

**BAYLOR SCOTT & WHITE HILLCREST
MEDICAL CENTER**

**MEDICAL STAFF BYLAWS, POLICIES AND
RULES AND REGULATIONS**

MEDICAL STAFF BYLAWS

*Approved by MS Executive Committee: 4/9/15
Approved by Hillcrest Medical Staff: 5/19/15
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PREAMBLE

WHEREAS, Hillcrest Baptist Medical Center (dba Baylor Scott & White Hillcrest Medical Center) is a nonprofit corporation organized under the Texas Non-Profit Corporation Act and is managed by a Board of Directors, and

WHEREAS, one of the purposes stated in the Medical Center's articles of incorporation is to conduct and maintain the operation of a hospital or hospitals, and the general purposes of the Medical Center are to provide patient care and services and education and research on matters related to medicine and medical care of patients; and

WHEREAS, the Board of Directors recognizes that each physician, dentist and podiatrist appointed to the Medical Staff has responsibility for the exercise of professional judgment in the care and treatment of patients; and

WHEREAS, the Board, in accordance with legal and accreditation requirements, has delegated to the Medical Staff through its committees and departments, the duties and responsibilities set forth in these bylaws, the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges and the Medical Staff Organization and Functions Manual for supervising and monitoring the quality of care provided by physicians, dentists, podiatrists and others in the Medical Center, and for making recommendations concerning application for appointment, for reappointment and for clinical privileges; and

WHEREAS, the Medical Staff recognizes and accepts its role and responsibilities in the efforts of the Medical Center to foster prevention, amelioration and cure of illness, disease and injury, and to provide or assist in providing medical education and continuing medical education for Medical Staff appointees, other health care professionals and residents, interns, medical students and nurses.

THEREFORE, to discharge those duties and responsibilities, and to provide for an orderly process concerning matters of election, meetings, duties and procedures, the officers, committees and departments of the Medical Staff as described in these bylaws assume responsibility for fulfilling those duties and functions delegated to them by the Board of Directors.

ARTICLE 1

GENERAL

1.A. DEFINITIONS

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

- (1) "AMERICAN BOARD" means the appropriate Specialty Board of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists. Equal recognition shall be given to certification programs approved by the American Board of Medical Specialties and the Bureau of Osteopathic Specialists;
- (2) "BOARD" means the Board of Directors of Hillcrest Baptist Medical Center, which has the overall responsibility for the conduct of the Medical Center;
- (3) "BOARD QUALIFIED" means the status of a physician, dentist, or podiatrist in relation to obtaining certification by the American Board of the specialty for which clinical privileges have been granted or for which application is made, which status, according to the standards or rules of the particular American Board, is one of being "in the examination system," "active status," "board eligible," or a similar status meaning that the physician, dentist or podiatrist is in the process of obtaining or actively pursuing certification;
- (4) "CHIEF EXECUTIVE OFFICER" means the President of the Medical Center or the President's designee who has been appointed by the Board to act on its behalf in the overall management of the Medical Center;
- (5) "DENTIST" means a person who is duly licensed to practice dentistry in the State of Texas who is board qualified or is, and remains, certified by the applicable American Board;
- (6) "EXECUTIVE COMMITTEE" means the Executive Committee of the Medical Staff unless specifically written "Executive Committee of the Board";
- (7) "MEDICAL CENTER" means Hillcrest Baptist Medical Center (dba Baylor Scott & White Hillcrest Medical Center), unless otherwise specified;

- (8) "MEDICAL RECORD" means the Medical Center's Epic Electronic Medical Record System and any print-outs or copies of information entered into or a part of the Epic Electronic Medical Record System;
- (9) "MEDICAL STAFF" means all medical physicians and osteopathic physicians licensed to practice medicine in the State of Texas and dentists licensed to practice dentistry in the State of Texas and podiatrists licensed to practice podiatry in the State of Texas who have been appointed by the Board of Directors to a category of the Medical Center Medical Staff and, except for Honorary Staff members who have been granted by the Board of Directors specific clinical privileges in a specific clinical department or departments, are thereby privileged to attend patients and furnish patient care in the Medical Center;
- (10) "MEMBER" means any physician, dentist, or podiatrist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the Medical Center;
- (11) "NOTICE" means written communication by regular U.S. mail, e-mail, facsimile, hospital mail, or hand delivery;
- (12) "PHYSICIAN" means a medical physician or osteopathic physician who is duly licensed to practice medicine in the State of Texas and who is, and remains, board certified by the American Board applicable to such physician's specialty or subspecialty and specified clinical privileges, or who is qualified for such certification;
- (13) "PODIATRIST" means a person who is duly licensed to practice podiatry in the State of Texas who is, and remains, board certified by the American Board applicable to such podiatrist's specialty or subspecialty and specified clinical privileges, or who is qualified for such board certification;
- (14) "PRACTITIONER" means a duly licensed medical physician, osteopathic physician, dentist, or podiatrist who is a member of the Medical Staff;
- (15) "SELF-GOVERNMENT" means the duty of the officers, committees and departments of the Medical Staff to initiate and carry out the functions delegated by the Board and to fulfill the obligations provided for in these bylaws.

1.B. TIME LIMITS

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

1.C. DELEGATION OF FUNCTIONS

When a function is to be carried out by a person or committee, the person, or the committee through its chairperson, may delegate performance of the function to one or more qualified designees.

ARTICLE 2
CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Policy on Appointment, Reappointment and Clinical Privileges are eligible to apply for appointment to one of the following categories:

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff shall consist of those physicians, dentists and podiatrists who live close enough to the Medical Center to fulfill their Medical Staff responsibilities and provide timely and continuous care for their patients in the Medical Center, who are, and remain, board certified or who have fulfilled the training requirements concerning board eligibility in their respective specialties, and who have been advanced from the Associate Staff. Candidates for the Active Staff must have served on the Associate Staff for at least one year prior to becoming eligible for advancement to the Active Staff.

2.A.2. Prerogatives:

Active Staff members:

- (a) may vote in all general and special meetings of the Medical Staff, and applicable department and committee meetings;
- (b) may hold office, serve as department chairpersons and section chiefs, serve on committees and serve as chairpersons of such committees.

2.A.3. Responsibilities:

Active Staff members must:

- (a) assume all the functions and responsibilities of membership on the Active Medical Staff, including committee service, emergency call, care for unassigned patients and evaluation of members during the provisional period;
- (b) actively participate in the peer review and performance improvement process;
- (c) accept consultations and teaching assignments;

- (d) comply with the attendance requirements at meetings of the Medical Staff, departments and committees;
- (e) perform assigned duties.

2.B. ASSOCIATE STAFF

2.B.1. Qualifications:

The Associate Staff shall consist of those physicians, dentists and podiatrists who are, and remain, board certified or who have fulfilled the training requirements concerning board eligibility in their respective specialties, and who shall be considered for advancement to the Active Staff.

2.B.2. Prerogatives:

Associate Staff members may vote and serve on Medical Staff committees, but may not hold office or serve as chairpersons of committees.

2.B.3. Responsibilities:

Associate Staff members shall assume all the responsibilities for appointment to the Active Staff, including committee service, emergency call, attendance at Medical Staff, department, section and committee meetings, and active participation in the peer review and performance improvement process.

2.C. COURTESY STAFF

2.C.1. Qualifications:

- (a) The Courtesy Staff shall consist of physicians, dentists and podiatrists who:
 - (1) provide emergency medicine services in the Medical Center's Emergency Department on other than a full-time basis; OR
 - (2) are appointed to the medical staff of another hospital and desire to provide subspecialty care on a part-time and limited basis (without the right to admit patients); OR
 - (3) are approved by the Credentials Committee to provide ongoing but intermittent coverage for other Medical Staff appointees and are not

- otherwise qualified for Active Staff membership because they do not reside or maintain an active practice in the geographic service area; and
- (4) must either be located close enough to the Medical Center to fulfill their responsibilities and to provide timely and continuous care for their patients in the Medical Center, or shall arrange for another Medical Staff appointee to provide such continuous care in their absence; and
 - (5) at each reappointment time, provide evidence of clinical performance at their primary hospital in such form as may be requested. In addition, especially for those Courtesy Staff members who do not maintain a primary appointment at another hospital, they shall provide other information as may be required in order to perform an appropriate evaluation of qualifications (including, but not limited to, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).
- (b) A section or department may request that the Medical Executive Committee, subject to final Board approval, exempt one or more of its members from the qualifications in Section 2.C.1(a)(1), (2), and (3).

2.C.2. Prerogatives and Responsibilities:

Courtesy Staff members:

- (a) are encouraged to attend Medical Staff and department meetings (without vote);
- (b) may not vote or hold office; and
- (c) shall have no staff committee responsibilities.

Courtesy Staff members may be excused from emergency call and care of unassigned patients unless the Executive Committee finds that there are insufficient Active Staff members in a particular specialty area served by a Courtesy Staff member to perform these responsibilities without creating an unfair burden on those Active Staff members.

2.D. HONORARY STAFF

2.D.1. Qualifications:

The Honorary Staff shall consist of Medical Staff appointees who have retired from active hospital practice of medicine or other physicians, dentists or podiatrists who are of outstanding reputation, not necessarily residing in the community.

2.D.2. Prerogatives and Responsibilities:

Honorary Staff members may:

- (a) not admit or attend to patients;
- (b) attend Medical Staff meetings;
- (c) not vote, hold office or serve on standing Medical Staff committees; and
- (d) be appointed to special committees.

2.E. SENIOR ACTIVE STAFF

2.E.1. Qualifications:

The Senior Active Staff shall consist of:

- (a) physicians, dentists, and podiatrists who have been on the Active Staff for five years and are eligible for membership on the Active Medical Staff, but are at least 60 years of age and have been granted exemption from an obligation to respond to emergency room call under the emergency room call roster, except that if a need arises, as determined by the Executive Committee, such individuals may be required to participate in emergency room call; or
- (b) physicians, dentists, and podiatrists who, because of permanent physical infirmities, are not able to respond and have been granted an exemption from the obligation to respond to emergency room call.

2.E.2. Prerogatives and Responsibilities:

Senior Active Staff members:

- (a) shall be eligible to vote on all matters relating to the Medical Staff;
- (b) may hold all Medical Staff offices; and

- (c) are subject to limited meeting attendance requirements as provided in these bylaws.

ARTICLE 3
OFFICERS

3.A. DESIGNATION

The officers of the Medical Staff shall be:

President, President-Elect, Immediate Past President and Secretary.

3.B. ELIGIBILITY CRITERIA

Only those members of the Active or Senior Active Staff who satisfy the following criteria initially and continuously shall be eligible to serve as officers of the Medical Staff:

- (1) be appointed in good standing to the Medical Staff of the Medical Center and continue so during their term of office;
- (2) have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges;
- (3) have demonstrated interest in maintaining quality medical care at the Medical Center;
- (4) not presently be serving as a corporate officer, Medical Staff officer, Board member, or department chairperson at another hospital within the geographic location served by the Medical Center and shall not so serve during the term of office;
- (5) have constructively participated in Medical Staff affairs, including peer review activities and/or Medical Staff committee functions;
- (6) be willing to discharge faithfully the duties and responsibilities of the position to which the individual is elected or appointed;
- (7) be knowledgeable concerning the duties of the office;
- (8) possess written and oral communication skills; and
- (9) possess and have demonstrated an ability for harmonious interpersonal relationships.

Failure to maintain such qualifications during the term of office shall automatically create a vacancy in the office involved.

3.C. DUTIES

3.C.1. President of the Medical Staff:

The President of the Medical Staff shall:

- (a) act in coordination and cooperation with the Chief Medical Officer and the Chief Executive Officer in matters of mutual concern involving the Medical Center;
- (b) call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff;
- (c) make recommendations for appointment of committee chairpersons and committee members, in accordance with the provisions of these bylaws, to all standing and special Medical Staff committees except the Executive Committee;
- (d) serve as chairperson of the Executive Committee (with vote, as necessary);
- (e) represent and communicate the views, policies, needs and grievances of the Medical Staff and report on the medical activities of the Staff to the Chief Executive Officer and the Board;
- (f) provide day-to-day liaison on medical matters with the Chief Executive Officer and the Board;
- (g) recommend Medical Staff representatives to Medical Center committees; and
- (h) receive and interpret the policies of the Board to the Medical Staff and report to the Board on the performance and maintenance of quality with respect to the delegated responsibility of the Medical Staff to provide medical care.

3.C.2. President-Elect:

The President-Elect shall:

- (a) assume all duties of the President of the Medical Staff and act with full authority as President of the Medical Staff in his or her absence;
- (b) serve on the Executive Committee;
- (c) automatically succeed the President, should the office of President become vacated for any reason; and
- (d) assume all such additional duties as are assigned by the President of the Medical Staff.

3.C.3. Immediate Past President of the Medical Staff:

The Immediate Past President of the Medical Staff shall:

- (a) serve on the Executive Committee; and
- (b) assume all such additional or special duties as are assigned by the President of the Medical Staff, the Executive Committee or the Board.

3.C.4. Secretary:

The Secretary shall:

- (a) serve on the Executive Committee;
- (b) cause to be kept accurate and complete minutes of all Executive Committee and Medical Staff meetings;
- (c) call Medical Staff meetings on order of the President of the Medical Staff and record attendance; and
- (d) attend to all correspondence and perform such other duties as ordinarily pertain to the office of Secretary.

3.D. NOMINATIONS OF OFFICERS

The nominating committee for all general and special elections shall consist of the last three Presidents of the Medical Staff. The nominating committee will report in writing to the Executive Committee at least one month prior to the annual meeting of the Medical Staff the name of one nominee from the Active or Senior Active Staff who satisfies the qualifications set forth in Section 3.B of this Article for each of the offices of President-Elect and Secretary. The report by the nominating committee will be posted on the appropriate Medical Staff bulletin board for a period of at least 14 days prior to the time of the annual meeting of the Medical Staff. At the annual meeting of the Medical Staff, as a part of the business to be transacted, the report of nominations by the nominating committee will be read. Nominations may also be submitted in writing by petition signed by at least five Active Staff members at least seven days prior to the election. In order for a nomination to be placed on the ballot, the candidate must meet

the qualifications in Section 3.B, in the judgment of the nominating committee, and be willing to serve. Nominations from the floor shall not be accepted.

3.E. ELECTION OF OFFICERS

- (1) The President-Elect shall automatically become President at the end of his/her term as President-Elect.
- (2) If there is only one nominee for the office of either President-Elect or Secretary, that nominee shall be elected by a majority voice vote of the members attending the annual meeting who are entitled to vote on election of officers. If there are two or more nominees for the office of either President-Elect or Secretary, election to that office shall be by majority vote by written ballot of all members of the Medical Staff entitled to vote for officers and who return ballots as provided in this section.
- (3) Ballots listing the nominees in alphabetical order shall be mailed by the Chief Executive Officer within one week following the annual meeting to all members of the Medical Staff entitled to vote for officers of the Medical Staff. Ballots may be returned by mail or personal delivery to the office of the Chief Executive Officer no later than two weeks following the date of mailing, which date for ballot return shall be posted in the general Medical Staff lounge. All ballots timely returned and marked reasonable to reflect the vote will be counted by the Chief Executive Officer, subject to verification or recount by the Executive Committee.
- (4) In the event no candidate receives a majority of votes cast for any office, the Chief Executive Officer shall prepare an additional ballot, subject to the approval of the President of the Medical Staff, which shall contain the names of the two (or more in the event nominees receive the same number of votes) nominees receiving the highest number of votes. These ballots will likewise be mailed as the original ballots were mailed, to be returned within two weeks following mailing and a like balloting procedure followed until a nominee for each office receives a majority of the votes cast for that office.

- (5) All counts of ballots and results of elections shall be certified in writing by the Chief Executive Officer to the Executive Committee, which will declare the officers elected and post their names in the general Medical Staff lounge.

3.F. TERM OF OFFICE

Officers shall serve for a term of one year or until a successor is elected and that election has been approved by the Board.

3.G. REMOVAL

- (1) Removal of an elected officer or at-large member of the Executive Committee may be effectuated by a two-thirds vote of the Executive Committee for:
 - (a) failure to comply with applicable policies, bylaws, or Rules and Regulations;
 - (b) failure to perform the duties of the position held;
 - (c) conduct detrimental to the interests of the Medical Center and/or its Medical Staff; or
 - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the Executive Committee prior to a vote on removal. The removal shall be effective when approved by the Board.

3.H. VACANCIES

A vacancy in the office of President of the Medical Staff shall be filled by the President-Elect, who shall serve until the end of the President's unexpired term. In the event there is a vacancy in another office, the Executive Committee shall appoint an individual possessing the qualifications set forth in Section 3.B to fill the office for the remainder of the unexpired term. Such appointment shall be effective when approved by the Board.

ARTICLE 4
STAFF DEPARTMENTS

4.A. ORGANIZATION

The Medical Staff shall be organized into the departments and sections as listed in the Medical Staff Organization and Functions Manual. Each department shall have a chairperson, who is selected and has the authority, duties and responsibilities as set forth in these bylaws.

4.B. ASSIGNMENT TO DEPARTMENT

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

4.C. CREATION AND DISSOLUTION OF DEPARTMENTS AND SECTIONS

Subject to the approval of the Board, the Executive Committee may create new departments or sections, eliminate departments or sections, or otherwise reorganize the department or section structure.

4.D. FUNCTIONS OF DEPARTMENTS AND SECTIONS

- (1) Each department or section shall monitor and evaluate medical care on a retrospective, concurrent and prospective basis in all major clinical activities of the department or section. This monitoring and evaluation must at least include:
 - (a) the identification and collection of information about important aspects of patient care provided in the department or section;
 - (b) the identification of the indicators used to monitor the quality and appropriateness of the important aspects of care;

- (c) the periodic assessment of patient care information to evaluate the quality and appropriateness of care; to identify opportunities to improve care; and to identify important problems in patient care.
- (2) Each department or section shall recommend, subject to approval and adoption by the Executive Committee and Board, objective criteria that reflect current knowledge and clinical experience. These criteria shall be used by each department or section or by the Medical Center's performance improvement program in the monitoring and evaluation of patient care. When important problems in patient care and clinical performance or opportunities to improve care are identified, each department or section shall document the actions taken and evaluate the effectiveness of such actions. Each department shall assure emergency call coverage for all patients.
- (3) In discharging these functions, each department and section shall report, after each meeting, to the Quality Improvement Committee detailing its analysis of patient care and to the Credentials Committee whenever further investigation and action is indicated involving any individual member of the department. Copies of these reports shall be filed with the Executive Committee and the Chief Executive Officer.

4.E. QUALIFICATIONS OF DEPARTMENT CHAIRPERSONS

Each department chairperson shall:

- (1) be an Active Staff or Senior Active Staff member;
- (2) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and
- (3) satisfy the eligibility criteria in Section 3.B, with the exception of 3.B(4).

4.F. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRPERSONS

- (1) The Nominating Committee, whose composition is set forth in Section 3.D, shall recommend each department chairperson, except for hospital-based departments described in paragraph (2). The Nominating Committee will forward the recommendation for chairperson to the applicable department for approval. If the

department disagrees with the Nominating Committee's recommendation for chairperson, the department shall state its reasons for disagreeing with the Nominating Committee. The matter shall then be referred back to the Nominating Committee for subsequent action. The recommendation of the Nominating Committee that has been approved by the department shall become effective as soon as approved by the Board.

- (2) The department chairperson for those hospital-based departments where the services of the department are provided pursuant to an agreement, shall be as specified in the agreement with the Medical Center.
- (3) Any department chairperson may be removed by a two-thirds vote of the Active Staff members in the department, or by the Board, after reasonable notice and opportunity to be heard. Grounds for removal shall be:
 - (a) failure to comply with applicable policies, bylaws, or rules and regulations;
 - (b) failure to perform the duties of the position held;
 - (c) conduct detrimental to the interests of the Medical Center and/or its Medical Staff; or
 - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (4) Prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action shall be taken at least 10 days prior to the date of the meeting. The individual shall be afforded an opportunity to speak to the department or the Board, as applicable, prior to a vote on such removal.
- (5) Department chairpersons shall serve a term of two years.

4.G. DUTIES OF DEPARTMENT CHAIRPERSONS

Each department chairperson is accountable for the following:

- (1) all clinically related activities of the department;
- (2) all administratively related activities of the department, unless otherwise provided for by the Medical Center;

- (3) continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;
- (4) recommending criteria for clinical privileges that are relevant to the care provided in the department;
- (5) evaluating requests for clinical privileges for each member of the department;
- (6) assessing and recommending off-site sources for needed patient care services not provided by the department or the Medical Center;
- (7) the integration of the department into the primary functions of the Medical Center;
- (8) the coordination and integration of interdepartmental and intradepartmental services;
- (9) the development and implementation of policies and procedures that guide and support the provision of services;
- (10) recommendations for a sufficient number of qualified and competent persons to provide care or service;
- (11) determination of the qualifications and competence of department personnel who provide patient care services;
- (12) continuous assessment and improvement of the quality of care and services provided;
- (13) maintenance of quality monitoring programs, as appropriate;
- (14) the orientation and continuing education of all persons in the department;
- (15) recommendations for space and other resources needed by the department;
- (16) performing all functions authorized in the Policy on Appointment, Reappointment and Clinical Privileges including collegial intervention; and
- (17) assuring that department meetings are held and minutes are taken.

4.H. SECTION CHIEFS

4.H.1. Qualifications and Appointment:

- (a) Section chiefs shall meet the same qualifications as department chairpersons and shall satisfy the eligibility criteria in Section 3.B, with the exception of 3.B(4).

- (b) The section shall select a chief at its November meeting and forward the name of the selected individual to the President of the Medical Staff, who shall forward such name to the Board for final approval. Initial appointment of a chief shall be made for a period of two years. Reappointment may be made for additional two-year terms upon considering the recommendation of the section and when approved by the Board.
- (c) Removal of the chief during a term of office may be initiated by a two-thirds vote of all Active Staff appointees in the section. This removal shall be effective when it has been approved by the Board. Grounds for removal shall be those listed in Section 4.F(3).
- (d) Prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action shall be taken at least 10 days prior to the date of the meeting. The individual shall be afforded an opportunity to speak to the section prior to a vote on such removal.

4.H.2. Duties of Section Chief:

Each section chief shall:

- (a) assist the department chairperson in carrying out his or her responsibilities;
- (b) carry out and be responsible for the administrative activities within the section;
- (c) maintain continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the section;
- (d) recommend criteria for clinical privileges within the section;
- (e) review and report to the department chairperson on applications for initial appointment and clinical privileges, including interviewing applicants;
- (f) review the professional performance of all individuals with clinical privileges in the section and report thereon to the department chairperson as part of the reappointment process and at such other times as may be indicated;
- (g) evaluate individuals during the provisional period;
- (h) enforce, within the section, Medical Center policies and bylaws and the Medical Staff bylaws and rules and regulations;

- (i) implement, within the section, actions taken by the Board, the Executive Committee, and the department chairperson;
- (j) establish, implement, and be responsible for the effectiveness of any teaching, education, and research program in the section; and
- (k) hold regular meetings of the section at a time determined by the Executive Committee.

ARTICLE 5
MEDICAL STAFF COMMITTEES AND
PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. APPOINTMENT

5.A.1. Chairpersons:

- (a) All committee chairpersons shall be appointed by the Board, after receiving and considering recommendations from the President of the Medical Staff. Committee chairpersons shall be selected based on the criteria set forth in Section 3.B of these bylaws, with the exception of Section 3.B(4). Such appointments will be made by the Board at its first meeting after the end of the Medical Staff year.
- (b) Except as otherwise provided, committee chairpersons shall be appointed for an initial term of one year, but may be reappointed for additional terms, upon the Board's receiving and considering a recommendation from the President of the Medical Staff and the Chief Executive Officer.

5.A.2. Members:

- (a) Except as otherwise provided for in these bylaws, committee members shall be appointed yearly by the President of the Medical Staff, in consultation with the Chief Executive Officer, not more than ten days after the end of the Medical Staff year, and there shall be no limitation in the number of terms they may serve. All appointed members may be removed and vacancies filled at the discretion of the President of the Medical Staff.
- (b) The President of the Medical Staff and the Chief Executive Officer shall be members, *ex officio*, without vote, on all committees.

5.B. EXECUTIVE COMMITTEE

5.B.1. Composition:

- (a) The Executive Committee shall consist of the officers of the Medical Staff, the chairperson of each clinical department, the Chairperson of the Quality

Improvement Committee, the Chairperson of the Credentials Committee and one Active Staff member at large appointed by the President of the Medical Staff.

- (b) The President of the Medical Staff shall be Chairperson of the Executive Committee.
- (c) The Chief Executive Officer shall be an *ex officio* member of the Executive Committee, without vote.

5.B.2. Duties:

The Executive Committee is delegated the primary authority over activities related to the functions of the Medical Staff and performance improvement activities regarding the professional services provided by individuals with clinical privileges. The Executive Committee is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between Executive Committee meetings);
- (b) recommending directly to the Board on at least the following:
 - (1) the Medical Staff's structure;
 - (2) the mechanism used to review credentials and to delineate individual clinical privileges;
 - (3) recommendations of individuals for Medical Staff appointment;
 - (4) recommendations for delineated clinical privileges for each eligible individual;
 - (5) participation of the Medical Staff in Medical Center performance improvement activities;
 - (6) the mechanism by which Medical Staff appointment may be terminated; and
 - (7) hearing procedures;
- (c) consulting with administration on quality related aspects of contracts for patient care services;
- (d) receiving and acting on reports and recommendations from Medical Staff committees, departments, and other groups as appropriate and making

- appropriate recommendations for improvement when there are significant departures from established or expected clinical practice patterns;
- (e) to coordinate the activities and general policies of the various departments;
 - (f) to keep the Medical Staff abreast of applicable accreditation and regulatory requirements affecting the Medical Center;
 - (g) reviewing, at least every three years, the bylaws, policies, rules and regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable;
 - (h) performing such other functions as are assigned to it by these bylaws, the Policy on Appointment, Reappointment and Clinical Privileges or other applicable policies;
 - (i) reviewing quality indicators to ensure uniformity regarding patient care services;
 - (j) providing leadership in activities related to patient safety;
 - (k) providing oversight in the process of analyzing and improving patient satisfaction; and
 - (l) prioritizing continuing medical education activities.

5.B.3. Meetings:

The Executive Committee shall meet at least quarterly or more often as necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and actions. Reports shall include the minutes of the various committees and departments of the staff. Copies of all minutes and reports of the Executive Committee shall be transmitted to the Chief Executive Officer routinely as prepared. Recommendations of the Executive Committee shall be transmitted to the Board by the Chief Executive Officer. The Chairperson of the Executive Committee shall be available to meet with the Board or its applicable committee on all recommendations that the Executive Committee may make.

5.C. CREDENTIALS COMMITTEE

5.C.1. Composition:

The Credentials Committee shall consist of the President of the Medical Staff, the five most recent Past Presidents who are still appointees to the Active Staff and the Immediate

Past Chairperson of the Credentials Committee. The chairperson shall be that member of the committee with the greatest seniority on the committee, excluding the Immediate Past Chairperson. Service on this committee shall be considered as the primary Medical Staff obligation of each member of the committee and other Medical Staff duties shall not interfere. The President of the Medical Staff shall appoint up to five additional members to the committee, for terms of one year each, if at any time the continued workability of the committee is threatened by the inability or unwillingness of any of the Past Presidents to serve.

5.C.2. Duties:

The Credentials Committee shall:

- (a) in accordance with the Credentials Policy, review the credentials of all applicants for Medical Staff appointment, reappointment, and clinical privileges, conduct a thorough review of the applications, interview such applicants as may be necessary, and make written reports of its findings and recommendations;
- (b) review, as may be requested, all information available regarding the current clinical competence and behavior of persons currently appointed to the Medical Staff and, as a result of such review, make a written report of its findings and recommendations;
- (c) review and make recommendations regarding appropriate threshold eligibility criteria for clinical privileges within the Medical Center, including specifically as set forth in Section 4.A.2 ("Clinical Privileges for New Procedures") and Section 4.A.3 ("Clinical Privileges That Cross Specialty Lines") of the Policy on Appointment, Reappointment and Clinical Privileges; and
- (d) review recommendations from the Allied Health Practitioner Committee, review the credentials of all applicants who request to practice at the Medical Center as Medical Associates, make investigations of and interview such applicants as may be necessary and make a written report of its findings and recommendations.

5.C.3. Meetings:

The Credentials Committee shall meet on alternate months or more often if necessary to accomplish its duties, shall maintain a permanent record of its proceedings and actions, and shall report its recommendations to the Executive Committee, the Chief Executive Officer and the Board. The Chairperson of the Credentials Committee shall be available to meet with the Board or its applicable committee on all recommendations that the Credentials Committee may make.

5.D. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The performance improvement functions are the way the Medical Staff works to improve the clinical and non-clinical processes that require Medical Staff leadership or participation. These functions shall be performed by such committees, departments, sections and individuals as may be designated by the Executive Committee in consultation with the Chief Executive Officer. In engaging in performance improvement activities, the Medical Staff will consider sentinel event and patient safety data. When the performance of a process is dependent primarily on the activities of individuals with clinical privileges, the Medical Staff shall be actively involved in the measurement, assessment, and improvement of at least the following:
 - (a) medical assessment and treatment of patients;
 - (b) use of medications;
 - (c) use of blood and blood components;
 - (d) use of operative and other procedures;
 - (e) appropriateness of clinical practice patterns;
 - (f) significant departures from established patterns of clinical practice;
 - (g) use of information about adverse privileging decisions;
 - (h) use of developed criteria for autopsies; and
 - (i) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in Article 12 of these bylaws.

- (2) A description of the committees that carry out systematic monitoring and performance improvement functions, including their composition, duties, and reporting requirements, is contained in the Medical Staff Organization and Functions Manual.

5.E. PATIENT CARE PROCESS IMPROVEMENT FUNCTIONS

The Medical Staff shall also participate in the measurement, assessment, and improvement of other patient care processes. These include, though are not limited to:

- (1) education of patients and families;
- (2) coordination of care with other practitioners and Medical Center personnel, as relevant to the care of an individual patient; and
- (3) accurate, timely, and legible completion of patients' medical records.

5.F. CREDENTIALING AND PEER REVIEW FUNCTIONS

Mechanisms for appointment, reappointment, delineation of clinical privileges, collegial and educational efforts, investigations, hearings and appeals that apply to Medical Staff members shall be contained in the Policy on Appointment, Reappointment and Clinical Privileges.

5.G. RESPONSIBILITIES AND RELATED DOCUMENTS

Medical Staff members shall fulfill all applicable responsibilities contained in these bylaws, the Policy on Appointment, Reappointment and Clinical Privileges, the Medical Staff Organization and Functions Manual, the Medical Center's Standards of Conduct, Medical Staff Rules and Regulations and other applicable bylaws, policies and rules and regulations and abide by same when performing all responsibilities.

5.H. CREATION OF STANDING COMMITTEES

In accordance with the amendment provisions in the Organization and Functions Manual, the Executive Committee may, by resolution and upon approval of the Board and without amendment of these bylaws, establish additional committees to perform one or more staff functions. In the same manner, the Executive Committee may dissolve or rearrange

committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these bylaws which is not assigned to an individual, a standing committee, or a special task force shall be performed by the Executive Committee.

5.I. SPECIAL COMMITTEES

Special committees shall be created and their members and chairpersons shall be appointed by the President of the Medical Staff. Such committees shall confine their activities to the purpose for which they were appointed and shall report to the Executive Committee.

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is January 1 to December 31.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Annual Meeting:

The Medical Staff shall hold an annual meeting on a date set at the beginning of the year by the President of the Medical Staff to elect officers for the ensuing year and to act on any other matters placed on the agenda by the President.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the President of the Medical Staff, a majority of the Executive Committee, or a petition signed by not less than one-fourth of the Active Staff.

6.C. DEPARTMENT, SECTION AND COMMITTEE MEETINGS

6.C.1. Regular Meetings:

Except as otherwise provided in these bylaws or in the Medical Staff Organization and Functions Manual, each department, section and committee shall meet at least biannually, at times set by the presiding officer.

6.C.2. Special Meetings:

A special meeting of any department, section or committee may be called by or at the request of the presiding officer, the President of the Medical Staff, or by a petition signed by not less than one-fourth of the Active Staff members of the department, section, or committee, but not by fewer than two members.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

- (a) Notice of all meetings of the Medical Staff and regular meetings of departments, sections and committees shall be delivered, either in person or by mail, to each Medical Staff appointee at least five working days in advance of such meetings. All notices shall state the date, time, and place of the meetings.
- (b) When a special meeting of the Medical Staff, a department, section or a committee is called, all of the provisions in paragraph (a) shall apply except that the notice period shall be reduced to 48 hours (i.e., must be given at least 48 hours prior to the special meeting).
- (c) The attendance of any individual at any meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.

6.D.2. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, section or committee, 25% of the voting members shall constitute a quorum. Once a quorum is established, 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.
- (b) Recommendations and actions of the Medical Staff, departments, sections and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those individuals present.
- (c) Any matter may be presented by notice and votes returned to the presiding officer by the method designated in the notice. A quorum shall be the number of ballots returned. The question raised shall be determined in the affirmative if a majority of the ballots returned have so indicated.
- (d) Meetings may be conducted by telephone conference.

6.D.3. Agenda:

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

6.D.4. Rules of Order:

The latest edition of Robert's Rules of Order Revised or Sturgis' Rules of Order may be used for reference at all meetings and elections, but shall not be binding. Specific provisions of these bylaws and Medical Staff, department or committee custom shall prevail at all meetings, and the department chairperson or committee chairperson shall have the authority to rule definitively on all matters of procedure.

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

- (a) Minutes of all meetings of the Medical Staff, departments, sections and committees shall be prepared and shall include a record of the attendance of members, the recommendations made and the votes taken on each matter. The minutes shall be authenticated by the presiding officer.
- (b) A summary of all recommendations and actions of the Medical Staff, departments, sections and committees shall be transmitted to the Executive Committee and Chief Executive Officer. The Board shall be kept apprised of the recommendations of the Medical Staff and its departments, sections and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by the Medical Center.

6.D.6. Confidentiality:

Members of the Medical Staff who have access to credentialing and/or peer review information agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes. A breach of confidentiality may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

Each Active Staff member is expected to attend and participate in all Medical Staff meetings and applicable department, section and committee meetings each year.

ARTICLE 7
BASIC STEPS AND DETAILS

The details associated with the following basic steps are contained in the Policy on Appointment, Reappointment and Clinical Privileges and the Policy on Allied Health Practitioners.

7.A. QUALIFICATIONS FOR APPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct and ability to safely and competently perform the clinical privileges requested as set forth in the Policy on Appointment, Reappointment and Clinical Privileges and the Policy on Allied Health Practitioners.

7.B. PROCESS FOR CREDENTIALING AND PRIVILEGING

- (1) Complete applications for appointment, reappointment and privileges will be transmitted to the applicable department chairperson. The department chairperson will review the individual's education, training and experience, and prepare a written report stating whether the individual meets all qualifications. This report will be forwarded to the Credentials Committee.
- (2) The Credentials Committee will review the report from the department chairperson, the application, and supporting materials and make a recommendation. The recommendation of the Credentials Committee will be forwarded, along with the department chairperson's report, to the Executive Committee for review and recommendation.
- (3) The Executive Committee may adopt the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or make a recommendation that is different from the Credentials Committee and state its reasons for disagreement. If the recommendation of the Executive Committee is to grant appointment or reappointment and privileges, it will be forwarded to the Board for final

action. If the recommendation of the Executive Committee is unfavorable, the individual will be notified by the Chief Executive Officer of the unfavorable recommendation and the right to request a hearing.

- (4) When the disaster plan has been implemented, the Chief Executive Officer or the President of the Medical Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

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

- (1) Appointment and clinical privileges will be automatically relinquished if an individual:
 - (a) fails to do any of the following:
 - (i) timely complete medical records;
 - (ii) satisfy threshold eligibility criteria;
 - (iii) provide requested information;
 - (iv) seek reinstatement from a leave of absence within one year of such a leave being granted; or
 - (v) attend a special conference to discuss issues or concerns;
 - (b) is involved or alleged to be involved in defined criminal activity; or
 - (c) makes a misstatement or omission on an application form.
- (2) Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

7.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the President of the Medical Staff, the chairperson of the relevant clinical department, the Chairperson of the Credentials Committee, the Chief Executive Officer or the Board Chairperson is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.

- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the Chief Executive Officer or Board.
- (3) Following the imposition of a precautionary suspension, the individual shall be provided a brief written description of the reason(s) for the suspension.
- (4) The Executive Committee will review the reasons for the suspension within a reasonable time.
- (5) Prior to, or as part of, this review, the individual will be given an opportunity to meet with the Executive Committee.

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

Following an investigation, the Executive Committee may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) clinical competence or practice; (b) violation of ethical standards or the bylaws, policies, Rules and Regulations of the Medical Center or the Medical Staff; or (c) conduct that is considered lower than the standards of the Medical Center or disruptive to the orderly operation of the Medical Center or its Medical Staff.

7.F. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR
SCHEDULING AND CONDUCTING HEARINGS AND THE
COMPOSITION OF THE HEARING PANEL

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three members or there will be a Hearing Officer.
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are

available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit a written statement at the close of the hearing.

- (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.
- (7) The Hearing Panel (or Hearing Officer) may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.
- (8) The affected individual and the Executive Committee may request an appeal of the recommendations of the Hearing Panel (or Hearing Officer) to the Board.

ARTICLE 8
CONFLICT OF INTEREST

- (a) When performing a function outlined in these bylaws, the Policy on Appointment, Reappointment and Clinical Privileges or the Medical Staff Organization and Functions Manual, if any Medical Staff member has or reasonably could be perceived as having a conflict of interest or a bias in any matter involving another individual relating to the function being performed, the individual with a conflict shall not participate in the discussion or voting on the matter, and shall be excused from any meeting during that time, although that individual may be asked, and may answer, any questions concerning the matter before leaving.
- (b) The existence of a potential conflict of interest or bias on the part of any member may be called to the attention of the President of the Medical Staff or applicable committee chairperson or department chairperson by any other member with knowledge of it.
- (c) A department chairperson shall have a duty to delegate review of applications for appointment, reappointment or clinical privileges, or questions that may arise to a vice chairperson or other member of the department, if the department chairperson has a conflict of interest with the individual under review or could be reasonably perceived to be biased.

ARTICLE 9
MISCELLANEOUS

9.A. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures, and Rules and Regulations. These documents include, but are not limited to, the Medical Staff Policy on Appointment, Reappointment and Clinical Privileges, the Medical Staff Organization Manual, the Policy on Allied Health Practitioners and the Medical Staff Rules and Regulations.
- (2) An amendment to the Policy on Appointment, Reappointment and Clinical Privileges or the Policy on Allied Health Practitioners may be made by a majority vote of the members of the Executive Committee, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Executive Committee. Notice of all proposed amendments to these documents shall be posted on the Medical Staff bulletin board at least 14 days prior to the vote by the Executive Committee. Any voting member may submit written comments on the amendments to the Executive Committee.
- (3) An amendment to the Medical Staff Organization Manual or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Executive Committee. Notice of all proposed amendments to these two documents shall be posted on the Medical Staff bulletin board at least 14 days prior to the vote by the Executive Committee. Any voting member may submit written comments on the amendments by the Executive Committee.
- (4) The Executive Committee and the Board shall have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of all provisionally adopted amendments shall be provided to each member of the Medical Staff as soon as possible. The Medical Staff shall have 14 days to review and provide comments on the provisional amendments to the Executive Committee. If there is no

conflict between the Medical Staff and the Executive Committee, the provisional amendments shall stand. If there is conflict over the provisional amendments, the process for resolving conflicts set forth below shall be implemented.

- (5) All other policies of the Medical Staff may be adopted and amended by a majority vote of the Executive Committee. No prior notice is required.
- (6) Amendments to Medical Staff policies and Rules and Regulations may also be proposed by a petition signed by 25% of the voting members of the Medical Staff. Any such proposed amendments will be reviewed by the Executive Committee.
- (7) Adoption of and changes to the Policy on Appointment, Reappointment and Clinical Privileges, the Policy on Allied Health Practitioners, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

9.B. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the Executive Committee supported by a petition signed by one fourth of the voting staff, with regard to:
 - (a) a new Medical Staff Rule and Regulation proposed by the Executive Committee or an amendment to an existing Rule and Regulation; or
 - (b) a new Medical Staff policy proposed by the Executive Committee or an amendment to an existing policy,a special meeting of the Medical Staff will be called. The agenda for that meeting will be limited to attempting to resolve the differences that exist with the respect to the Rules and Regulations or policy at issue.
- (2) If the differences cannot be resolved at the meeting, the Executive Committee will forward its recommendations, along with the proposed recommendations pertaining to the Rules and Regulations or policy offered by the voting members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff or other individuals with clinical privileges.

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

ARTICLE 10
AMENDMENTS

- (a) Amendments to these Bylaws may be proposed by a petition signed by 25% of the voting members of the Medical Staff, by the Bylaws Committee, or by the Executive Committee.
- (b) All proposed amendments must be reviewed by the Executive Committee prior to a vote by the Medical Staff. The Executive Committee shall provide notice of all proposed amendments, including amendments proposed by the voting members of the Medical Staff as set forth above, to the voting staff. The Executive Committee may also report on any proposed amendments, either favorably or unfavorably, at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose.
- (c) The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting staff at the meeting.
- (d) The Executive Committee may also present any proposed amendments to the voting staff by written or electronic ballot, returned to the Medical Staff Office by the date indicated by the Executive Committee. Along with the proposed amendments, the Executive Committee may, in its discretion, provide a written report on them either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes cast, so long as the amendment is voted on by at least 25% of the staff eligible to vote.
- (e) The Executive Committee shall have the power to adopt such amendments to these Bylaws as are, in the committee's judgment, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Board within 60 days of adoption by the Executive Committee. The action to amend may be taken by a motion acted upon in the same manner as any other motion before the Executive Committee. Immediately upon adoption, such amendments shall be

sent to the Chief Executive Officer and posted on the Medical Staff bulletin board for 14 days.

- (f) All amendments shall be effective only after approval by the Board.
- (g) If the Board has determined not to accept a recommendation submitted to it by the Executive Committee or the Medical Staff, the Executive Committee may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the Chief Executive Officer within two weeks after receipt of a request for same submitted by the President of the Medical Staff.

ARTICLE 11

BOARD CONFIRMATION AND INDEMNIFICATION

All Medical Staff officers, department chairpersons, section chiefs, committee chairpersons, committee members, and individual staff members who act for and on behalf of the Medical Center in discharging their Medical Center responsibilities and professional review activities pursuant to these bylaws, the Policy on Appointment, Reappointment and Clinical Privileges, the Medical Staff Organization and Functions Manual, and/or the Policy on Allied Health Practitioners shall be indemnified when acting in those capacities, to the fullest extent permitted by law, provided that the Board has confirmed the appointment and/or election of the individual to the position in question.

ARTICLE 12
HISTORY AND PHYSICAL

- (a) A complete history and physical examination shall be entered in the patient's Medical Record within 24 hours following admission or prior to surgery or a procedure requiring anesthesia services (histories and physicals performed for post-acute inpatient services shall adhere to current, applicable Medicare requirements). This report shall reflect a comprehensive current physical assessment by a Medical Staff member or appropriate allied health professional who has been granted privileges or given permission by the Medical Center to perform histories or physicals. An admitting history shall include:
- (i) a chief complaint;
 - (ii) history of present illness;
 - (iii) relevant personal, family and social histories;
 - (iv) current medications;
 - (v) allergies to foods and medicines;
 - (vi) admitting diagnosis; and
 - (vii) plan of treatment.
- The physical examination shall record pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses.
- (b) If an allied health professional has performed the history and physical examination, the Medical Staff member must take full responsibility for it and must authenticate the history and physical examination as soon as possible following the patient's admission.
- (c) If a complete history and physical examination has been performed within 30 days prior to hospital admission or outpatient surgery, it must be updated within 24 hours following admission or prior to surgery or a procedure requiring anesthesia services. A new history and physical examination must be completed prior to admission or outpatient surgery if the most recent history and physical examination is greater than 30 days old.

- (d) The Medical Record shall reflect a current, thorough physical examination prior to the performance of any surgery, invasive procedure or potentially hazardous diagnostic procedure. A pre-operative history and physical short stay form is provided if a dictated history and physical is not available. When the history and physical examination is not recorded before an operation or any potentially hazardous diagnostic procedure, the procedure shall be cancelled unless the attending practitioner notes in the Medical Record that an emergency situation exists or that any such delay would be detrimental to the patient.
- (e) A copy of the prenatal history and physical examination may be used for obstetrical patients in the patient's Medical Record, provided that the prenatal record includes all components of a history and physical examination. Any changes that have occurred must be recorded in the Medical Record at the time of admission.
- (f) A history and physical examination is not required for outpatients having minor invasive procedures such as a transfusion, intravenous infusion of medication, etc. or procedures with minimal risk who do not receive sedation or anesthesia. If a procedure is performed in the outpatient setting which requires the use of anesthesia or conscious sedation, a history and physical will be taken prior to the procedure by a qualified physician who has such privileges and shall be recorded in the patient's Medical Record.
- (g) A history and physical examination performed by an Emergency Department physician will be accepted in lieu of a history and physical examination performed by an attending physician if the patient is transported directly from the Emergency Department to the surgical suite for an immediate surgical/invasive procedure and there is no time for the attending physician to record a history and physical examination prior to the procedure. The attending physician performing the procedure must review and co-authenticate the Medical Record entry. Following the surgery/invasive procedure, the attending physician should perform and record a history and physical examination within 24 hours of the patient's admission.

- (h) In the case of readmission of a patient, all previous records shall be available for use by the attending Medical Staff member.
- (i) Where the provisions in this Article conflict with the Medicare requirements for post-acute care inpatient services, such as those involving Skilled Nursing or Inpatient Rehabilitation, and where otherwise not noted, the Medicare requirements will control.

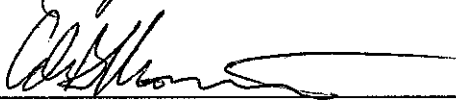
ARTICLE 13

ADOPTION

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

Adopted by the Medical Staff:

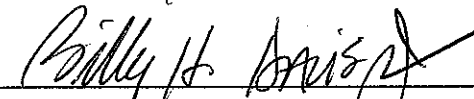
Date: May 19, 2015



President of the Medical Staff

Approved by the Board:

Date: MAY 1, 2015



Chairperson, Board of Directors