executive Committee, to take action set forth in Part B, Section 2 of this Article. The purpose of this hearing shall be to recommend a course of action to those acting for the hospital corporation, whether medical staff or Board, and the duties of the Hearing Panel shall be so defined and so carried out. Accordingly, the hearing shall be conducted in as informal a manner as possible, subject to the rules and procedures set forth in these bylaws.

ARTICLE VIII - PART B: THE HEARING

Section 1. Notice of Recommendation:

- (a) When a recommendation is made which, according to these bylaws, entitles an individual to a hearing prior to a final decision of the Board on that recommendation, the affected individual shall promptly be given notice by the Chief Executive Officer, in writing by certified mail, return receipt requested. This notice shall contain:
 - (i) a statement of the recommendation made and the general reason for it;
 - (ii) notice that the individual has the right to request a hearing on the recommendation within 30 days of his receipt of the notice; and
 - (iii) a summary of the rights in the hearing as provided for in these bylaws.
- (b) Such individual shall have 30 days following the date of the receipt of such notice within which to request a hearing by the Hearing Panel hereinafter referred to. Said request shall be made by written notice to the Chief Executive Officer. In the event the affected individual does not request a hearing within the time and in the manner herein above set forth, he shall be deemed to have waived his right to such a hearing and to have accepted the action involved and such action shall thereupon become effective immediately upon final Board action.

ARTICLE VIII - PART B: THE HEARING

Section 2. Grounds for Hearing:

No recommendation or action other than those hereinafter enumerated shall constitute grounds for a hearing:

- (a) denial of initial medical staff appointment;
- (b) denial of requested advancement in medical staff category;
- (c) denial of medical staff reappointment;
- (d) revocation of medical staff appointment;
- (e) denial of requested initial clinical privileges;
- (f) denial of requested increased clinical privileges;
- (g) decrease or limitation of clinical privileges;

- (h) suspension of total clinical privileges; and imposition of mandatory concurring consultation requirement.

The Executive Committee has the authority to grant a hearing, in its discretion, for recommendations or actions other than those enumerated in (a) through (i).

ARTICLE VIII - PART B: THE HEARING

Section 3. Notice of Hearing:

The Chief Executive Officer shall schedule the hearing and shall give notice of its time, place and date, in writing, return receipt requested, to the person who requested the hearing. The notice shall also include a prepared list of witnesses who will give testimony or evidence in support of the Executive Committee or the Board at the hearing. The hearing shall begin as soon as practicable, but no sooner than 30 days after the notice of the hearing unless an earlier hearing date has been specifically agreed to in writing by the parties. This notice shall contain a statement of the specific reasons for the recommendation as well as the list of the patient coded numbers and other information it contains may be amended or added to at any time, even during the hearing so long as the additional material is relevant to the continued appointment or clinical privileges of the individual requesting the hearing, and that individual and his counsel have sufficient time to study this additional information and rebut it.

ARTICLE VIII - PART B: THE HEARING

Section 4. List of Witnesses:

A written list of the names and addresses of the individuals so far as is reasonably known, who will give testimony or evidence in support of the Executive Committee or the Board at the hearing shall be given with the notice of hearing. The individual requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or evidence on his behalf within 10 days after receiving notice of the hearing. The witness list of either party may, at the discretion of the presiding officer, be supplemented or amended at any time during the course of the hearing, provided that notice of the change is given to the other party.

ARTICLE VIII - PART B: THE HEARING

Section 5. Hearing Panel:

When a hearing is requested, the Chief of Staff, in consultation with the Chief Executive Officer shall appoint a Hearing Panel which shall be composed of not less than three members. The Panel shall be composed of medical staff members who shall not have actively participated in the consideration of the matter involved at any previous level or a physician not connected with the hospital or a combination of such persons. The Panel shall not include any individual who is associated with or related to the affected individual. Such appointment shall include designation of the chairman. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel.

ARTICLE VIII - PART B: THE HEARING

Section 6. Failure to Appear:

Failure, without good cause, of the individual requesting the hearing to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions pending, which shall then become final and effective immediately.

ARTICLE VIII - PART B: THE HEARING

Section 7. Postponements and Extensions:

Postponements and extension of time beyond any time limit set forth in these bylaws may be requested by anyone and shall be permitted only by the Hearing Panel, its chairman or the entity which appointed.

ARTICLE VIII - PART B: THE HEARING

Section 8. Deliberations and Recommendation of the Hearing Panel:

Within 20 days after final adjournment of the hearing, the Hearing Panel shall conduct its deliberations outside the presence of any other person and shall render a recommendation, accompanied by a report, which shall contain a concise statement of the reasons justifying the recommendation made and shall deliver such report to the Chief Executive Officer and the Medical Executive Committee.

ARTICLE VIII - PART B: THE HEARING

Section 9. Disposition of Hearing Panel Reports:

Upon its receipt, the Executive Committee shall forward the Hearing Panel's report and recommendation, and its own recommendation, along with all supporting documentation, to the Board for further action. They shall also send a copy of the report and recommendation, return receipt requested, to the individual who requested the hearing.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 1. Representation:

The Executive Committee, when its action has prompted the hearing, shall appoint at least one of its members or some other medical staff member to represent it at the hearing, to present the facts in support of its adverse recommendation, and to examine witnesses. The Governing Body, when its action has prompted the hearing, shall appoint at least one of its members to represent it at the hearing, to present the facts in support of its adverse decision and to examine witnesses. It shall be the obligation of such representatives to present appropriate evidence in support of the adverse recommendation or decision, but the affected practitioner shall thereafter be responsible for supporting his challenge to the adverse recommendation or decision by an appropriate showing that the charges or grounds involved lack any factual basis or that such basis or any action based thereon is arbitrary, unreasonable or capricious.

The hearings provided for in these bylaws are for the purpose of resolving, on an intraprofessional basis, matters bearing on the professional competency and conduct. The forgoing shall not be deemed to deprive the practitioner, the Executive Committee of the Medical Staff, or the Governing Body of the right to legal counsel in preparation for the hearing or for a possible appeal; and, if a hearing officer is utilized, he may be an attorney at law. The individual requesting the hearing shall be entitled to be represented at the hearing by an attorney to examine witnesses and present his case.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 2. Presiding Officer:

The presiding officer shall act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present all oral and documentary evidence, that decorum is maintained throughout the hearing and that no intimidation is permitted. The presiding officer shall determine the order of procedure throughout the hearing, and shall have the authority and discretion, in accordance with these bylaws, to make rulings on all questions which pertain to matters of procedure and to the admissibility of evidence, upon which he may be advised by legal counsel. In all instances, the presiding officer shall act in such a way that all information relevant to the continued appointment or clinical privileges of the person requesting the hearing is considered by the Hearing Panel in formulating its recommendations. It is understood that the presiding officer is acting at all times to see that all relevant information is made available to the Hearing Panel for its deliberations and recommendation to the Board.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 3. Record of Hearing:

The Hearing Panel shall maintain a record of the hearing by a reporter present to make a record of the hearing or a recording of the proceedings. The cost of such reporter shall be borne by the hospital and copies of the transcript shall be provided to the individual requesting the hearing. The Hearing Panel may, but shall not be required to, request that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in this State. No witness may be required to testify only under oath.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 4. Rights of Both Sides:

At a hearing both sides shall have the following rights: to call and examine witnesses to the extent available, to introduce exhibits, to cross-examine any witness on any matter relevant to the issue and to rebut any evidence and to be represented by any attorney. If the person requesting the hearing does not testify in his own behalf, he may be called and examined as if under cross-examination.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 5. Admissibility of Evidence:

The hearing shall not be conducted according to rules of evidence or procedure relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the presiding officer if it is the sort of evidence that responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum to be filed, following the close of the hearing. The Hearing Panel may interrogate the witnesses, call additional witnesses or request documentary evidence if it deems it appropriate.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 6. Official Notice:

The presiding officer shall have the discretion to take official notice of any matters, either technical or scientific, relating to the issues under consideration that could have been judicially noticed and such matters shall be noted in the record of the hearing. Either party shall have the opportunity to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority. Reasonable additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 7. Basis of Decision:

The decision of the Hearing Panel shall be based on the evidence produced at the hearing. This evidence may consist of the following:

- (a) oral testimony of witnesses;
- (b) memorandum of points and authorities presented in connection with the hearing;
- (c) any information regarding the person who requested the hearing so long as that information has been admitted into evidence at the hearing and the person who requested the hearing had the opportunity to comment on and by other evidence, refute it;
- (d) any and all applications, references and accompanying documents;
- (e) all officially noticed matters; and
- (f) any other evidence that has been admitted.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 8. Burden of Proof:

At any hearing conducted under this Article, the following rules governing the burden of proof shall apply:

- (a) The Board or the Executive Committee, depending on whose recommendation prompted the hearing initially, shall first come forward with evidence in support of its recommendation. Thereafter, the burden shall shift to the person who requested the hearing to come forward with evidence in his support.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 9. Attendance by Panel Members:

Recognizing that it may not be possible for all members of the Hearing Panel to be present continually at all sessions of the panel, since it is necessary to conduct a hearing as soon as reasonable after the event or events that gave rise to its necessity, the hearing shall continue even though certain members of the Hearing Panel are not present at all times. The fact that certain panel members were not physically present at all times during the hearing will not disqualify them or invalidate the hearing. Members of the panel who were not present at all times should read the transcript taken in their absence before voting. The vote shall be by majority of those appointed to the Hearing Panel.

ARTICLE VIII - PART C: HEARING PROCEDURE

Section 10. Adjournment and Conclusion:

The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed.

ARTICLE VIII - PART D: APPEAL

Section 1. Time for Appeal:

Within 30 days after the affected individual is notified of an adverse recommendation from the Hearing Panel, or an adverse recommendation from a Board committee modifying a recommendation of a Hearing Panel which was not appealed in a manner adverse to the individual, he may request an appellate review. The request shall be in writing, and shall be delivered to the Chief Executive Officer either in person or by certified mail, and shall include a brief statement of the reasons for appeal. If such appellate review is not requested within 30 days as provided herein, the affected individual shall be deemed to have waived any further right of appeal. Thereupon, the recommendation shall be forwarded to the Board for its action or, if the recommendation came from the Board, it shall become final and immediately effective.

ARTICLE VIII - PART D: APPEAL

Section 2. Grounds for Appeal:

The grounds for appeal from an adverse recommendation shall be that:

- (a) there was substantial failure on the part of the Executive Committee, Hearing Panel, or Board committee, whichever recommendation is the subject of the appellate review, to comply with the hospital or medical staff bylaws in the matter which was the subject of the hearing so as to deny due process or a fair hearing; or
- (b) the recommendations of the Executive Committee, the Hearing Panel or Board committee were made arbitrarily, capriciously or with prejudice; or
- (c) the recommendations of the Executive Committee, Hearing Panel or Board committee were not supported by competent evidence.

ARTICLE VIII - PART D: APPEAL

Section 3. Time, Place and Notice:

Whenever an appeal is requested as set forth in the preceding sections, the Chairman of the Board shall, within 10 days after receipt of such request, schedule and arrange for an appellate review. The Board shall cause the affected individual to be given notice of the time, place and date of the appellate review. The date of appellate review shall not be less than 20 days, nor more than 40 days, from the date of receipt of the request for appellate review; provided, however, that when a request for appellate review is from a member who is under a suspension then in effect the appellate review shall be held as soon as the arrangements may reasonably be made and not more than 14 days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Chairman of the Board for good cause.

ARTICLE VIII - PART D: APPEAL

Section 4. Nature of Appellate Review:

- (a) The Chairman of the Board shall appoint a Review Panel composed of not less than three members of the Board, one of whom shall be a physician, to consider the record upon which the recommendation before it was made.
- (b) The Review Panel may accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Hearing Panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that he was deprived of the opportunity to admit it at the hearing and then only at the discretion of the Review Panel.
- (c) Each party shall have the right to present a written statement in support of its position on appeal, and the Review Panel shall allow each party or its representative to appear personally and make oral argument. The Review Panel shall recommend final action to the Board.
- (d) The Board may affirm, modify or reverse the recommendation of the Review Panel or, at its discretion, refer the matter for further review and recommendation.

ARTICLE VIII - PART D: APPEAL

Section 5. Final Decision of the Board:

Within 30 days after receipt of the Review Panel's recommendation, the Board shall render a final decision in writing and shall deliver copies thereof to the affected individual and to the Chairman of the Executive Committee, in person or by certified mail.

ARTICLE VIII - PART D: APPEAL

Section 6. Further Review:

Except where the matter is referred for further action and recommendation in accordance with Section 4 of this Part, the final decision of the Board following the appeal shall be effective immediately and shall not be subject to further review. Provided, however, if the matter is referred for further action and recommendation, such recommendation shall be promptly made to

the Board in accordance with the instructions given by the Board. This further review shall in no event exceed 30 days in duration except as the parties may otherwise stipulate.

ARTICLE VIII - PART D: APPEAL

Section 7. Right to One Appeal Only:

No applicant or medical staff member shall be entitled as a matter of right to more than one appellate review on any single matter which may be the subject of an appeal, without regard to whether such subject is the result of an action by the Executive Committee or Hearing Panel, or a combination of acts of such bodies. In the event that the Board ultimately determines to deny initial medical staff appointment and clinical privileges of a current member, that individual may not again apply for medical staff appointment or clinical privileges at this hospital unless the Board provides otherwise. However, nothing in these bylaws shall restrict the right of the applicant to reapply for appointment to the medical staff or restrict the right of a member to apply for reappointment and clinical privileges after the expiration of one year from the date of such Board decision unless the Board provides otherwise in its written decision.

ARTICLE IX ALLIED HEALTH PROFESSIONALS

ARTICLE IX - PART A: MEDICAL ASSOCIATES

Section 1. Qualifications:

- (a) Classes of licensed independent practitioners other than physicians, dentists, podiatrists and psychologists, who are approved by the Board, who have been licensed or certified by their respective licensing or certifying agencies and who desire to provide professional services in the hospital are eligible to practice as Medical Associates. Medical Associates include, but are not limited to speech/language pathologists, mental health counselors and clinical social workers.
- (b) Each such individual shall file an application on a form provided by the hospital. Each applicant shall be evaluated by the Executive Committee, which shall recommend to the Board the scope of practice that the applicant shall be permitted to exercise in the hospital either in general or limited to a particular case.
- (c) Each such individual must provide evidence of current, valid professional liability insurance coverage in such terms and in amounts satisfactory to the hospital.

ARTICLE IX - PART A: MEDICAL ASSOCIATES

Section 2. Conditions of Practice:

- (a) Medical Associates shall have the right to appear personally before the Executive Committee to discuss the clinical privileges recommended by the Committee before that recommendation is transmitted to the Board.
- (b) Medical Associates shall not be entitled to the rights, privileges, and responsibilities of appointment to the medical staff other than listed below in Part D, and may only engage in acts within the scope of practice or clinical privileges specifically granted by the Board.

PART B. ALLIED HEALTH PROFESSIONALS

Section 1. Qualifications:

- (a) Classes of dependent practitioners, who are approved by the Board, who have been licensed or certified by their respective licensing or certifying agencies and who desire to provide professional services in the hospital under the supervision of a medical staff member, may be eligible to practice as Allied Health Professionals. Allied Health Professionals include, but are not limited to nurse practitioners, nurse anesthetists, physician's assistants, surgical first assistants, surgical technicians and rounding nurses (RN, LPN).
- (b) Each such individual shall file an application on a form provided by the hospital. Each application shall be evaluated by the Executive Committee, which shall recommend to the Board the scope of practice that the applicant shall be permitted to exercise in the hospital either in general or limited to a particular case.
- (c) The credentialing process is further defined in the Health Central policy: "Authorization for Dependent Allied Health Professionals".

Section 2. Conditions of Practice:

- (a) Allied Health Professionals shall not be entitled to the rights, privileges, and responsibilities of appointment to the medical staff other than listed below in Part D, and may only engage in acts within the scope of practice or clinical privileges specifically granted by the Board.

Section 3. Employed Allied Health Professionals:

All hospital-employed dependent allied health professionals shall be governed by such additional hospital policies, manuals and descriptions related to hospital employment as may be established from time to time by hospital management. The scope of practice granted to employed dependent professionals shall be incident to and coterminous with their employment, with no right to request a hearing under this policy. Any grievance process related to hospital employment shall be conducted pursuant to the hospital's employment grievance procedure or other applicable hospital policy.

PART C – APPLICATION PROCESS:

All Allied Health Professionals and Medical Associates shall be credentialed and privileged through the same process defined in these bylaws and further defined in the Policy: Authorization for Dependent Allied Health Professionals.

PART D – HEARING AND APPEAL:

Section 1. Hearing:

- (a) Medical Associates: Whenever the Executive Committee's recommendation is adverse to the applicant, including at the time of initial application or re-application, the applicant shall have a right to appear personally before the Executive Committee, or a sub-committee thereof, to discuss its recommendation before the recommendation is

transmitted to the Board. Following such meeting, the Executive Committee shall forward its recommendation to the Board, whose decision shall be final.

- (b) Allied Health Professionals: Whenever the Medical Executive Committee's recommendation is adverse to the applicant, including at the time of initial application or re-application, the supervising physician shall have a right to appear before the Medical Executive Committee, or a sub-committee thereof, to discuss its recommendation before the recommendation is transmitted to the Board. Attendance of the Applicant at this meeting shall be at the discretion of the employing physician. This meeting shall be informal. Following such meeting, the Medical Executive Committee shall forward its recommendation to the Board, whose decision shall be final.

Section 2. Appellate Review:

The Medical Associate or the Dependent Allied Health Professional's supervising physician may appeal to the Medical Executive Committee but only in regard to issues surrounding the fairness of the Fair Hearing sub-committee's interview. This appeal must be requested in writing within five (5) days of receipt by the practitioner of the sub-committee's decision. The decision of the Executive Committee or sub-committee will be final pending the results of any appeal.

ARTICLE X RULES AND REGULATIONS OF THE MEDICAL STAFF

- (a) Medical Staff rules and regulations as may be necessary to implement more specifically the general principals of conduct found in these bylaws shall be adopted in accordance with this Article. Rules and regulations shall set standards of practice that are to be required of each individual exercising clinical privileges in the hospital, and shall act as an aid to evaluating performance under, and compliance with these standards. Rules and regulations shall have the same force and effect as the bylaws.
- (b) Rules and regulations may be adopted, amended, repealed, or added by the Medical Executive Committee at a regular meeting or special meeting called for that purpose and does not require a second reading or a vote by the entire medical staff. Details regarding the process for amendments to the rules and regulations can be found in the medical staff policy: Amendment Process for Rule & Regulations and Policies. All such changes shall become effective only when approved by the Board. **(Ammended by Medical Staff 09/27/2010, Board 09/28/2010)**
- (c) Additionally, these Bylaws do not prohibit the development and use of medical staff policies and procedures when deemed appropriate to meet regulatory standards or to further define medical staff processes or activities. All medical staff policies shall not conflict with these bylaws and shall become effective only when approved by the Board.

ARTICLE XI AMENDMENTS

These bylaws may be amended after notice given by facsimile transmission, US mail, electronic mail or at any meeting of the Active Medical Staff. Such notice shall be laid on the table until the next meeting or presented as a ballot vote by facsimile transmission, US mail or electronic mail and shall require a majority vote of the Active Staff present, or a majority of the Active staff

ballots returned, for adoption. Amendments so made shall be effective when approved by the Board of Trustees. These bylaws shall be reviewed by the Medical Staff at least every 2 years. (Ammended by Medical Staff 09/27/2010, Board 09/28/2010)

ARTICLE XII
ADOPTION

- (a) These bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous medical staff bylaws, and henceforth all activities and actions of the medical staff and of each individual exercising clinical privileges in the hospital shall be taken under and pursuant to the requirements of these bylaws.
- (b) The present rules and regulations of the medical staff are hereby readopted and placed into effect insofar as they are consistent with these bylaws, until such time as they are amended in accordance with the terms of these bylaws and medical staff policy.
(Ammended by Medical Staff 09/27/2010, Board 09/28/2010)

ADOPTED by the Medical Staff on:
DATE: 09/27/2010

ADOPTED by the Board on:
DATE: 09/28/2010