WELLSPAN EPHRATA COMMUNITY HOSPITAL
MEDICAL STAFF BYLAWS

PREAMBLE

These Bylaws originated with the Medical Staff and were approved by the Board. These Bylaws are adopted in order to organize the Medical Staff, provide a framework for its self-government, and establish the mechanisms through which the Medical Staff shall discharge its responsibilities. These Bylaws provide the professional and legal structure for Medical Staff operations, organized Medical Staff relations with the Board, and Medical Staff relations with members, other practitioners, and applicants for Medical Staff membership, clinical privileges and clinical duties. These Bylaws create a system of mutual rights and responsibilities between the hospital and members and other practitioners. The Board, as the governing body, shall uphold these Medical Staff Bylaws, and all Medical Staff rules, regulations and policies that have been approved by the governing body.

These Bylaws are promulgated to comply with the requirements of applicable Federal and State laws and the guidelines of the Joint Commission.

DEFINITIONS AND RULES OF CONSTRUCTION

DEFINITIONS

Except when the context clearly indicates otherwise, the following definitions shall apply:

1. ADVERSE ACTION means adverse action as defined in the Credentialing Manual.

2. BOARD or BOARD OF DIRECTORS means the governing body of the hospital.

3. BODY means any group or entity component, such as a department, division, committee, or subcommittee, and is not necessarily a legal entity.

4. DENTIST means an individual licensed to practice dentistry by the Commonwealth of Pennsylvania.

5. HOSPITAL means the WellSpan Ephrata Community Hospital of Ephrata, Pennsylvania.

6 HOSPITAL PRESIDENT means the individual appointed by the Board to serve in its behalf in the overall administrative management of the hospital.

7. IMMEDIATELY AVAILABLE means the ability to be present at the required site within 5 minutes.

8. MEC means the Medical Executive Committee.

9. MEDICAL EXECUTIVE COMMITTEE means the committee of the Medical Staff which shall constitute the governing body of the Medical Staff as described in these Bylaws.

10. MEDICAL STAFF PRESIDENT means the President of the Medical Staff as described in these Bylaws.

11. MEDICAL STAFF or STAFF means the Medical Staff of WellSpan Ephrata Community Hospital.

12. MEDICAL STAFF YEAR means the period from July 1 through June 30.

13. MEMBER means a physician, dentist, or podiatrist who has been granted Medical Staff membership.

14. PERSON means any individual or legal entity such as a corporation, partnership or association.

15. PHYSICIAN means an individual licensed to practice medicine and surgery or osteopathic medicine by the Commonwealth of Pennsylvania.

16. PODIATRIST means an individual licensed to practice podiatric medicine by the Commonwealth of Pennsylvania.

17. PRACTITIONER means a physician, dentist, podiatrist, certified nurse midwife, certified registered nurse practitioner, physician assistant, certified registered nurse anesthetist, or any other health care professional granted clinical privileges or clinical duties in accordance with these Bylaws or a member who has no clinical privileges such as a member of the honorary staff.

18. READILY AVAILABLE means the ability to be present at the required site within 30 minutes.

19. VICE PRESIDENT FOR MEDICAL AFFAIRS means a licensed physician appointed by the Board with authority and responsibilities defined as described in these Bylaws.

RULES OF CONSTRUCTION

The following rules of construction shall apply:

1. These Bylaws apply with equal force to both sexes. For convenience only, the masculine gender is used throughout. Use of the masculine gender shall not be interpreted as excluding the feminine.

2. The captions or headings are for convenience only. No caption or heading shall be interpreted as limiting, defining the scope of, or affecting any substantive provision.

3. The singular shall be read to include the plural and vice versa, as the context permits.

4. In the event of a conflict between the Medical Staff Bylaws and the Medical Staff rules and regulations or Medical Staff manual, the Bylaws shall prevail. In the event of a conflict between the Medical Staff Bylaws and the hospital corporate bylaws, the hospital corporate bylaws shall prevail. In the event of a conflict between the Medical Staff rules and regulations or a Medical Staff manual and the hospital corporate bylaws, the hospital corporate bylaws shall prevail. In the event of a conflict between the Medical Staff Bylaws, Rules and Regulations or a Medical Staff manual and Departmental Rules and Regulations, the Medical Staff Bylaws, Rules and Regulations or Medical Staff manual shall prevail.

ARTICLE ONE
NAME

1.1 Those individuals granted Medical Staff membership at the hospital shall be collectively known as the Medical Staff of WellSpan Ephrata Community Hospital.

ARTICLE TWO
PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF

2.1 Purposes

The purposes of the Medical Staff are:

2.1-1 To constitute a professional collegial body, providing for members' mutual education, consultation and professional support, to the end that patient care provided at the Hospital is consistently maintained at that level of quality which is reasonably achievable given the state of the healing arts and the available resources.

2.1-2 To develop an organizational structure for governance of the staff and to carry out the Staff's responsibilities.

2.1-3 To provide a mechanism for accountability to the Board, and to provide medical education and the maintenance of educational standards.

2.1-4 To provide a means whereby issues concerning the Staff and Hospital may be discussed by the Staff with the Board and the Administration, or as between the Staff and Medical Executive Committee with: a process for delegation of authority to the Committee; adoption or amendment of Medical Staff rules, regulations and policies, and resolution of any conflicts between Committee and Staff.

2.1-5 To delineate appropriate clinical privileges or clinical duties for all practitioners and make recommendations to the Board for requested appointments to the Staff.

2.1-6 To conduct appropriate peer review and make recommendations to the Board as required.

2.1-7 To provide the Board with advice and recommendations necessary to carry out the Staffs and Hospital's respective duties concerning patient care in accordance with the Hospital's Quality Improvement and Safety Plans.

2.1-8 To perform those functions required by the Hospital, State and Federal law, including Medicare Conditions of Participation, and applicable provisions of the Joint Commission including delineation of those processes to be included within these Bylaws in accordance with Joint Commission Standards.

2.1-9 To assist each member to achieve an appropriate level of professional performance.

2.2 Responsibilities

To effectuate the purposes enumerated above, it is the obligation and responsibility of the organized Medical Staff, in accordance with these Bylaws, Rules & Regulations, Medical Staff manuals, or applicable laws or regulations

2.2-1 To participate in the Hospital's Quality Improvement and Safety Plans by conducting all required and necessary activities for assessing and improving the effectiveness and efficiency of medical care provided in the Hospital, including without limitation:

a. evaluating practitioner and institutional performance through valid and reliable measurement systems based on objective, clinically-sound criteria;

b. engaging in the ongoing monitoring of critical aspects of care and enforcement of Medical Staff and Hospital policies to the extent the Medical Staff has such authority;

c. evaluating practitioners' credentials for the delineation of clinical privileges;

d. arranging for educational programs designed to meet the needs of its members;

e. assuring that medical and health care services at the Hospital are appropriately employed for meeting patients' medical, social and emotional needs, consistent with sound health care resource utilization practices.

2.2-2 To make recommendations to the Board concerning appointments and reappointments to the Staff, including membership category assignments (or service, and/or other clinical unit designations as applicable), clinical privileges, clinical duties, specified services for Advanced Practice Clinicians and Dependent Allied Health Providers and corrective action.

2.2-3 To maintain sound professional practices and an atmosphere conducive to the diagnosis and treatment of illness, to teaching and to research.

2.2-4 To develop or participate in and to monitor the Staff's education and training programs and clinical and laboratory research activities.

2.2-5 To adopt develop, administer, and recommend amendments to these Bylaws, its supporting manuals, policies and the Rules and Regulations of the Staff and its various components, and to propose them directly to the Board if appropriate.

2.2-6 To ensure that the Medical Staff Bylaws, rules, regulations and policies are compatible with the Hospital's Bylaws and policies, and with all applicable legal requirements.

2.2-7 To enforce compliance with the Bylaws and Rules and Regulations of the Staff and of its administrative and clinical components, and with Hospital Bylaws and policies by recommending action to the Governing Body or taking action to the extent the Medical Staff has such authority.

2.2-8 To participate in the Board's short- and long-range planning activity, to assist in identifying community health needs and to suggest to the Board appropriate institutional policies and programs to meet those needs.

2.2-9 To exercise the authority granted by these Bylaws as necessary to fulfill the foregoing responsibilities in a proper and timely manner.

ARTICLE THREE
STAFF MEMBERSHIP QUALIFICATIONS AND CATEGORIES

3.1 Qualifications for Medical Staff Membership

3.1-1 General

No individual shall be appointed or reappointed to the medical staff unless he meets each of the following required qualifications:

a. The professional licensure qualifications for medical staff membership;

b. The clinical privileges qualification for medical staff membership;

c. The basic qualifications for medical staff membership; and,

d. The qualifications for the staff category to which he is assigned.

3.1-2 Professional Licensure Qualifications

An individual meets the professional licensure qualifications for medical staff membership only if he is a physician, dentist, or podiatrist and his license is unrestricted. A physician, dentist, or podiatrist whose license is restricted is not qualified unless he obtains a waiver from the qualification.

3.1-3 Clinical Privileges Qualification

An individual meets the clinical privilege qualification for medical staff membership only if he has clinical privileges, or in the case of a new applicant, is granted clinical privileges at the time of his appointment.

3.1-4 Basic Qualifications

An individual meets the basic qualifications for medical staff membership only if he:

a. Exercises his clinical privileges and prerogatives in a manner that shall result in quality patient care, as demonstrated by evidence of sufficient professional education, training, experience, and competence, good judgment, and an ability to perform the privileges requested as well as the responsibilities of medical staff appointment;

b. Abides by generally recognized ethical principles applicable to his profession;

c. Works cooperatively with others;

d. Discharges the basic responsibilities of medical staff membership (or in the case of a new applicant, is reasonably likely to do so); and

e. Is not currently excluded from participating in the Medicare or Medicaid program.

3.1-5 Acceptable PA Criminal Background Check or FBI Criminal history Check report consistent with the Criminal Background Check Policy or approval by Criminal Background Check Sub-Committee as outlined in Criminal Background Check Policy, except for those physicians applying for telemedicine privileges.

3.1-6 Prohibited Criterion

Medical Staff membership or assignment to a staff category shall not be denied, terminated, revoked, suspended, modified, or otherwise restricted based upon:

a. Sex, race, religion, color, national origin, age, ancestry, disability and any other legally protected characteristic;

b. Any other criterion lacking professional, ethical, or legal justification.

3.1-7 Effect of Other Affiliations

No individual shall be granted medical staff membership or be assigned to any staff category merely because he:

a. Holds a certain degree;

b. Is licensed to practice in the Commonwealth of Pennsylvania or any other state;

c. Is a member of any professional organization;

d. Is certified by any clinical board;

e. Had, or presently has, staff membership or clinical privileges at another health care facility;

f. Is, or was, employed by or otherwise under contract with the hospital; or,

g. Is employed by or otherwise practices with a group composed of one or more medical staff members.

3.1-8 Waiver

An applicant for or member of the honorary staff shall have an automatic waiver of all qualifications except those for the honorary staff category. A required qualification for medical staff membership or assignment to a staff category may also be waived on a case-by-case basis by the Board. A case-by-case waiver of a qualification may be revoked at any time by the board. A decision by the board to not waive a qualification or to revoke a waiver of a qualification does not entitle the individual to procedural rights.

3.2 Qualification for Clinical Privileges for Medical Staff Members

3.2-1 In General no individual shall be granted clinical privileges unless he meets each of the following required qualifications:

a. The professional licensure qualifications for clinical privileges;

b. The basic qualifications for clinical privileges;

c. The professional liability insurance qualification for clinical privileges;

d. In the case of a physician, dentist or podiatrist, the medical staff membership qualification;

e. The criminal background check qualification; and

f. The influenza vaccination qualification.

An individual with clinical privileges shall continually meet the required qualifications. Failure to do so shall constitute grounds for corrective action.

3.2-2 Professional Licensure Qualifications

An individual meets the professional licensure qualification for clinical privileges only if he is a practitioner with an unrestricted license.

3.2-3 Basic Qualifications

An individual meets the basic qualifications for clinical privileges only if he has sufficient education, training, experience, and professional competence and judgment to exercise the privileges in a manner which shall result in quality care. The determination as to whether a person meets that criteria shall be based upon documented results of patient care and other quality review and monitoring which the medical staff deems appropriate, and may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where the person exercises clinical privileges.

Basic qualifications for medical staff members shall require, at a minimum, certification by a board recognized by the American Board of Medical Specialties, the Bureau of Osteopathic Boards of Certification, the American Dental Association, or the American Board of Podiatric Surgery (a “Recognized Board”). An individual meets this requirement if he:

a. Is certified by a Recognized Board in the primary specialty area for which he is requesting clinical privileges at the time the clinical privileges are initially granted;

b. Is Board Eligible in the primary specialty area for which he is requesting clinical privileges and it has been less than six (6) years since the completion of his training program in that specialty; or

c. Was first appointed clinical privileges by the hospital prior to January 1, 2001 and continues to maintain clinical privileges at the hospital.

3.2-4 Professional Liability Insurance Qualification

An individual meets the professional liability insurance qualification only if he is insured against his professional liability for the clinical privileges requested to the extent required by state law or to the extent required by a reasonable resolution adopted by the board.

3.2-5 Medical Staff Membership Qualification

A physician, dentist or podiatrist meets the medical staff membership qualification only if he is a medical staff member or, in the case of a new applicant for clinical privileges, is appointed to the medical staff at the time he is granted clinical privileges.

3.2-6 An individual meets the criminal background check qualification only if he has an acceptable PA Criminal Background Check or FBI Criminal History Check consistent with the Criminal Background Check Credentialing Policy Manual or approved by the sub-committee as outlined in Criminal Background Check Policy, except individuals applying for telemedicine privileges.

3.2-7 Influenza Vaccination Qualification

An individual meets the influenza vaccination qualification if the individual has provided proof of an annual influenza vaccination or possesses an approved medical or religious exception to the influenza vaccination process as outlined in the Influenza Vaccination Policy in the WellSpan Ephrata Community Hospital Human Resources Manual (except individuals applying for telemedicine privileges).

3.2-8 Prohibited Criterion

Clinical privileges shall not be denied, terminated, revoked, suspended, modified, or otherwise restricted based upon:

a. Sex, race, religion, color, or national origin, age, ancestry, disability and any other legally protected characteristic;

b. Any other criterion lacking professional, ethical, or legal justification.

3.2-9 Effect of Other Affiliations

No individual shall be granted clinical privileges merely because he:

a. Holds a certain degree;

b. Is licensed to practice in the Commonwealth of Pennsylvania or any other state;

c. Is a member of any professional organization;

d. Is certified by any clinical board;

e. Had, or presently has, staff membership or clinical privileges at another health care facility;

f. Is, or was, employed by or otherwise under contract with the hospital; or,

g. Is employed by or otherwise practices with a group composed of one or more medical staff members or other practitioners.

3.2-10 Waiver

A required qualification for clinical privileges may be waived on a case-by-case basis by the Board. A waiver of a qualification may be revoked at any time by the Board. A decision by the Board to not waive a qualification or to revoke a waiver of a qualification does not entitle the individual to procedural rights.

3.3 Categories

The Medical Staff shall be divided into the following categories: Active, Courtesy, Consulting, Associate and Honorary

3.4 Assignment

All appointments to the Medical Staff shall be made by the Board and shall be to one of the staff categories. All appointees shall be assigned to a specific department, but shall be eligible for clinical privileges in other departments.

3.5 Active Staff

3.5-1 Qualifications for Medical Staff membership
The qualifications for active staff membership are that the individual:

a. Regularly admits patients to the hospital or is otherwise involved on a regular basis in the provision of medical care to hospital patients;

b. Resides and practices close enough to the hospital to provide continuity of care; and,

c. Discharges with due diligence and in a responsible manner his active staff responsibilities

(or in the case of an applicant to the active staff, is reasonably likely to do so).

3.5-2 Responsibilities

The responsibilities of active staff membership are that the member is to:

a. Participate in department patient care reviews and other Medical Staff quality improvement activities;

b. Participate in the observation of provisional members and the monitoring of the exercise of new clinical privileges, by performing those reasonable tasks assigned by his department chairman;

c. Participate in the administration and self-governance of the Medical Staff, as permitted by these Bylaws;

d. Perform those functions assigned by these Bylaws by virtue of his holding Medical Staff, department, division, or committee office; and,

e. Otherwise assist in the discharge of the Medical Staff's responsibilities by performing those reasonable tasks, including committee service, assigned in accordance with these Bylaws.

3.5-3 Prerogatives

The prerogatives of active staff membership are for the member to:

a. Exercise those clinical privileges, including admitting privileges, as are granted pursuant to these Bylaws;

b. Attend meetings of the Medical Staff, and of the department, division, and committees, of which he is a member, except as provided in subsection 10.6;

c. After elevation from provisional status, vote on all matters presented to the Medical Staff and to the department, division, and committees of which he is a member; (Voting limitation during provisional period is only effective for practitioners appointed after July 1, 1998)

d. Hold staff, department, division, or committee office to which he is elected or appointed pursuant to these Bylaws; and,

e. Serve on committees to which he is elected or appointed pursuant to these Bylaws.

3.6 Courtesy Staff

3.6-1 Qualifications for Medical Staff Membership

The qualifications for courtesy staff membership are that the individual:

a. Resides and practices close enough to the hospital to provide continuity of care; and,

b. Discharges with due diligence and in a responsible manner his courtesy staff responsibilities

(or in the case of a new applicant or an applicant for transfer to the courtesy staff, is reasonably likely to do so).

c. Holds admitting privileges at the hospital or is otherwise involved on a regular basis in the provision of medical care to hospital patients.

3.6-2 Responsibilities

The responsibilities of courtesy staff membership are that the member is to cooperate with department patient care reviews and other Medical Staff quality improvement activities.

3.6-3 Prerogatives

The prerogatives of courtesy staff membership are for the member to:

a. Exercise those clinical privileges, including admitting privileges, as are granted pursuant to these Bylaws.

Courtesy staff members are not eligible to vote or hold office.

3.7 Consulting Staff

3.7-1 Qualifications for Medical Staff Membership

The qualifications for consulting staff membership are that the individual is:

a. An authority in an area of medical practice;

b. Requested by a department to provide consultative services in the department; and,

c. Willing to provide consultative services in a timely fashion upon the request of a practitioner.

d. Maintains “active” staff membership at another institution.

3.7-2 Responsibilities

Consulting staff members have no staff category responsibilities added to their basic responsibilities.

3.7-3 Prerogatives

The prerogatives of consulting staff membership are for the member to:

a. Provide consultative services in those areas of practice designated at his appointment, reappointment, or modification of appointment, upon the request of a practitioner. A consulting staff member is not eligible to vote, hold office, or admit patients to the hospital.

3.8 Associate Staff

3.8-1 Qualifications for Medical Staff Membership

The qualifications for associate staff membership are that the individual:

a. Is a duly licensed physician, dentist, or podiatrist; and

b. Maintains a practice which refers patients to the hospital or a former Medical Staff member who wishes to retain an association with the hospital.

3.8-2 Responsibilities

Associate staff have no staff category responsibilities added to their basic responsibilities.

3.8-3 Prerogatives

a. Provide history and physical examinations if deemed qualified to do so through the appointment, reappointment, or modification of appointment process; and

b. Have access to educational programs, medical library, and other staff activities.

An associate staff member is not eligible to vote, hold office, admit patients to the hospital, or request clinical privileges other than the privilege to perform history and physical examinations.

3.9 Honorary Staff for Medical Staff Membership

3.9-1 Qualifications

The qualifications for honorary staff membership are that the individual is:

a. A retired former member of the medical staff; or

b. An individual of outstanding reputation whom the medical staff desires to honor

3.9-2 Responsibilities

Honorary staff members have no staff category responsibilities added to their basic responsibilities.

3.9-3 Honorary staff members are not eligible to vote or hold office.

ARTICLE FOUR
ADVANCED PRACTICE CLINICIANS AND DEPENDENT ALLIED HEALTH PROFESSIONALS

4.1 Advanced Practice Clinicians and Dependent Allied Health Professionals

4.1-1 Qualifications

The qualifications for a non-member provider are that the individual:

a. Is a duly licensed certified registered nurse practitioner, certified registered nurse anesthetists, physician assistant-certified, certified nurse midwife, dental technician, and surgical technician.

4.1-2 Status of Advanced Practice Clinicians and Dependent Allied Health Professionals

Advanced Practice Clinicians and Dependent Allied Health Professionals are not members of the Medical Staff and are not entitled to the procedural rights delineated in the Fair Hearing Plan. Advanced Practice Clinicians and Dependent Allied Health Professionals shall, however, be entitled to the procedural rights described in this Article.

4.1-3 Procedural Rights

Any affected Advanced Practice Clinician or Dependent Allied Health Professional shall be provided with written notice of a negative recommendation by the Medical Executive Committee relating to appointment, reappointment, or reduction or termination of clinical privileges or clinical duties. When the negative recommendation is related to the Advanced Practice Clinician's or Dependent Allied Health Professional's professional competence or professional conduct and may require a report to the National Practitioner Data Bank, the affected Advanced Practice Clinician or Dependent Allied Health Professional shall have thirty (30) days from receipt of the notice to request a review and reconsideration of the negative recommendation (the "Review") by filing a written request for a Review with the Medical Staff President. The Medical Executive Committee shall undertake the Review at the first or second regularly scheduled meeting of the Medical Executive Committee immediately following the receipt of the request. The affected Advanced Practice Clinician or Dependent Allied Health Professional and the Medical Staff shall have the opportunity to present written information to the Medical Executive Committee, which act shall give the affected Member the right to appear before the Medical Executive Committee at its subsequent one (1) or two (2) regularly scheduled meeting to discuss such action. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. The Medical Executive Committee shall render a decision after review of the written information or appoint an ad hoc committee to further investigate the matter. The ad hoc committee (if any) shall submit its written report to the Medical Executive Committee for action by the Medical Executive Committee. Upon conclusion, the recommendation shall be forwarded to the Board for final action.

4.1-4 Precautionary Suspension

a. Whenever immediate action must be taken in the best interest of patient care or whenever the failure to take immediate action may result in imminent danger to the health of any individual, the Medical Staff President, the Vice President for Medical Affairs, the chairman of any department, any division chief, the Hospital President, or the Medical Executive Committee shall each have the authority to impose a precautionary suspension of the clinical privileges or clinical duties of an Advanced Practice Clinician or Dependent Allied Health Professional, and such precautionary suspension shall become effective immediately upon imposition.

b. When a precautionary suspension has been imposed by any individual or entity other than the Medical Executive Committee, the Medical Executive Committee shall review the suspension at the next regularly scheduled monthly meeting of the Medical Executive Committee. Upon completion of the review, the Medical Executive Committee shall continue, modify or terminate the precautionary suspension.

c. When the Medical Executive Committee imposes a precautionary suspension, the affected Advanced Practice Clinician or Dependent Allied Health Professional shall be entitled to the Procedural Rights of this Article.

4.1-5 Automatic Suspension

Automatic suspension/revocation of the clinical privileges or clinical duties of an Advanced Practice Clinician or Dependent Allied Health Professional shall occur under the following circumstances:

a. License

1. Revocation – Whenever an Advanced Practice Clinician or Dependent Allied Health Professional's license, certificate or other legal credential so authorizing him or her to practice in the Commonwealth of Pennsylvania is revoked by the appropriate state board of licensure, his or her clinical privileges or clinical duties shall immediately and automatically be revoked.

2. Restriction – Whenever an Advanced Practice Clinician or Dependent Allied Health Professional's license, certificate or other legal credential authorizing him or her to practice in the Commonwealth of Pennsylvania is restricted by the appropriate state board of licensure, his or her clinical privileges or clinical duties shall be immediately and automatically restricted.

3. Suspension – Whenever an Advanced Practice Clinician or Dependent Allied Health Professional's license, certificate or other legal credential is suspended by the appropriate state board of licensure, his or her clinical privileges or clinical duties shall be automatically suspended, effective upon and at least for the term of the suspension imposed by the state board of licensure.

b. Failure to maintain adequate malpractice insurance as required by the law of the Commonwealth of Pennsylvania

c. Whenever an Advanced Practice Clinician or Dependent Allied Health Professional is excluded from any Medicare and/or Medicaid programs his or her clinical privileges or clinical duties shall immediately and automatically be revoked; provided however, that such clinical privileges or clinical duties may be reinstated upon action of the Medical Executive Committee and the Governing Bodies at their sole discretion in the event that they conclude that the Advanced Practice Clinician or Dependent Allied Health Professional is no longer excluded from any Medicare and/or Medicaid programs. For purposes of this subsection, an excluded Advanced Practice Clinician or Dependent Allied Health Professional shall refer only to an Advanced Practice Clinician or Dependent Allied Health Professional who has been excluded from any Medicare and/or Medicaid program as part of a formal sanction. An excluded practitioner shall not include a "nonparticipating" Advanced Practice Clinician or Dependent Allied Health Professional or an Advanced Practice Clinician or Dependent Allied Health Professional who has "opted out" of any Medicare and/or Medicaid program. (i.e. a professional who voluntarily elects not to participate in any Medicare and/or Medicaid program or a professional who wishes to terminate his/her participating agreement with Medicare but fails to take such action during the participating enrollment period).

ARTICLE FIVE
CREDENTIALING AND PRIVILEGING PROCESS

5. Application Approval Process

5.1 PROCEDURE:

Completed applications are forwarded for a Chairman Assessment. Chairman Assessments may be performed by the appropriate Department Chairman, Department Vice Chairman or Division Chief based on the applicant's requested privileges at the discretion of the Department Chairman. Chairman Assessments may not be performed by an individual for himself. Chairman Assessments include an assessment of the application and requested privileges and the individual providing the Chairman Assessment shall record his assessment of the applicant's qualifications for the privileges requested on the form approved by the Board of Directors.

The application file along with the Chairman's Assessment shall be forwarded to the next scheduled Credentials Committee meeting for review. The Credentials Committee shall review the file and Chairman's Assessment and shall make a recommendation regarding staff membership and clinical privileges to the Medical Executive Committee.

Upon review of the Credentials Committee's recommendation, the Medical Executive Committee shall also make a recommendation, which shall be forwarded to the Board of Directors. A recommendation by MEC to deny an application for appointment or reappointment to deny or limit clinical privileges at appointment or reappointment based upon clinical concerns shall entitle the affected applicant to the procedural rights provided under these Bylaws and the Fair Hearing Plan.

The Board of Directors shall make the final decision regarding the granting of staff membership and clinical privileges.

In the event of an urgent need, such as when the Board of Directors does not have a meeting scheduled, the Executive Committee of the Board may approve the applications that have been approved by the Medical Executive Committee. A listing of applications approved by the Executive Committee shall be reported to the next Board of Directors meeting.

5.2 EMERGENCY PRIVILEGES

In extreme circumstances, when a disaster situation has occurred where people in the community have become injured or sickened by a chemical spill, flood, fire, hurricane, bioterriorism, etc., and the Command Center has been activated, the Chief Executive Officer, President of the Medical Staff or the Vice President of Medical Affairs or his or her designee(s) may grant emergency privileges upon presentation of any of the following:

a. A current picture hospital ID card.
b. A current license to practice and a valid picture ID issued by a state, federal or regulatory agency.
c. Identification indicating that the individual is a member of a Disaster medical Assistance Team (DMAT).
d. Identification indicating that the individual has been granted authority to render patient care in emergency circumstances, such authority having been granted by a federal, state or municipal entity.
e. Presentation by current hospital or medical staff member(s) with personal knowledge regarding practitioner's identity.

ARTICLE SIX
CORRECTIVE ACTION

6.1 Corrective Action Procedure

6.1-1 Whenever the activities or professional conduct of any Member are considered to be lower than the standards of the Medical Staff or to be disruptive to the operations of the Hospital, corrective action against such Member may be requested by the Hospital President; Medical Staff President; the Vice President for Medical Affairs; the Medical Executive Committee; any department chairman or vice-chairman; any division chief; any officer of the Medical Staff; any member of the Medical Staff through the appropriate department chairman or division chief; or the Board. All requests for corrective action shall be in writing, shall be supported by reference to the specific activities or conduct which constitute the grounds for the request, and shall be directed to the Medical Executive Committee through the Medical Staff President.

6.1-2 The Medical Executive Committee shall take action upon the request for corrective action. Such action may include, without limitation:

a. to reject the request for corrective action; or

b. to impose appropriate corrective action as follows:

1. To issue a warning letter, a letter of admonition, or a letter of reprimand. Action of this type shall not entitle the Member to any rights under the Fair Hearing Plan.

2. To impose terms of probation, not including a reduction, limitation, modification or suspension of clinical privileges. Corrective action of this type shall not entitle the Member to any rights under the Fair Hearing and Appellate Review Process.

3. To recommend to the Board a reduction, limitation, modification (which may include a requirement for consultation), suspension or revocation of clinical privileges and/or a suspension or revocation of the Member's appointment to the Medical Staff.

6.1-3 Whenever a request for corrective action could result in action under this Article, the following shall occur upon receipt of the request for corrective action:

a. Where the failure to take action may result in an imminent danger to the health of any individual, the Medical Executive Committee may take immediate action; which act shall give the affected Member the right to appear before the Medical Executive Committee at its next scheduled meeting. This interview will not constitute a hearing, will be preliminary in nature, and none of the procedural rules provided in these Bylaws and the Fair Hearing Plan with respect to hearings will apply. A summary record of such interview shall be made by the Medical Executive Committee.

b. In all other cases, upon receipt of a request for corrective action, the Medical Executive Committee shall conduct an investigation concerning the grounds for the corrective action request. The Medical Executive Committee may conduct such investigation itself and/or may assign this task to a standing committee of the Medical Staff or an ad hoc committee appointed by the Medical Executive Committee, or may retain the services of outside consultants for professional review and evaluation, when the Medical Executive Committee determines it is appropriate under the circumstances. The committee so appointed shall conduct a fact-finding investigation to determine the facts and circumstances surrounding the Member that is the basis for the request for corrective action. This committee shall make a written report of its findings to the Medical Executive Committee setting forth a summary of the facts and circumstances underlying the allegations that are the basis for the request for corrective action and the conclusions of the committee as to the extent to which the facts and circumstances support or fail to support the request for corrective action. As part of the investigation and prior to the preparation of such report, the Member against whom corrective action has been requested shall have the opportunity for an interview with the committee. This interview will not constitute a hearing, will be preliminary in nature, and none of the procedural rules provided in these Bylaws and the Fair Hearing Plan with respect to hearings will apply. A summary record of such interview shall be made by the committee and included with its report to the Medical Executive Committee.

c. At its next meeting, after receipt of the report of the standing or ad hoc committee, the Medical Executive Committee shall take action upon the requested corrective action and the report of the committee. The report of the standing or ad hoc committee shall be provided to the affected Member at least three (3) business days prior to the Medical Executive Committee's meeting. The Medical Executive Committee shall invite the Medical Staff Member to attend and offer evidence in response to the content of the report. The discussion of the report shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in the Bylaws and the Fair Hearing Plan with respect to hearings will apply. A summary record of such discussion shall be made by the Medical Executive Committee.

d. Any recommendation by the Medical Executive Committee for a reduction, limitation, modification (which may include a professional practice evaluation or proctoring requirement with a requirement for consultation) suspension or revocation of clinical privileges, or for suspension or revocation of a staff appointment, shall entitle the affected Member to the procedural rights provided under these Bylaws and the Fair Hearing Plan. If the recommendation of the Medical Executive Committee is a warning, a letter of admonition, a letter of reprimand or other action that is not reportable to the National Practitioner Data Bank, the affected Medical Staff Member shall not be entitled to a hearing or any of the procedural rights provided under these Bylaws and the Fair Hearing Plan.

e. The Medical Staff President shall promptly notify the Hospital President in writing of all requests for corrective action. The Medical Staff President shall continue to keep the Hospital President fully informed of all action taken in conjunction therewith.

6.1-4 The corrective action procedures outlined in this Section shall not preclude any other action as outlined in these Bylaws and are not a required prerequisite to any other action under this Article.

6.1-5 To the extent that it is practical and reasonable under the circumstances, the Medical Executive Committee shall utilize informal, collegial efforts to address concerns about professional competence or conduct. When such efforts are not appropriate or have not been effective, the procedures set forth above (including specifically the establishment of an investigative committee and/or the use of outside consultants) may be utilized by the Medical Staff to evaluate and review the performance of a Member. The goal of any such focused professional practice evaluation (FPPE) or ongoing professional practice evaluation (OPPE) shall be the enhancement of quality assurance and improvement of the clinical performance by the Member.

6.2 Precautionary Suspensions

6.2-1 Whenever immediate action must be taken in the best interest of patient care or whenever the failure to take immediate action may result in imminent danger to the health of any individual, the Medical Staff President, the Vice President for Medical Affairs, the chairman of any department, any division chief, the Hospital President, or the Medical Executive Committee shall each have the authority to impose a precautionary suspension on all or any portion of the clinical privileges of a Member, and such precautionary suspension shall become effective immediately upon imposition. It is specifically understood that a precautionary suspension is an interim cautious and precautionary step in the ultimate professional review action that shall be taken with respect to the suspended Member and is not a complete professional review action in and of itself.

6.2-2 Where the suspension has been imposed by any individual or entity other than the Medical Executive Committee, within fourteen (14) days of the imposition of the suspension, such suspension shall be reviewed by the Medical Executive Committee. Upon completion of its review of the suspension, the Medical Executive Committee shall either continue, modify, or terminate the precautionary suspension. This review shall be preliminary in nature and none of the procedural rules provided in the Fair Hearing Plan shall apply. An exception to this 14-day review limitation exists where the failure to take such action may result in an imminent danger to the health of an individual, subject to the applicable notice and fair hearing rights of these Bylaws and Fair Hearing Plan.

6.2-3 When the Medical Executive Committee imposes a precautionary suspension, the affected Member shall be entitled to the procedural rights provided in the Fair Hearing Plan; provided, however, ~~the terms of the~~ precautionary suspension shall remain in effect pending a final decision under the Fair Hearing Plan.

6.2-4 Immediately upon the imposition of a suspension, the Medical Staff President or responsible chairman of the department shall have authority to provide for alternative medical coverage for the patients of the suspended Member still in the Hospital at the time of such suspension. The wishes of the patient shall be considered in the selection of such alternative Member.

6.3 Automatic Suspension and Relinquishment Process

6.3-1 Automatic suspension of a Member and/or relinquishment of privileges and Medical Staff membership shall occur under the following circumstances:

a. The suspension, loss, restriction or revocation of a Member's license to practice issued by the Commonwealth of Pennsylvania:

1. Revocation

Whenever a Member's license, certificate or other legal credential so authorizing him or her to practice in the Commonwealth of Pennsylvania is revoked by the appropriate state board of licensure, his or her staff membership and clinical privileges shall immediately and automatically immediately and be revoked.

2. Restriction

Whenever a Member's license, certificate or other legal credential authorizing him or her to practice in this Commonwealth is restricted by the appropriate state board of licensure, those clinical privileges or specified services that he or she has been granted that are within the scope of said limitation or restriction shall be immediately and automatically revoked.

3 Suspension

Whenever a Member's license, certificate or other legal credential is suspended by the appropriate state board of licensure, his or her staff membership, clinical privileges or specified services shall be automatically suspended, effective and upon and at least for the term of the suspension imposed by the state board of licensure.

b. Revocation or suspension of a Member's DEA certificate;

c. Failure to maintain adequate malpractice insurance as required by the laws of the Commonwealth of Pennsylvania;

d. Exclusion from any Medicare and/or Medicaid programs;

e. Failure to complete medical records when required under these Bylaws and applicable Medical Staff

f. Conviction of a felony, subject to specific, affirmative action by the Board, upon recommendation of the Medical Executive Committee, to the contrary.

6.3-2 Except for suspensions which are subject to cure, upon the occurrence of any of the events listed above, a Member shall be considered to have relinquished his or her clinical privileges and Medical Staff membership. The suspension, restriction or relinquishment of staff membership and clinical privileges pursuant to (a) - (e) above shall not be subject to review under the Fair Hearing Plan. Consideration for reinstatement of Medical Staff membership shall occur only after the Medical Staff Member has, in the case of exclusion (except as otherwise provided in (d) above), been reinstated to the Medicare and Medicaid programs from which he or she has been excluded, has reapplied to the Medical Staff, the incident which led to the suspension or revocation has been investigated, and the application reviewed by the appropriate credentialing individuals and committees pursuant to these Bylaws.

6.4 Medical Records

6.4-1 The failure to comply with applicable medical record policy(ies) of the Hospital or Medical Staff shall result in a temporary suspension of all admitting, consultation and operating privileges of an individual Member, or in the case of a group practice, the entire group of Members.

6.4-2 It is the responsibility of the suspended Member to obtain suitable coverage for all affected patients during the suspension period.

6.4-3 In accordance with applicable medical record policy(ies) of the Hospital or Medical Staff, continued or frequent violations may result corrective action, including without limitation automatic suspension and relinquishment of clinical privileges in accordance with Section 6.3 (above).

Fair Hearing and Appellate Review Process

6.5-1 The Fair Hearing and Appellate Review Process of the Medical Staff ("Fair Hearing Plan") is attached to these Bylaws as Appendix A, is incorporated as a material part of this Article and is to be considered of equal dignity with these Bylaws.

6.5-2 For the purposes of the Fair Hearing Plan, amendment shall conform to the amendment process for these Bylaws generally.

ARTICLE SEVEN
OFFICERS AND REPRESENTATIVES

7.1 Identification

The Medical Staff shall have the following officers: President, Vice-President, and Secretary/Treasurer.

7.2 Qualifications

An officer must be a member of the active Medical Staff and must remain an active member during his term of office. Failure to maintain active staff status shall create a vacancy in the office involved. A practitioner who is employed by another hospital system is not eligible to serve as an officer.

7.3 Nominations

7.3-1 By Nominating Committee

The Nominating Committee shall select nominees for the Medical Staff offices of President, Vice President, Secretary/Treasurer, and Medical Staff members to the Board when appropriate. The names of these nominees shall be published one month prior to the Annual Meeting of the Staff. A full report of the Nominating Committee shall be made to the entire Staff at its Annual Meeting.

7.3-2 By Petition

Further nomination for any office may be made by petition signed by at least 10 percent of the members eligible to vote and bearing the nominee's written consent to stand for election for the office. Nominations by petition must be submitted to the secretary/treasurer at least 15 days prior to the annual meeting. The secretary/treasurer shall provide notice of a nomination by petition to each member eligible to vote for officers or post the nomination in the physician's lounge least 7 days prior to the annual meeting.

7.3-3 By Other Means

If, prior to the annual meeting, all of the nominees for an office pursuant to subsections 7.3-1 and 7.3-2 are disqualified from, or otherwise unable to stand for election, the nominating committee shall nominate one or more additional persons for the office(s). Nominations for any office may be made from the floor at the time of the annual meeting.

Any member nominated either by the Nominating Committee or from the floor with less than 30 days notice must either:

a. be present at the annual meeting and accept the nomination;

b. be accessible by telephone within fifteen minutes of the nomination and accept that nomination as witnessed by the chairman of the meeting plus one other member; or,

c. have presented to the chairman of the meeting a signed letter stating his acceptance of the nomination to the particular office.

7.4 Election

The officers shall be elected at the annual Medical Staff meeting. Voting shall be by secret written ballot unless a nomination is uncontested in which case voting may be by affirmation. A nominee shall be elected upon receiving a majority of the votes cast by the members present and eligible to vote for officers. Voting by mail or proxy shall not be permitted. If no nominee receives a majority on the first ballot, a runoff election shall be held promptly between the two nominees receiving the highest number of votes cast. In the case of a tie on the second ballot, the MEC shall hold a runoff election between those two nominees at its next meeting or a special meeting called for that purpose and the nominee receiving the majority vote of the MEC shall be elected. Election of staff officers is subject to ratification by the Board.

7.5 Term

Each officer shall serve a two-year term, commencing on the first day of the Medical Staff year following his election. Each officer shall serve until the end of his term and his successor takes office (unless he sooner resigns, is recalled, takes a leave of absence, or loses active staff status). Officers shall be eligible to succeed themselves, but no officer shall serve more than two consecutive terms.

7.6 Recall

Recall of an officer may be initiated by the majority vote of the MEC or by a petition signed by at least one third of the members eligible to vote for officers if the officer does not uphold his duties as outlined in the Medical Staff Bylaws. An initiated recall shall be considered at a special meeting called for that purpose. Recall shall require a two-thirds vote of the members present and eligible to vote for officers. An Officer may be recalled if he does not uphold his duties as outlined in the Medical Staff Bylaws.

7.7 Vacancies

An office becomes vacant when the officer dies, resigns, is recalled, takes a leave of absence, or loses his active Medical Staff membership. A vacancy in an office other than that of Medical Staff President shall be filled by the MEC. If there is a vacancy in the office of Medical Staff President, the Medical Staff Vice President shall become Medical Staff President. An officer filling a vacancy shall serve until the end of his predecessor's term and a successor takes office (unless he sooner resigns, is recalled, takes a leave of absence, or loses active staff status).

7.8 Duties

7.8-1 Medical Staff President

The Medical Staff President shall serve as the chief officer of the Medical Staff. His duties shall be to:

a. enforce the Medical Staff Bylaws, rules and regulations, and manuals;

b. initiate corrective action proceedings and impose summary restrictions and suspensions when appropriate;

c. promote compliance with procedural and other safeguards provided by these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual;

d. call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff;

e. serve as chairman of the MEC and as a member of the Joint Conference Committee;

f. serve as an ex officio member of all other staff committees, departments, and divisions (with no vote unless his membership in a particular committee otherwise is required by these Bylaws);

g. interact with the Hospital President and Board in all matters of mutual concern within the hospital;

h. appoint, in consultation with the MEC, committee members for all standing and ad hoc Medical Staff, liaison, or multi-disciplinary committees, except where otherwise provided by these Bylaws, and designate the chairman of those committees, except where otherwise provided by these Bylaws

i. represent the views and policies of the Medical Staff to the Board and to the Hospital President; &

j. maintain a liaison with the Vice President for Medical Affairs for his assistance with Medical Staff issues;

k. e a spokesman for the Medical Staff in external professional and public relations;

l. serve as an ex-officio member of the Board;

m. serve on liaison committees with the Board and administration, as well as outside licensing or accreditation agencies; and,

n. perform such other responsibilities as assigned by these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual, the Medical Staff, or the MEC.

7.8-2 Medical Staff Vice President

The duties of the Medical Staff Vice President shall be to:

a. assume all duties and authority of the Medical Staff President in the absence of the Medical Staff President;

b. serve as a member of the MEC

c. maintain a liaison with the Vice President for Medical Affairs for his assistance with Medical Staff issues;

d. serve as Chairman of the Bylaws Committee and be responsible for the Bylaws review and revision function; and,

e. perform such other responsibilities as assigned by the Medical Staff President, the MEC, the Board, these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual.

7.8-3 Secretary/Treasurer

The secretary/treasurer shall be a member of the MEC and shall:

a. give proper notice of all staff meetings on order of the appropriate authority;

b. keep accurate and complete minutes of all MEC and Medical Staff meetings;

c. attend to all appropriate correspondence and notices on behalf of the Medical Staff;

d. receive and safeguard all funds of the Medical Staff;

e. report to the MEC all delinquencies of dues after 90 days from the due date;

f. maintain a liaison with the Vice President for Medical Affairs for his assistance with Medical Staff issues;

g. perform such other responsibilities as ordinarily pertain to the office or as assigned by the Medical Staff President, the MEC, these Bylaws, the Medical Staff rules and regulations or a Medical Staff manual;

h. prepare an annual budget for consideration by the Medical Executive Committee at the May meeting;

i. present an annual financial report at the annual general Medical Staff meeting.

7.8-4 Immediate Past President of the Medical Staff

The duties of the Immediate Past-President of the Medical Staff shall be to:

a. serve as a member of the Medical Executive Committee

7.9 Proposed Board Members

7.9-1 The Staff shall elect two Active members to be proposed to the Board for membership. A practitioner who is employed by another hospital system is not eligible to serve as a Board member.

a. The term of office shall be a period of three years, coinciding with the Board membership term. These positions shall be elected at the Annual Meeting as their terms expire on a staggered basis. A member shall be eligible for re-election.

b. Should a vacancy arise in this position, the Medical Executive Committee shall propose another qualified Active Staff member to be considered by the Board for nomination to complete the unexpired term.

7.10 Other representatives

The Medical Staff may elect one or more members to represent the Medical Staff in a Medical Staff organization or section of an organization such as, but not limited to, the Hospital Medical Staff Section of the Pennsylvania Medical Society and the Hospital Medical Staff Section of the American Medical Association. A Medical Staff representative to an organization or section shall serve as the liaison between the Medical Staff and the organization or section, attend meetings held by the organization or section for Medical Staff representatives, and represent the Medical Staff at those meetings and otherwise with respect to the organization or section. Medical Staff funds may be used to reimburse a Medical Staff representative for the costs he incurs attending such meetings, to the extent approved by the MEC in its discretion.

ARTICLE EIGHT
CLINICAL DEPARTMENTS AND DIVISIONS

8.1 Organization

The Medical Staff shall be divided into clinical departments. Each department shall be organized as a separate component of the Medical Staff and shall have a chairman selected and entrusted with the authority, duties, and responsibilities specified in subsection 8.6-6. A department may be further divided, as appropriate, into divisions which shall be directly responsible to the department within which they function, and which shall have a division chief selected and entrusted with the authority, duties, and responsibilities specified in subsection 8.7-5.

8.2 Identification

8.2-1 Current

a. Department of Medicine

b. Department of Surgery
Divisions of:
- Anesthesiology
- General Surgery
- Neurosurgery & Orthopedics
- Pathology
- Podiatry
- Urology

c. Department of Family Practice
Divisions of:
- Family Practice
- Psychiatry

d. Department of Imaging

e. Department of Obstetrics and Gynecology

f. Department of Emergency Medicine

g. Department of Pediatrics

8.2-2 Future

The MEC, with ratification of the Board, may, as they deem appropriate, create a new, eliminate, subdivide, or combine departments and divisions. Such action shall require approval of at least seventy-five percent (75%) of the MEC members present at the meeting when the action is taken.

a. Before an existing division can submit a request to the MEC to form a new department, the following criteria must be met:

1. The division must have at least five (5) active members (excluding practitioners who have been granted clinical privileges within the division but who are members of another department);

2. Approval by a majority of all of the members of the division who are eligible to vote;

3. Approval by a majority of all of the members of the department to which the division is currently responsible who are eligible to vote; and

4. Division must have mechanisms in place to ensure that it can provide the functions of a department as delineated in subsection 8.4.

b. Creation of a new division: a written request from physician members within the specialty must be submitted to the MEC.

8.3 Assignment

Each practitioner shall be assigned to one department, and to one division, if applicable, within such department, but may also be granted clinical privileges and voting privileges in one or more additional departments or divisions. Voting privileges shall be granted by the involved Department based on majority vote and shall be granted to all practitioners with

the same category of privileges, not on an individual basis. The exercise of clinical privileges within each department and division shall be subject to the rules and regulations therein and the authority of the chairman or chief.

8.4 Functions of Departments

8.4-1 General

The functions of each department shall be to:

a. conduct patient care reviews as provided in subsection 8.4-2;

b. make recommendations to the Credentials Committee concerning criteria for the granting of clinical privileges within the department;

c. conduct, participate in, and make recommendations regarding continuing education programs pertinent to department clinical practice;

d. make recommendations to the librarian regarding library needs of the Medical Staff;

e. Review and evaluate department adherence to:

1) Medical Staff policies and procedures; and,

2) sound principles of clinical practice;

f. Coordinate patient care provided by the department practitioners with nursing and ancillary patient care services;

g. Submit written reports to the MEC concerning:

1) the department's review and evaluation activities, actions taken thereon, and the results of such action; and,

2) recommendations for maintaining and improving the quality of care provided in the department and the hospital;

h. Meet at least 4 times per year, or more frequently at the discretion of the department chairman, so as to effectively accomplish the functions of the department as outlined in subsection 8.4-1. The Surgical Services Governance Board shall serve as the Department of Surgery meetings with a Department of Surgery meeting one time a year for education, election of officers and additional business purposes.

i. Establish and appoint such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it;

j. Take appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified;

k. Account to the MEC for all professional and Medical Staff administrative activities within the department;

l. Formulate recommendations for department rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to the approval by the MEC and the Board;

m. Perform such other responsibilities as assigned by these Bylaws, the Medical Staff rules and regulations, Medical Staff manuals, and hospital policies and procedures; and

n. Participate in quality improvement and patient safety activities, not only within the areas defined by the department, but coordinating such activities with other clinical departments and the hospital at large to maximize the positive impact on patient care.

8.4-2 Patient Care Reviews

Each department shall conduct patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the clinical areas defined by and pertinent to the department. These reviews shall include pre-hospitalization and post-hospitalization care and outcomes that directly impact or reflect upon the care provided within the hospital. The department shall routinely collect information about important aspects of patient care provided in the department, periodically assess this information, and develop objective criteria for use in evaluating patient care.

8.5 Functions of Divisions

Each division shall perform the functions assigned to it by the department chairman including:

a. Meet at the discretion of the Division Chief

b. make recommendations to the Credentials Committee concerning criteria for the granting of clinical privileges within the department;

c. Participate in quality improvement and patient safety activities, not only within the areas defined by the division, but coordinating such activities with other clinical divisions and the hospital at large to maximize the positive impact on patient care

d. Account to the Department for all professional and Medical Staff administrative activities within the division.

e. Submit written reports to the Department concerning:

1) the division's review and evaluation activities, actions taken thereon, and the results of such action; and,

2) Recommendations for maintaining and improving the quality of care provided in the division and the hospital;

f. Must be coordinated through the Medical Staff Office.

8.6 Department Chairmen and Vice-Chairmen

8.6-1 Qualifications

Each department shall have a chairman and vice-chairman who shall be members of the active Medical Staff and shall be qualified by training, experience, and demonstrated ability in the clinical area covered by the department. A practitioner who is employed by another hospital system is not eligible to serve as a department chairman or department vice chairman. The chairman shall be certified by the appropriate Board recognized by the AMA, the AOA, ADA. The vice-chairman shall be certified by the appropriate Board recognized by the AMA, the AOA, ADA, or the Committee on Postgraduate Secondary Education, or have met the criteria established by the individual department. If 90% of department members are hospital employees or have an independent contract with the hospital, the department chairman shall be the member appointed by the Board and subsections 8.6-2 through 8.6-4 shall not apply.

8.6-2 Selection

Department chairmen and vice-chairmen shall be elected every two (2) years by those members of the department who are eligible to vote for officers of the Medical Staff. For the purpose of this election, each department chairman shall appoint a nominating committee of three members at least 45 days prior to the meeting at which the election is to take place. The committee shall nominate one or more persons for chairman and vice-chairman who are qualified and willing to stand for election. The Committee's nominations shall be circulated to the voting members of the department at least 30 days prior to the election. Nominations may also be made from the floor when the election meeting is held, as long as the nominee is present and consents to the nomination. Vacancies due to any reason shall be filled for the unexpired term through special election by the respective department or by mail ballot. If by mail ballot, the dates for mailing and deadline for receipt of ballots from department members shall be determined by the MEC. Election of department chairmen and vice-chairmen shall be subject to ratification by the MEC and Board.

8.6-3 Term of Office

Each department chairman and vice-chairman shall serve a two-year term which coincides with the Medical Staff year and remain in office until his successor takes office (unless he shall sooner resign, be removed from office, or lose his active Medical Staff membership or clinical privileges in that department.) Department officers shall be eligible to succeed themselves, but no department officer shall serve more than two (2) consecutive terms.

8.6-4 Removal

After election and ratification, removal of department chairmen or vice-chairmen from office may occur for cause by a two-thirds vote of the MEC and a two-thirds vote of the department members eligible to vote for officers, and ratification by the Board.

8.6-5 Orientation

Each chairman and vice-chairman shall be required to obtain orientation in regard to his authority, duties, and responsibilities. This orientation shall include instruction in quality improvement.

8.6-6 Duties

Each chairman shall have the following authority, duties and responsibilities, and the vice-chairman, or other appropriate designee, in the absence of the chairman, shall assume all of them and shall otherwise perform some or all duties as may be assigned by the chairman:

a. Act as presiding officer at department meetings;

b. Report to the MEC and to the Medical Staff President regarding all professional and administrative activities within the department;

c. Generally monitor the quality of patient care and professional performance rendered by department practitioners, Advanced Practice Clinicians and Dependent Allied Health Professionals through a planned and systematic process; oversee the effective conduct of the patient care, evaluation, and monitoring functions delegated to the department by the MEC;

d. Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization;

e. Development and implementation of policies and procedures that guide and support the provision of care, treatment and services;

f. Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;

g. Develop and implement department programs for retrospective patient care review, medical education, orientation, care management, quality improvement, patient safety, observation and monitoring, and credentials review;

h. Serve directly, or delegate to the department Vice-Chairman or other designee to serve, as the department's representative to the appropriate Medical Staff Quality Improvement Committee.

i. Be a member of the MEC and give guidance on the overall medical policies of the Medical Staff and hospital and make specific recommendations and suggestions regarding his department;

j. Integration of the department or service into the primary functions of the organization;

k. Coordination and integration of interdepartmental and intradepartmental services;

l. Transmit to the Credentials Committee and the Medical Staff, the department's recommendations concerning criteria for clinical privileges;

m. Endeavor to enforce the Medical Staff Bylaws, rules and regulations, and manuals within his department;

n. Endeavor to enforce medical record compliance within his department;

o. Implement within his department appropriate actions taken by the MEC;

p. Oversee and participate in every phase of administration of his department;

q. Recommend clinical privileges for each member of the department as appropriate and consistent with the Bylaws;

r. Surveillance of the professional performance of all individuals in the department who have clinical privileges and make recommendations concerning appointment and clinical privileges, as required by these Bylaws;

s. Provide Medical Staff and clinical privilege certifications to a practitioner when appropriate;

t. Continuous assessment and improvement of the quality of care, treatment, and services;

u. Maintenance of quality control programs as appropriate;

v. Orientation and continuing education of all persons in the department or service;

w. Initiate corrective action proceedings and impose summary restrictions or suspensions when appropriate and pertinent to his department;

x. Maintain a liaison with the Vice President for Medical Affairs for his assistance with Medical Staff issues;

y. Determine the qualifications, sufficient number, and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;

z. Recommend space and other resources needed by the department or services

aa. Perform such other duties commensurate with the office as may from time to time be reasonably requested by the Medical Staff President or the MEC; and,

bb. Perform such other responsibilities as assigned by these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual.

8.7 Division Chiefs

8.7-1 Qualifications

Each division shall have a chief who shall be a member of the active Medical Staff and a member of the division which he is to head, and shall be qualified by training, experience, and demonstrated current ability in the clinical area covered by the division. If all division members are hospital employees, the division chief shall be the member appointed by the Board and subsections 8.7-2 through 8.7-4 shall not apply.

8.7-2 Selection

Division chiefs shall be appointed every two years by the Department Head. Appointment of division chiefs shall be subject to ratification by the MEC, and the Board. Vacancies due to any reason shall be filled for the unexpired term by the department chairman.

8.7-3 Term of Office

Each division chief shall serve a term which coincides with the term of the department chairman and remain in office until his successor takes office unless he shall sooner resign, be recalled, or lose active Medical Staff membership or clinical privileges in that division.

8.7-4 Removal

After appointment and ratification, a division chief may be removed by a combined action of the department chairman and the MEC, with ratification by the Board.

8.7-5 Duties

Each division chief shall:

a. act as presiding officer at division meetings;

b. maintain a liaison with the Vice President for Medical Affairs for his assistance with Medical Staff issues;

c. Perform such duties commensurate with the office as may from time to time be reasonably requested by the department chairman, the Medical Staff President, or the MEC; and,

d. Perform such other responsibilities as assigned by these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual.

8.8 Vice President for Medical Affairs

The Board may appoint an individual or individuals to serve as Vice President for Medical Affairs. The Vice President for Medical Affairs shall be a licensed physician. Credentialing policies relating to Administrative and Medico-Administrative positions shall apply to the Vice President for Medical Affairs, as applicable. The board shall not bestow upon the Vice President for Medical Affairs any authority or responsibility currently vested in any of the following without consultation with the MEC: General staff, MEC, Medical Staff committee, department or division, a Medical Staff officer, or an individual member pursuant to these Bylaws, Medical Staff rules and regulations, Medical Staff manual or applicable law. However, the Board shall charge the Vice President for Medical Affairs with assisting those individuals and bodies in exercising their authority and responsibilities. The Vice President for Medical Affairs shall serve as an ex-officio member on all Staff committees, departments, and divisions; however, he may hold voting privileges at the Medical Executive Committee, General Staff, and any other committee, consistent with Active Staff membership in his clinical area.

ARTICLE NINE
COMMITTEES

9.1 General

9.1-1 Designation

The standing committees of the Medical Staff are described in subsections 9.2 through 9.6. The MEC may also create ad hoc committees to perform specified tasks when necessary to assist the staff or the MEC in performing its duties and shall disband those committees when appropriate.

9.1-2 Accountability

All committees shall report to and be accountable to the MEC.

9.1-3 Appointment

Unless otherwise specified in these Bylaws, committee members shall be appointed by the Medical Staff President in consultation with the MEC.

9.1-4 Term

Unless otherwise specified in these Bylaws, committee members shall be appointed for a two-year term which shall coincide with the Medical Staff year, and shall serve until the end of their term and their successors take office (unless they sooner resign or are removed).

9.1-5 Removal

The MEC may remove a committee member for good cause, except in the case of a Joint Conference Committee member appointed by the Board or a committee member serving ex officio. Joint Conference Committee members appointed by the Board may be removed by the Board.

9.1-6 Vacancies

Unless otherwise specified in these Bylaws, a vacancy shall be filled in the same manner in which the original appointment was made. The person filling the vacancy shall serve until the end of his predecessor's term and his successor takes office (unless he sooner resigns or is removed).

9.1-7 Voting

Unless otherwise specified in these Bylaws, all committee members, except those serving ex officio, shall have the right to vote. The voting may take place at a regular or special meeting (including a conference call) as called by the presiding officer of the committee.

9.1-8 Records and Reports

Unless otherwise specified in these Bylaws, all committees shall:

a. Maintain attendance records;

b. Maintain minutes;

c. Submit timely reports of their findings, recommendations, activities, and copies of their minutes to their reporting body; and,

9.1-9 Chairman

Each committee shall have a chairman and vice chairman. Unless otherwise specified in these Bylaws, the chairman and vice chairman shall be committee members appointed by the Medical Staff President in consultation with the MEC. In the absence of the chairman, the vice chairman shall assume all duties and authority of the chairman. Appointment of chairmen and vice chairmen shall be subject to ratification by the MEC and Board.

9.1-10 Attendance by hospital personnel

A representative from the Medical Staff Office shall be available to attend committee meetings to record minutes for the chairman. If minutes are taken by someone other than a representative from the Medical Staff Office, the minutes must be submitted to the Medical Staff Office within thirty days. The Hospital President or his designate may attend committee meetings.

9.2 Medical Executive Committee

9.2-1 Composition

Subject to action taken by the Medical Staff to amend these Bylaws and the appointment to the MEC is consistent with the appointment or election process for each of the outlined positions as described in Bylaws

The MEC shall consist of the following individuals:

a. The officers of the Medical Staff;

b. The Immediate Past President of the Medical Staff;

c. The department chairmen;

d. The department vice-chairman from each department with greater than fifteen active members; and for departments with fifteen or fewer active members, the department chairman may ask the department vice-chairman to attend an individual MEC meeting as his designee, with voting privileges, if the department chairman is unable to attend the MEC meeting.

e. The Chairman of the Credentials Committee.

f. The Board members proposed by the staff and the Chairmen of the Medical Quality Improvement and Surgical Quality Improvement Committees (if not already serving on the MEC in another capacity as above) shall be ex-officio members of the Medical Executive Committee.

g. The Hospital President shall be an ex-officio member of the MEC without a vote.

9.2-2 Removal from MEC is consistent with the removal process for the outlined positions as described in these Bylaws.

9.2-3 Duties

The MEC acts on behalf of the Medical Staff within the scope of responsibilities as defined by the organized Medical Staff.

As delegated by the Medical Staff, and subject to the Medical Staff's authority to remove such authority, the duties of the MEC shall be to:

a. Represent and acts on behalf of the Medical Staff in the intervals between Medical Staff meetings, subject to such limitations as may be imposed by these Bylaws, rules & regulations, and Medical Staff manuals;

b. Coordinate and implement the professional and organizational activities and policies of the Medical Staff;

c. Receive and act upon reports and recommendations from Medical Staff departments, divisions, committees, and assigned activity groups;

d. Recommend action to the Hospital President and Board on medical administrative issues, hospital operations, problems and procedures, and other matters of concern to the Medical Staff;

e. Evaluate the medical care rendered to patients in the hospital, and account to the Board for that care;

f. Participate in the development of all Medical Staff policy, hospital clinical policy, practice, and planning;

g. Review and evaluate the credentials of professionals and submit reports, including appropriate recommendations as required in the Credentialing Manual;

h. Initiate corrective action proceedings and impose summary restrictions and suspensions when appropriate as outlined in the Credentialing Manual;

i. Designate such committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Medical Staff and approving or rejecting appointments to those committees by the Medical Staff President;

j. Assist in the obtaining and maintaining of accreditation, and ensure that the Medical Staff is kept abreast of the approved accreditation program and informed of the accreditation status of the hospital;

k. Develop and maintain methods for the protection and care of patients and others in the event of internal or external disaster;

l. Appoint such ad hoc committees as may seem necessary or appropriate to assist the MEC in carrying out its functions and those of the Medical Staff;

m. Approve an annual Medical Staff budget;

n. Maintain a liaison with the Vice President for Medical Affairs for his assistance with Medical Staff issues;

o. Review and coordinate quality improvement activities of the Medical Staff Departments;

p. Complete a conflict of interest agreement annually; and

q. Perform such other responsibilities as are assigned by the Medical Staff, these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual.

9.2-4 The Medical Staff shall manage conflict between the Medical Staff and the MEC on issues including, but not limited to, proposals policies or an amendment thereto. Upon the Board's receipt of a written petition signed by 10% of the members entitled to vote, consideration shall be given to reconsider actions taken by the MEC.

9.2-5 Meetings

The MEC shall meet as often as necessary, but at least once a month and shall maintain a record of its proceedings and actions. The record of each MEC meeting shall be submitted in full or summary form to the board of directors prior to the next meeting of the board. The Hospital President shall attend all MEC meetings.

9.3 Credentials Committee

9.3-1 Composition

The credentials committee shall consist of not less than five members of the active staff selected on a basis that shall ensure insofar as feasible, representation of major clinical specialties and each of the staff departments. A practitioner who is employed by another hospital system is not eligible to serve as chairman of the Credentials Committee.

9.3-2 Duties

The duties of the Credentials Committee shall be to:

a. Review and evaluate the qualifications of each applicant for initial appointment, provisional review, reappointment, or modification of clinical privileges and to consider in this review the report of the department chairmen;

b. Submit reports and recommendations to the MEC with respect to appointment, Staff category, division affiliation, clinical privileges or specified services and special conditions attached thereto;

c. Conduct provisional reviews and reappointments at the appropriate times and to make recommendations to the MEC and Board regarding these reviews and to consider in the review the report of the department chairman;

d. Review and formulate applications, service classifications and reference questionnaires to aid in the credentialing process; and,

e. Investigate, review and report on matters, including the clinical or ethical conduct of any practitioner, Advanced Practice Clinician or Dependent Allied Health Professional, assigned or referred by the Medical Staff President the MEC, or those responsible respectively, for he functions described in subsection 2.2.

9.3-3 Meetings

The credentials committee shall meet as often as necessary at the call of its chairman.

9.4 Bylaws Committee

9.4-1 Composition

The Bylaws Committee shall be chaired by the Medical Staff Vice President and shall consist of at least four additional members of the active Medical Staff.

9.4-2 Duties

The duties of the Bylaws Committee shall be to:

a. Conduct an annual review of the Medical Staff Bylaws, as well as the rules and regulations, manuals, and forms promulgated by the Medical Staff, its departments, and divisions;

b. Submit recommendations to the MEC for changes in the items specified in paragraph (a) as necessary to reflect appropriate Medical Staff practices;

c. Receive and evaluate for recommendation to the MEC suggestions for modification of the items specified in paragraph (a);

d. Periodically review the hospital corporate bylaws to verify they are consistent with the Medical Staff Bylaws, rules and regulations, and manuals; and,

e. Perform such other responsibilities as are assigned by the MEC, these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual.

9.4-3 Meetings

The Bylaws Committee shall meet as often as necessary at the call of its chairman, but at least annually.

9.5 Nominating Committee

9.5-1 Composition

The Nominating Committee shall consist of the Immediate Past President of the Medical Staff and one member of each Medical Staff department appointed by the department no later than March 1. The Committee shall organize immediately after the election and select a chairman.

9.5-2 Duties

The Nominating Committee shall nominate persons to stand for election as officers and other positions as provided in these Bylaws. The Committee shall perform such other responsibilities as are assigned by the MEC, these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual.

9.5-3 The Nominating Committee shall meet as often as necessary at the call of its chairman.

9.6 Review of Blood and Blood Component Usage

9.6-1 It shall be the responsibility of each Medical Staff Quality Improvement Committee to review and monitor the use of blood and blood components within the represented departments.

9.6-2 Duties

The duties of the each Medical Staff Quality Improvement Committee with respect to blood and blood component use shall be to:

a. Evaluate the appropriateness of cases in which patients were administered transfusions, including the use of whole blood and blood components;

b. Evaluate all confirmed transfusion reactions;

c. Follow established policies and procedures relating to the distribution, handling, use, and administration of blood and blood components;

d. Review the adequacy of transfusion services to meet the needs of patients;

e. Review the ordering practices for blood and blood products.

f. Perform such other responsibilities as are assigned by the MEC, these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual.

9.7 Committee Appointment

Active Medical Staff members shall be appointed or elected to serve on Hospital and/or Board Committees as required by Committee guidelines to provide Medical Staff input. These committees may include, but shall not be limited to: Biomedical Ethics Committee, Cancer Committee, Infection Control Committee, Research Review Committee, Medical Records Committee, Allied Clinical Provider Committee, Pharmacy and Therapeutics Committee, Quality Improvement Committee, and the Joint Conference Committee. Authority is granted to each committee to create policies and provide oversight for the relevant subject matter.

9.8 Subcommittees and Ad Hoc Committees

Subcommittees and ad hoc committees may be formed at the division, department, or general Medical Staff level by the respective chairmen or Medical Staff President to develop treatment guidelines, credentialing criteria, and to accomplish other quality improvement and patient safety activities. Members of such committees and their chairmen shall be appointed by the respective chairmen or the Medical Staff President. Participation on the committees is mandatory in accordance with subsection 10.6 for those appointed.

ARTICLE TEN
COMMITTEES

10.1 Medical Staff Meetings

10.1-1 Annual Meeting

There shall be an annual meeting of the Medical Staff which shall be held in May. The date, place, and time of the annual meeting shall be determined by the MEC and adequate notice shall be given to the members.

10.1-2 Agenda

The order of business at meetings of the Medical Staff shall be determined by the Medical Staff President and the MEC. The agenda shall include, insofar as feasible:

a. Reading and acceptance of the minutes of the last annual meeting and all special meetings held since the last regular meeting;

b. Administrative reports from the officers, departments, committees, and the Hospital President or his designee;

c. Election of officers when required by these Bylaws;

d. Old business; and,

e. New business.

10.1-3 Special Meetings

Special meetings of the Medical Staff may be called at any time by the Medical Staff President or MEC, or upon the written request of 10 percent of the members of the active Medical Staff. The individual or body calling or requesting the special meeting shall state the purpose of the meeting in writing. The meeting shall be scheduled by the MEC within 30 days after receipt of such request. No later than 15 days prior to the meeting, notice shall be mailed or delivered to the members of the staff. The notice shall include the stated purpose of the meeting. No business shall be transacted at any special meeting except that stated in the notice.

10.2 Committee, Department, and Division Meetings

10.2-1 Regular Meetings

Except as otherwise specified in these Bylaws, the presiding officer of committees, departments, and divisions may establish the times for the holding of regular meetings. The presiding officer shall make every reasonable effort to ensure the meeting dates are disseminated to the members with adequate notice.

10.2-2 Special Meetings

A special meeting of any Medical Staff committee, department, or division may be called by the presiding officer, the MEC, or the Medical Staff President, or by written request of one-third of the current members, eligible to vote, but not less than two members. A conference call may be utilized upon written request of the presiding officer, in consultation with the Vice President for Medical Affairs, with five business days notice to all committee members.

10.3 Quorum

The quorum at all Medical Staff meetings is a minimum of two voting members for agenda items only. Any non-agenda items introduced at the meeting shall require a quorum of 30% of the members to take action

10.4 Manner of Action /Policy Adoption & Amendment Process

Except as otherwise specified in these Bylaws, the action of a majority of the practitioners who have been granted voting privileges who are participating and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these Bylaws. Valid action may be taken without a meeting if it is acknowledged by a writing setting forth of the action so taken and the writing is signed by at least two-thirds of the members entitled to vote.

10.5 Minutes

Except as otherwise specified in these Bylaws, minutes of all meetings shall be maintained and shall include a record of attendance and the vote taken on significant matters. Copies of such minutes shall be signed by the presiding officer,

approved by the attendees, forwarded to the division, department, or Medical Executive Committee, as appropriate, and made available to the Staff. A permanent file of the minutes of each meeting shall be maintained.

10.6 Attendance Requirements

10.6-1 Regular Attendance

During each Medical Staff year, each member of the active staff is expected to attend at least 50 percent of the combined meetings of the department, division, standing committees, ad hoc committees and sub-committees of which he is a member.

10.6-2 Definition of satisfactory meeting attendance shall be determined by the meeting chairman. Excused absences from meetings shall be at the discretion of the individual chairperson of the meeting. The chairperson or practitioner shall communicate the approved absence to the Medical Staff Office. The chairman is responsible for verifying the meeting attendance which is submitted along with the meeting minutes to the appropriate responsible Medical Staff body.

10.6-3 An active staff members who attends:

a. at least seventy-five percent (75%) of the combined meetings of the general Medical Staff, department, division, standing committees, ad hoc committees and sub-committees of which he is a member in any Medical Staff year, or

b. at least ten (10) meetings of the general Medical Staff, department, division, standing committees, ad hoc committees and sub-committees of which he is a member in any Medical staff year shall receive a fifty percent (50%) reduction in the amount of annual dues that is assessed to that member for the following Medical Staff year. Additional recognition for exceptional meeting attendance may be awarded at the discretion of the Medical Executive Committee.

10.6-4 Chairmen of departments, divisions and standing Medical Staff committees must attend at least 67% of the corresponding body's meetings in any year. Failure to do so shall be cause for activation of removal procedures in accordance with these Bylaws.

10.6-5 Medical Executive Committee members must attend at least 50% of the Medical Executive Committee meetings in any year. Failure to do so shall be cause for activation of removal procedures in accordance with these Bylaws.

10.6-6 Special Attendance
At the discretion of the presiding officer, when a practitioner's practice or conduct is scheduled for discussion at a regular department, division, or committee meeting, the practitioner may be requested to attend. If a suspected deviation from standard clinical practice is involved, the notice shall be given at least seven days prior to the meeting and shall include the time and place of the meeting, the clinical privileges potentially affected, and a general indication of the issue involved. Failure of a practitioner to appear at any meeting with respect to which he was given such notice, unless excused by the MEC upon a showing of good cause, shall be a ground for corrective action.

10.7 Conduct of Meetings

Unless otherwise specified, meetings shall be conducted according to *Robert's Rules of Order*. However, technical or non-substantive departures from such rules shall not invalidate action taken at such a meeting.

10.8 Executive Sessions

The presiding officer of a staff, department, division, or committee meeting may, in his discretion, exclude from an executive session those individuals, except for the Hospital President or his designee and including Medical Staff members and other practitioners, who are not eligible to vote at the meeting unless the presiding officer's decision is overturned by a majority of those present and eligible to vote at the meeting. A decision that a practitioner is to be excluded from an executive session does not entitle the practitioner to the procedural rights set forth in the Credentialing or Fair Hearing Manual.

ARTICLE ELEVEN
AUTHORIZATIONS, IMMUNITY, AND RELEASES

11.1 Special Definitions

The following definitions shall apply to this article:

a. Hospital representative means a hospital officer; the Board; a member of the Board; a Board or other hospital committee or subcommittee; the chairman, the vice chairman, or another member of a board or other hospital committee or subcommittee; the Hospital President; the Vice President for Medical Affairs; a hospital employee or other agent; a hospital attorney; and any other person or body required or authorized to assist the hospital to perform a duty or function of the hospital.

b. Medical Staff representative means a member; another practitioner; a Medical Staff officer; a Medical Staff representative pursuant to subsection 7.10; the MEC; another Medical Staff standing or ad hoc committee or subcommittee; the chairman, the vice chairman or another member of a Medical Staff committee or subcommittee; a Medical Staff department or division; the chairman or vice chairman of a Medical Staff department or division; a committee or subcommittee of a Medical Staff department or division; the chairman, the vice chairman or another member of a committee or subcommittee of a Medical Staff department or division; a Medical Staff attorney; and any other person or body required or authorized to assist the Medical Staff perform a duty or function of the Medical Staff.

c. Third party means any person or body.

11.2 Authorizations

By applying for or accepting and retaining Medical Staff membership or clinical privileges, an individual authorizes:

a. The hospital, the Medical Staff, and their representatives to solicit from third parties, through consultation, review of documents, or any other method, reasonably reliable information which reasonably bears upon the individual's qualifications for membership or privileges, as applicable, and to take other action required by or not inconsistent with these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual; and,

b. Third parties to provide the hospital, the Medical Staff, and their representatives with reasonably reliable information which reasonably bears upon the individual's qualifications for membership or clinical privileges, as applicable, and access to documents which contain such information.

11.3 Immunity

By applying for, accepting or retaining Medical Staff membership or clinical privileges, an individual grants absolute immunity from all liability for monetary damages, attorneys' fees, court costs, or any other type of penalty or economic loss to the Hospital, any Hospital representative (as defined in subsection 11.1a), the Medical Staff and any Medical Staff representative (as defined in subsection 11.1b), as well as any other person or body, whether identified herein or not as a result of any action taken pursuant to these Bylaws.

11.4 Releases

Each member, other practitioner, or applicant shall, upon request of the Medical Staff or hospital, execute general and specific releases in accordance with the express provisions and general intent of this article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this article.

ARTICLE TWELVE
HISTORY AND PHYSICAL EXAMINATION

12.1 The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, inpatient admission or registration, but prior to surgery or a procedure requiring anesthesia services.

12.2 For a medical history and physical examination that was completed within 30 days prior to inpatient admission or registration, an update documenting any changes in the patient's condition is completed within 24 hours after inpatient admission or registration, but prior to surgery or a procedure requiring anesthesia services, whichever comes first.

12.3 A History shall contain the following information:

a. Chief Complaint
b. History of Present Illness
c. Past Medical History
d. Family History
e. Social History
f. Review of Systems

12.4 A Physical shall contain the following information:
a. General description of the patient's physical appearance
b. Examination of the head (including ear, nose, throat, and mouth)
c. Examination of the chest (including heart and lungs)
d. Examination of the abdomen
e. Examination of the genito-urinary system (including female pelvis)
f. Examination of neuromuscular system and extremities
g. Initial impression
h. Plan of action

12.5 Where permitted a short form History and Physical containing the following information shall be accepted:

a. Chief complaint
b. Diagnosis/Indication for proposed procedure/observation
c. History
d. Allergies
e. Past medical, surgical, and family history/habits
f. Review of systems
g. Physical examination

12.6 The hospital's standard prenatal history and physical form may be used for obstetrical patients when the patient is admitted for labor. Obstetrical patients coming to major surgery should have a complete preoperative physical examination recorded, as is done for other major surgery patients.

12.7 If a History and Physical does not appear on the medical record before the surgery, a handwritten progress note must appear and include:

a. chief complaint and presumptive diagnosis;
b. historical findings, including pertinent laboratory and radiographic results;
c. pertinent physical examination including examination of heart and lungs;
d. proposed procedure;
e. any contraindications to surgery.

The surgery shall be cancelled and the surgeon notified if the above is not completed. However, the procedure may be carried out if the attending surgeon states in writing that the surgery is an emergency and that such delay would constitute a hazard to the patient and that examination of the heart and lungs is satisfactory for anesthesia.

12.8 A History and Physical examination may be written for a Medical Staff member who has admitting privileges by a non-Staff member who is a duly licensed physician or other licensed independent practitioner A History and Physical examination that is completed by a non-Staff member does not become valid until it is signed by a member of the Medical Staff.

ARTICLE THIRTEEN
MISCELLANEOUS PROVISIONS

13.1 Rules and Regulations, Manuals and Hospital Plans

The Medical Staff shall initiate and adopt such rules and regulations and plans, which shall be consistent with the Hospital's policies and Bylaws, and with applicable legal requirements, or as it may otherwise deem necessary for the proper conduct of its work, and shall periodically review and revise its rules and regulations and manuals to comply with appropriate Medical Staff practice.

13.1-1 Credentialing Manual

Issues pertaining to, initial appointments, provisional status, reappointment, temporary privileges, are contained in the credentialing manual and are incorporated herein by reference.

13.1-2 The Board has delegated responsibility for care management, quality improvement, and patient safety to the Hospital President and the Medical Staff as delineated in the following plans:

a. The Utilization Management Plan

The Utilization Management Plan addresses issues pertaining to the establishment of a Care Management Program to assure the appropriate allocation of hospital services and resources in an effort toward the provision of quality patient care balanced with cost-effective care.

b. Quality Improvement Plan

This plan addresses issues pertaining to the establishment of a hospital-wide system to direct, coordinate, and integrate the ongoing objective assessment of important aspects of patient care and the improvement of systems in order to provide quality patient care in a cost-effective manner.

c. Safety Plan

This plan addresses issues pertaining to the improvement of patient safety and reduction of the risk of adverse events.

13.2 Dues or Assessments

The MEC shall have the power to set the amount of annual dues or assessments, if any, for each category of Medical Staff membership and other practitioners, subject to the approval of the Medical Staff, and to determine the manner of collection and expenditure of such funds received. Practitioners shall pay their dues and assessments on a timely basis. The MEC shall have the power to waive or reduce medical staff dues on an individual basis, as appropriate when special circumstances occur.

13.3 Authority to Act

Any practitioner who acts in the name of the Medical Staff without proper authority shall be subject to such disciplinary action as the MEC may deem appropriate.

13.4 Notices

Except where specific notice provisions are otherwise provided in these Bylaws, any and all notices, demands, requests required or permitted to be provided shall be in writing. Mailed notices to a practitioner, applicant or other party, shall be to the addressee at the address as it last appears in the official records of the Medical Staff or the hospital.

13.5 Disclosure of Interest

All nominees for election or appointment to Medical Staff, department, or division office or the MEC shall, at least ten days prior to the date of election or appointment, disclose in writing to the MEC those personal, professional, or financial affiliations or relationships, of which they are reasonably aware, which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff.

13.6 Third Party Beneficiary Rights

No provision in these Bylaws, the Medical Staff rules and regulations, or a Medical Staff manual shall be construed as vesting a third party beneficiary right in any hospital patient.

13.7 Authority to Take Adverse Action

Medical Staff membership, assignment to a staff category, assignment to a department, assignment to a division, and clinical privileges shall not be denied, terminated, revoked, suspended, modified, or otherwise restricted except as required by these Bylaws (in the case of an automatic denial, termination, revocation, suspension, modification, or restriction) or pursuant to a mechanism provided in the Credentialing Manual or another provision of these Bylaws, rules & regulations, or hospital bylaws.

ARTICLE FOURTEEN
ADOPTION AND AMENDMENT

14.1 Adoption and Amendment

14.1-1 Procedure Bylaws and Rules and Regulations

Upon the request of the Medical Staff President, the MEC, the Bylaws Committee, or upon timely written petition signed by at least 10 percent of the members who are entitled to vote, consideration shall be given to the adoption or amendment of these Bylaws and rules and regulations. Such action shall be taken by one of two methods, either:

a. by a vote taken at a regular or special meeting of the general Medical Staff, or
b. As approved by the MEC, by a mail ballot distributed to all active Staff members

14.1-2 In the case of 1.1a

a. notice of the proposed change was sent to all members at least 15 days prior to the date of the meeting; and,
b. the notice includes the exact wording of the existing Bylaws and rules and regulations language, if any, and the proposed change(s).

14.1-3 In the case of 1.1b

a. The ballot contains the exact wording of the existing Bylaws and rules and regulations language and that the proposed change(s) are clearly indicated;
b. that the proposed change(s) are grouped by the Bylaws Committee into logically connected changes which shall be voted upon as a group; and
c. that a date for mailing and a deadline that the two dates shall be separated by at least 14 days and by not more than 21 days.

14.1-4 Action on Bylaws and Rules and Regulations Change

A change in these Bylaws and rules and regulations by action of the medical Staff at a regular or special meeting of the general medical Staff (14.1-1.1a. above) requires the presence of a quorum as provided in section 10.3 of the Bylaws and shall require an affirmative vote of a majority of the members present and eligible to vote.

A change in these Bylaws and rules and regulations as a result of a mail ballot (14.1b. above) shall require an affirmative vote of a majority of the votes received by the set deadline. In this later case, the vote tally shall be confirmed by the Medical Staff President, Medical Staff Vice President and Treasurer/Secretary.

14.1-5 Board Approval

Bylaw and Rule and Regulation changes adopted by the Medical Staff shall become effective following final ratification and approval by the Board which approval shall not be unreasonably withheld provided such changes as approved by the Board shall not conflict with the Hospital Bylaws and rules and regulations. Upon final Board approval, the Medical Staff and the Board shall act in accordance and comply with these Bylaws and rules and regulations as amended.

14.1-6 Exclusivity

The two methods described herein shall be the sole methods for the initiation, adoption, amendment, or repeal of the Medical Staff Bylaws and rules and regulations.

APPENDIX A

FAIR HEARING AND APPELLATE REVIEW PROCESS

SHORT TITLE

This Fair Hearing and Appellate Review Process shall be referred to as the “Fair Hearing Plan” or “Plan.”

DEFINITIONS

Except as otherwise set forth herein, the definitions set forth in the Bylaws apply.

1. “Adverse Recommendation or Action” means a recommendation or action determined to be “adverse” pursuant to Article I, Section 1 (below).

2. “Appellate Review Body” means the group designated under this Plan to hear a request for appellate review properly filed and pursued by a Medical Staff Member.

3. “Hearing Committee” means the committee appointed under this Plan to hear a request for an evidentiary hearing properly filed and pursued by a Medical Staff Member.

4. “Joint Conference Committee” means the group consisting of members of the Board and Medical Staff designated under this Plan to hear matters at the request of the Hospital President or Chairman of the Board and make a recommendation to the Board.

5. “Medical Staff Bylaws” means the WellSpan Ephrata Community Hospital Medical Staff Bylaws.

6. “Party or Parties” means the Medical Staff Member who requested the hearing and/or appellate review and the body or bodies whose adverse recommendation or action prompted the right to a hearing or appellate review under this Plan.

7. “Medical Staff Member” means the Medical Staff Member against whom an adverse action has been recommended or taken.

8. “Special Notice” means written notification sent by two (2) of the following four (4) methods: in person, fax, U.S. Mail or Hospital electronic mail.

INTERPRETATION

1. Headings

   The Headings in this Plan are intended only for reference purposes and shall not be construed as defining, limiting or describing the scope or intent of the Plan.

2. Numbers

   As used in the Plan and required by context, each number (singular or plural) shall include all numbers.

3. Gender

   Whenever a personal pronoun is used, it shall mean a person of either gender.

ARTICLE I – HEARING PROCESS

1. Initiation of Hearing

1.1 Triggering Events

a. Recommendations or Actions

Except as otherwise set forth in the Bylaws, the following recommendations or actions, if deemed adverse under Article I, Section 1.1.b. below, entitle the Medical Staff Member to a hearing upon timely and proper request:

1. Denial of initial staff appointment(except where such denial is based upon a Medical Staff staffing or development plan);

2. Denial of reappointment

3. Suspension of staff membership and/or clinical privileges;

4. Revocation of staff membership and/or clinical privileges;

5. Denial of requested appointment to or advancement in staff category;

6. Reduction in staff category;

7. Suspension or limitation of the right to admit patients or of any other membership prerogative directly related to the Medical Staff Member's provision of patient care;

8. Denial of requested department (or service) or other clinical unit affiliation;

9. Denial or restriction of requested clinical privileges;

10. Reduction in clinical privileges;

11. Individual application of, or individual changes in, mandatory consultation requirement.

b. When Deemed Adverse.

A recommendation or action listed in Article I, Section 1.1.a. is adverse only when it has been:

1. Recommended by the MEC; or

2. Taken by the Board under circumstances where no prior right to request a hearing existed.

c. When Deemed Not Adverse.

A recommendation or action listed in Article I, Section 1.1.a. is not adverse only when it has been:

1. The result of a voluntary relinquishment or relinquishment of privileges and/or Medical Staff membership by a Medical Staff Member, pursuant to the Bylaws; or

2. Based upon a Medical Staff Member's failure to meet objective standards for qualification at the time of initial appointment or reappointment

3. Taken as a result of the Board or Hospital's decision to close a service or department;

4. Taken as a result of the Board or Hospital's decision to award or terminate an exclusive services agreement; or

5. Taken in such a manner that, even if the action remains adverse to the Medical Staff Member, it would not otherwise result in the submission of a report to the National Practitioner Data Bank.

1.2 Notice Of Adverse Recommendation Or Action

a. The Hospital President shall promptly provide the Medical Staff Member with special notice of an adverse recommendation or action. It shall inform the Medical Staff Member:

1. that an adverse recommendation or action has been proposed to be taken against the Medical Staff Member;

2. a summary of the reasons for the proposed recommendation or action;

3. that the Medical Staff Member has the right to request a hearing on the proposed recommendation or action;

4. that the Medical Staff Member has thirty (30) days after receiving the special notice within which to submit a request for a hearing and that the request must satisfy the conditions set forth in Article I, Section 2; and

5. a summary of the Medical Staff Member's rights and duties pursuant to Article I, Section 3.

b. A copy of the Medical Staff Bylaws and Fair Hearing Plan shall be included with the special notice.

2. Request For Hearing

2.1 Request For Hearing

A Medical Staff Member has thirty (30) days after receiving notification under Article I, Section 1.2 to file a written request for a hearing. The request must be delivered to the Medical Staff President by Special Notice (see definition). If the Medical Staff Member intends to be represented by an attorney at the hearing, the request for a hearing must state that intent and the name of the Medical Staff Member's attorney.

2.2 Failure To Request Hearing

A Medical Staff Member who fails to request a hearing within the time and in the manner specified in Article I, Section 2.1 waives any hearing or appellate review to which he or she might otherwise have been entitled.

3 Parties' Rights And Duties

3.1 Rights Of Parties

During a hearing, each party may:

a. call, examine, and cross-examine witnesses;

b. present evidence determined to be relevant by the Presiding Officer (as hereinafter defined), subject to Article I, Section 5. hereof;

c. request that the record of the hearing be made by the use of a court reporter;

d. request that copies of the said proceeding be available upon payment of any reasonable charges associated with the preparation thereof; and

e. submit a written statement at the closing of the hearing.

3.2 Additional Rights And Duties Of Medical Staff Member

a. Subject to Article I, Section 2.1 the Medical Staff Member may be accompanied and represented at the hearing by an individual of his or her choice, including an attorney. The body (or bodies) whose recommendation or action prompted the right to a hearing (as well as other interested committees or components of the Hospital, Board or Medical Staff) may be represented by an attorney at the hearing irrespective of whether if the Medical Staff Member is represented by an attorney

b. Upon completion of the hearing, the Medical Staff Member has the right to receive the written recommendation of the Hearing Committee (as hereinafter defined).

c. At least fifteen (15) days prior to a hearing, the Medical Staff Member shall provide the body (or bodies) whose recommendation or action prompted the right to a hearing with a list of witnesses. The parties shall also exchange exhibits at that time and provide copies of the same to the Hearing Committee.

3.3 Failure to Appear

If the Medical Staff Member fails, without good cause, to appear at the hearing, the right to a hearing and appellate review shall be waived.

4 Notification Of Hearing

4.1 Notification

The Medical Staff President shall immediately deliver timely and proper hearing requests to the Hospital President or the Chairman of the Board depending upon whose recommendation or action prompted the right to a hearing. Upon receipt of a request for a hearing, the Hospital President or Chairman of the Board, as appropriate, shall schedule and arrange for a hearing which shall be not later than sixty (60) days from the receipt of the request for the hearing. At least thirty (30) days prior to the hearing date, the Medical Staff President shall send the Medical Staff Member Special Notice of the time, place and date of the hearing and of the composition of the hearing panel; provided, however, that a hearing for a Medical Staff Member who is under suspension then in effect must be held as soon as the arrangements may be reasonably made, but not later than forty-five (45) days after the Medical Staff President received the hearing request. The special notice shall include a list of the witnesses (if any) expected to testify at the hearing on behalf of the body or bodies whose recommendation or action prompted the right to a hearing.

5. Fair Hearing Process

5.1 Nature of Proceeding

The proceedings conducted by the Hearing Committee are a review based upon the any investigation reports and/or information, all subsequent results and actions, the written and/or oral statements, if any, provided below, and any other material that may be presented and accepted under the fair hearing procedure and deemed to be relevant by the Presiding Officer. The purpose of these proceedings is to continue the peer review process and determine whether or not the adverse recommendation or action is appropriate in view of the totality of the information presented before the Hearing Committee.

5.2 Appointment of Hearing Committee

a. By the Medical Staff

A hearing occasioned by an adverse MEC recommendation is conducted by a Hearing Committee appointed by the Medical Staff President composed of at least three (3) members of the Medical Staff not in direct economic competition, as defined by the same specialty and not the professional group or professional corporation through which they practice, with the Medical Staff Member involved. The Medical Staff President shall designate one (1) of the appointees as chairman of the Hearing Committee.

b. By the Board

A hearing occasioned by an adverse action of the Board is conducted by a Hearing Committee appointed by the chairman of the Board and composed of five (5) persons, including at least two (2) members of the Medical Staff not in direct economic competition, as defined by the same specialty and not the professional group or professional corporation through which they practice, with the Medical Staff Member. The chairman of the Board shall designate one (1) of the appointees as chairman of the Hearing Committee.

c. Service on Hearing Committee

1. A Medical Staff or Board member is not disqualified from serving on a Hearing Committee merely because he or she participated in investigating the underlying matter at issue or because he or she has heard of the case or has knowledge of the matter. A Medical Staff or Board member is disqualified from serving on a Hearing Committee if that Medical Staff or Board member is in direct economic competition, as defined by the same specialty and not the professional group or professional corporation through which they practice, with the Medical Staff Member.

2. If the Medical Staff Member has any objection to the composition of the hearing panel, the same must be raised in writing and delivered to either the Medical Staff President or the chairman of the Board or Directors, as appropriate, at least ten (10) days prior to the scheduled date of the hearing. The Medical Staff Member's objection must state in sufficient detail the reasons and basis for the objection so made. The Medical Staff President or the chairman of the Board, as appropriate, in his or her sole discretion, shall take action upon the objection. Action upon the objection may include the following: overruling the objection and proceeding with the hearing on the scheduled date; sustaining the objection, replacing one or more of the Hearing Committee members and proceeding with the hearing on the scheduled date; or sustaining the objection, replacing one or more of the Hearing Committee members, and rescheduling the hearing for a date not later than thirty (30) days from the date originally scheduled for the hearing.

5.3 Hearing Officer/Presiding Officer

a. Use of Hearing Officer

The use of a Hearing Officer to assist the Hearing Committee at the hearing is optional and is to be determined by the Medical Staff President or the chairman of the Board, as appropriate. A Hearing Officer may or may not be an attorney at law, but must be experienced in conducting hearings. A Hearing Officer shall not be in direct economic competition, as defined by the same specialty and not the professional group or professional corporation through which they practice, with the Medical Staff Member involved.

b. Presiding Officer

The chairman of the Hearing Committee or, in the chairman's discretion, the Hearing Officer, if any, shall be the Presiding Officer. The Presiding Officer maintains decorum and assures that all participants have a reasonable opportunity to present relevant oral and documentary evidence. The Presiding Officer shall determine the order of procedure during the hearing and shall make all rulings on procedure and the admissibility of evidence. The Presiding Officer may conduct pre-hearing conferences with the parties and is specifically empowered to impose reasonable limitations, including time limitations, upon the parties and the presentation of their cases.

5.4 Personal Presence

a. Failure to Appear

The personal presence of the Medical Staff Member is required. A Medical Staff Member who fails, without good cause, to appear and proceed at the hearing waives his or her rights in the same manner as provided in Article I, Section 2.3.

b. Testimony

If the Medical Staff Member does not testify in his or her own behalf, he or she may be called and examined as if under cross-examination.

5.5 Procedure And Evidence

The hearing need not be conducted strictly in accordance with the rules of law relating to the examination of witnesses or presentation of evidence. During a hearing, each party may present evidence considered to be relevant by the Presiding Officer, regardless of its admissibility in a court of law. Furthermore, any relevant matter upon which reasonable persons customarily rely in the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party is entitled, prior to or during the hearing, to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record. The Presiding Officer may, but is not required to, order that oral evidence be taken only on oath or affirmation.

5.6 Official Notice

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

5.7 Burden Of Proof

The body (or bodies) whose adverse action or recommendation prompted the right to a hearing has the burden of presenting its case and demonstrating that there was a reasonable basis for such adverse action.

5.8 Hearing Record

A court reporter shall be utilized to prepare a record of the hearing.

5.9 Postponement

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

5.10 Presence Of Hearing Committee Members

A majority of the Hearing Committee, but not less than three (3) members, must be present for each hearing and during deliberations on the decision.

5.11 Recesses And Adjournment

The Hearing Committee may recess and reconvene the hearing without additional notice for the convenience of the participants or for any other purpose. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the Parties. Upon conclusion of its deliberations, the hearing shall be adjourned.

5.12 Hearing Committee Report

Within ten (10) days after final adjournment of the hearing, the Hearing Committee shall make a written report of its findings and recommendations and forwards the report along with the record and other documentation to the body (or bodies) whose adverse action prompted the right to a hearing to the Medical Staff Member involved and to the Medical Staff President. The Hearing Committee's report shall include a statement as to whether there was a reasonable basis for the recommendations or action.

5.13 Reconsideration

Upon written request of either Party, the Hearing Committee shall have the right, in its sole and absolute discretion, to re-open a hearing prior to the issuance of a Hearing Committee Report or to reconsider the decision set forth in the Hearing Committee Report, if in the limited and isolated circumstance where new and additional pertinent information becomes available. The Hearing Committee shall not re-open a hearing or reconsider a decision based upon new and additional information unless the party seeking to introduce the information can demonstrate that the information was not available or discoverable in time for presentation to the Hearing Committee at the original hearing.

6. Effect Of Hearing Committee Report

6.1 Action On Hearing Committee Report

Within thirty-five (35) days after receiving the Hearing Committee Report, the body (or bodies) whose adverse recommendation or action occasioned the hearing shall consider the Report, and affirm, modify or reverse the original recommendation or action. The final result shall be transmitted to the Hospital President.

6.2 Notification And Effect Of Result

a. Notification

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

b. Effect of Favorable Result

1. By the Board

If the Board's result under Article I, Section 6.1 is favorable to the Medical Staff Member, it becomes the final decision of the Board.

2. By the Medical Executive Committee

If the MEC result is favorable to the Medical Staff Member, the Hospital President shall promptly forward it, together with all supporting documentation, to the Board and the Board shall take action consistent with Article I, Section 6.3 of this Plan.

c. Effect on Adverse Result

If the result of the MEC or the Board under Article I, Section 6.1 continues to be adverse to the Medical Staff Member, this special notice shall inform him or her of his or her right to request an appellate review as provided in Article II of this Plan.

6.3 Board Action After Favorable MEC Result

a. Action

The Board shall, within thirty (30) days of receipt of a matter, render a decision.

b. Effect of Favorable Action

If the Board's decision after a favorable MEC result is also favorable to the Medical Staff Member, it becomes the final decision of the Board.

c. Effect of Adverse Action

If the Board's decision after a favorable MEC result is adverse to the Medical Staff Member, the decision of the Board shall not be considered final. The Hospital President shall submit the matter to the Joint Conference Committee for further review and consideration. The Joint Conference Committee shall, within thirty (30) days after receipt of a matter, submit its recommendation to the Board. The Board shall then render a final decision.

d. Notification

The Hospital President shall provide the Medical Staff Member and with the recommendation of the Joint Conference Committee and/or the action and/or final decision of the Board.

ARTICLE II – APPELLATE REVIEW PROCESS.

1. Request For Appellate Review

1.1 Request For Appellate Review

A Medical Staff Member has thirty (30) days after receiving special notice under Article I, Section 6.2.c. to file a written request for an appellate review. The request must be delivered to the Hospital President, by special notice (see definition) and may include a request for a copy of the Hearing Committee's report and record and all other material, if not previously forwarded, that was considered by the Hearing Committee. If the Medical Staff Member wishes to be represented by an attorney at any appellate review proceeding, the request for appellate review must state that intent and the name of the Medical Staff Member's attorney.

1.2 Failure To Request Appellate Review

A Medical Staff Member who fails to request an appellate review within the time and in the manner specified in Article II, Section 1.1. waives any appellate review to which he or she might otherwise have been entitled.

2. Notification Of Time And Place For Appellate Review

2.1 Notification

The Hospital President shall immediately deliver timely and proper requests for appellate review to the Chairman of the Board. Upon receipt of a request for appellate review, the Chairman of the Board shall schedule and arrange for an appellate review which shall not be later than sixty (60) days from the receipt of the request for appellate review. At least thirty (30) days prior to the appellate review, the Hospital President shall send the Medical Staff Member special notice of the time, place, and date of the review and of the composition of the Appellate Review Body.

3. Appellate Review Procedure

3.1 Appellate Review Body

If a prior MEC adverse recommendation is the basis for appellate review, the Chairman of the Board shall appoint the Appellate Review Body. The Chairman of the Board shall select the Appellate Review Body, which shall consist of three (3) members of the Board. If a Board action is the basis for review, the Joint Conference Committee shall serve as the Appellate Review Body. The Chairman of the Board shall designate one (1) of the appointees as Chairman of the Appellate Review Body.

3.2 Nature Of Proceedings

The proceedings conducted by the Appellate Review Body are a review based upon the hearing record, the Hearing Committee Report, all subsequent results and actions, the written and/or oral statements, if any, as provided below, and any other material determined to be relevant by the Presiding Officer that may be presented and accepted under the appellate review procedure. The purpose of these proceedings is to continue the peer review process and determine whether or not the adverse recommendation or action is appropriate in view of the totality of the information presented before the Hearing Committee and the Appellate Review Body.

3.3 Hearing Officer/Presiding Officer.

a. Use of Hearing Officer

The use of a Hearing Officer to assist the Appellate Review Body at the appellate review is optional and is to be determined by the chairman of the Board. A Hearing Officer may or may not be an attorney at law, but must be experienced in conducting hearings. A Hearing Officer shall not be in direct economic competition, as defined by the same specialty and not the professional group or professional corporation through whom they practice, with the Medical Staff Member involved.

b. Presiding Officer

The chairman of the Appellate Review Body or, in the chairman's discretion, the Hearing Officer, if any, shall be the Presiding Officer.

3.4 Representation At Appellate Review

If the Medical Staff Member desires to be represented by an attorney at an appellate review appearance, his or her request for the review pursuant to Article II, Section 2.1 must declare his or her intent to be so represented. The Appellate Review Body may in its sole discretion preclude an attorney from appearing at an appellate review. The body (or bodies) whose recommendation or action prompted the right to an appellate review (as well as other interested committees or components of the Hospitals, Board or Medical Staff) may be represented by an attorney at the appellate review the Medical Staff Member is represented by an attorney.

3.5 Written Statements

The Medical Staff Member may submit a written statement detailing the findings of fact, conclusions and procedural matters with which he or she disagrees and his or her reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing and appellate review process. The statement shall be submitted to the Appellate Review Body and the body (or bodies) whose adverse action prompted the appellate review through the Hospital President at least fourteen (14) days prior to the scheduled date of the appellate review, except if the time limit is waived by the Appellate Review Body. A similar statement may be submitted to the Appellate Review Body through the Hospital President by the body (or bodies) whose adverse action prompted the appellate review at least seven (7) days prior to the scheduled date of the appellate review.

3.6 Oral Statements

The Appellate Review Body, in its sole discretion, may allow the parties or their representatives to personally appear and present oral statements. Any party or representative appearing shall be required to answer questions of any member of the Appellate Review Body.

3.7 Powers

The Appellate Review Body has all the powers granted to the Hearing Committee, and any additional powers that may be reasonably appropriate to or necessary for the discharge of its responsibilities.

3.8 Presence Of Members

A majority of the Appellate Review Body must be present for each appellate review session and during deliberations.

3.9 Recesses And Adjournments

The Appellate Review Body may recess and reconvene the proceedings without additional notice for the convenience of the participants or for any other purpose. At the conclusion of the oral statements, if allowed, the appellate review shall be closed. The Appellate Review Body shall then, at a time convenient to itself, conduct its deliberations outside the presence of the Parties. The appellate review shall be adjourned at the conclusion of those deliberations.

3.10 Consideration Of New Or Additional Matters

Upon written request of either party, the Appellate Review Body shall have the right, in its sole and absolute discretion, to consider new and additional information pursuant to this Fair Hearing Plan.

4 Appellate Review Action

4.1 Action Taken

Within thirty (30) days of adjournment, the Appellate Review Body may affirm, modify or reverse the adverse result or action, or in its discretion, may refer the matter back to the Hearing Committee for further review and recommendation to be returned to it within twenty (20) days and in accordance with its instructions. Within ten (10) days after receipt of such recommendation from the Hearing Committee the Appellate Review Body shall take action.

a. Joint Conference Committee

If the Joint Conference Committee acted as the Appellate Review Body, it shall submit its recommendation to the Board. The Board shall then render a final decision.

b. Board Appointed Appellate Review Body

If the Appellate Review Body is appointed by the Board, it shall submit its recommendation to the Board. If the Board's action is consistent with the last recommendation of the MEC, the decision shall be considered final. If the Board's action is inconsistent with the last recommendation of the MEC, the decision of the Board shall not be considered final and the Hospital President shall submit the matter to the Joint Conference Committee for further review and consideration. The Joint Conference Committee shall, within thirty (30) days of receipt of the matter, submit its recommendation to the Board. The Board shall then render a final decision.

4.2 Notification Of Action Taken

The Medical Staff President shall provide the Medical Staff Member, the Hospital President, the MEC, the Appellate Review Body and the Board with the recommendation and/or action taken by the Appellate Review Body, the Joint Conference Committee and the Board.

ARTICLE III – MISCELLANEOUS

1. Miscellaneous

1.1 Number Of Hearings And Reviews

Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no Medical Staff Member is entitled as a right to request more than one (1) evidentiary hearing and appellate review with respect to the subject matter that is the basis of the adverse recommendation or action which prompted such right.

1.2 Compliance With Bylaws

The failure by the Hospitals or any of their committees or components to meet the conditions described in this Plan shall not, in itself, constitute a violation of any state or federal law or a deprivation of the Medical Staff Member's due process rights.

1.3 Exhaustion Of Remedies

If an adverse recommendation is made or action taken pursuant to Article I, Section 1 of this Plan, the Medical Staff Member must first exhaust the remedies afforded by the Medical Staff Bylaws and this Plan before resorting to legal action. The fact that a Medical Staff Member has exhausted the remedies afforded by the Medical Staff Bylaws and this Plan shall not in any way suggest that any subsequent legal action is proper or appropriate.