

**YORK HOSPITAL**

**MEDICAL STAFF BYLAWS**

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**BYLAWS OF THE MEDICAL STAFF  
OF  
YORK HOSPITAL**

**DEFINITIONS**

1. ACCOMPANYING MANUALS includes the Credentials Policy and Procedures Manual, Rules and Regulations, numerous policies and procedures, the Code of Conduct, and the Corrective Action Procedures and Fair Hearing Plan.
2. ALLIED HEALTH PROFESSIONAL means an individual, other than a physician or dentist, who exercises independent judgment within the areas of his professional competence or who is qualified to render medical or surgical care under the supervision of a physician or dentist.
3. ANNUAL MEETING means the regular meeting of the Medical Staff which occurs no less than one time per year.
4. APPLICANT means an applicant for medical staff membership, clinical privileges, or both, as the context permits.
5. BOARD means the Board of Directors of York Hospital.
6. BOARD CERTIFIED, BOARD QUALIFIED, and BOARD ELIGIBLE refers to medical, dental, or osteopathic specialty boards.
7. CHIEF EXECUTIVE OFFICER means the individual appointed by the Board to act on its behalf in the overall administrative management of the Hospital.
8. CLINICAL DIETICIAN means an individual with undergraduate education to obtain a RDN/RD and/or LDN with current registration from the Commission of Dietetic Registration, and a current license through the PA State Board of Nursing with requirement for continuing education for both registration and licensure. Clinical dietitians serve as a part of the collaborative environment to address dietary needs with the physicians having ultimate responsibility for the patients' care. (Note that clinical dietitians are not members of the medical staff.)
9. CLINICAL PRIVILEGES or PRIVILEGES means the rights granted to a physician or dentist to provide those diagnostic, therapeutic, teaching, research, medical, surgical, or dental services specifically delineated to him. The rights granted shall include rights of access to the Hospital equipment, facilities, and personnel that are necessary to the exercise of the privileges conferred, except to the extent a right of access is affected by a contract entered into with the Hospital.
10. CREDENTIALING means the process of granting authorization by the board to provide specific patient care and treatment services in the hospital, within defined limits, based on an individual's license, education, training, experience, competence, physical and mental ability to perform the activities which form the basis for privileges requested, and judgment.
11. EX OFFICIO means service as an appointee of a body by virtue of an office or position held. This may be with or without voting rights.
12. FAVORABLE ACTION or FAVORABLE RECOMMENDATION means an action or recommendation that is not adverse to the Practitioner as that term is defined in Article IX of these Bylaws.
13. HOSPITAL means York Hospital, York, Pennsylvania.
14. INDIVIDUAL REQUIREMENTS OF CONSULTATION OR SUPERVISION means individually applied consultation or supervision requirements.

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15. MEDICAL EXECUTIVE COMMITTEE means that group of active or executive or Appointees of the medical Staff chosen to represent and coordinate all activities and policies of the Medical Staff and its Departments and Divisions.

16. MEDICAL STAFF or STAFF is the designation to be given to all physicians and dentists who have clinical privileges in the Hospital.

17. PHYSICIAN means an individual with an M.D. or D.O. degree who is licensed to practice medicine in the Commonwealth of Pennsylvania.

18. PRACTITIONER means, unless otherwise expressly limited, any physician, dentist, or Allied Health Professional applying for or exercising clinical privileges or rights to perform patient care services in the Hospital.

19. RIGHTS TO PERFORM PATIENT CARE SERVICES means the rights granted to an Allied Health Professional to provide those diagnostic, therapeutic, teaching, or research services specifically delineated to him. The rights granted shall include rights of access to the Hospital equipment, facilities, and personnel that are necessary to the exercise of the rights conferred, except to the extent a right of access is affected by a contract entered into with the Hospital.

20. SALARIED DEPARTMENT CHAIRMAN means a Department Chairman who is paid by the Hospital to perform the duties of Department Chairman as set forth in Section 7.5-5 of these Bylaws.

21. SPECIAL NOTICE means written notification sent by certified mail to address of record, return receipt requested.

## **PREAMBLE**

WHEREAS, York Hospital is a nonprofit corporation organized under the Laws of the Commonwealth of Pennsylvania; and

WHEREAS, the Hospital's purpose is to serve as a general community Hospital providing patient care, education, community service, and research; and

WHEREAS, federal and state regulations and accreditation standards require the Hospital to have a Medical Staff organized to serve the interests of the Hospital and its patient population; and

WHEREAS, the governance of the Hospital is vested in the Board; and

WHEREAS, it is recognized that the Medical Staff is responsible for the quality of patient care in the Hospital and is both accountable to and subject to the ultimate responsibility and authority of the Board, and that the cooperative efforts of the Medical Staff, the Chief Executive Officer, and the Board are necessary to fulfill the Hospital's obligations to its patients; and

WHEREAS, the Hospital's Board and Administration require a source of collective advice from the professionals practicing at the Hospital in aid of institutional policy formulation and enforcement, planning, coordination of services, and governance;

THEREFORE, the physicians and dentists practicing in the Hospital hereby comprise the Medical Staff in conformity with these Bylaws, Rules and Regulations, and accompanying manuals, and the Articles of Incorporation and Bylaws of the Hospital.

## **ARTICLE I. NAME**

### **1.1 NAME**

The name of the staff shall be "The Medical Staff of York Hospital."

## **ARTICLE II. PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF**

### **2.1 PURPOSES**

The purposes of the Medical Staff are as follows:

**2.1.1** To make reasonable efforts to see that the quality of patient care provided under the auspices of the Hospital is maintained at a generally recognized level including oversight of the quality and safety of patient care, treatment and services provided by individual Practitioners;

**2.1.2** To constitute a professional body, providing mutual educational, consultative, and professional support;

**2.1.3** To provide a defined structure through these Bylaws, Rules and Regulations, Code of Conduct, and accompanying manuals which defines the responsibility, authority, and accountability of each organizational component and individual Appointee of the Medical Staff;

**2.1.4** To provide a mechanism for accountability to the Board regarding delineation of clinical privileges and rights to perform patient care services in the Hospital and regarding the ongoing evaluation of performance of all Practitioners authorized to practice in the Hospital; and

**2.1.5** To provide a means by which Appointees of the Medical Staff can formulate recommendations for the Hospital's policies and plans and through which such policies and plans are communicated to the Medical Staff.

### **2.2 RESPONSIBILITIES**

To accomplish the above purposes, it is the obligation and responsibility of the Medical Staff and of individual Practitioners:

**2.2.1** To participate in the Hospital's Performance Improvement program by:

- (a) evaluating Practitioners and institutional performance;
- (b) ongoing monitoring of patient care practices and enforcement of Medical Staff and Hospital policies;
- (c) evaluating Practitioners' credentials for initial and continuing Medical Staff appointment and for the delineation of clinical privileges or rights to perform patient care services in the Hospital;
- (d) maintaining a continuing education program based in part on needs demonstrated through quality review and evaluation programs; and
- (e) maintaining a sound system of utilization review;
- (f) actively participating in the patient safety, performance improvement, clinical effectiveness teams, and infection control programs.

**2.2.2** To make recommendations to the Board regarding appointments and reappointments to the Medical Staff, including Staff category, Department and Division assignments, and clinical privileges or rights to perform patient care services in the Hospital;

**2.2.3** To assist in the Board's planning activities, to assist in identifying community health needs, and to suggest to the Board appropriate institutional policies and programs to meet those needs;

**2.2.4** To develop, administer, and recommend amendments to these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals, and to exercise the authority granted by them;

**2.2.5** To assure compliance with these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals, and all other standards, policies, and rules of the Staff and the Hospital;

**2.2.6** To develop, participate in, and monitor Medical Staff educational and training programs;  
and

**2.2.7** To establish, maintain, and enforce sound professional practices, in accordance with national standards and best practices, and to initiate and pursue corrective action when warranted.

**2.2.8** Although clinical dieticians are not members of the medical staff, they are authorized to modify patients' diets as set forth in the Medical Staff Rules and Regulations through an exception granted by the PA DOH, as noted in the Rules and Regulations, 3.8.4

## **ARTICLE III. APPOINTMENT**

### **3.1 GENERAL QUALIFICATIONS**

Every Practitioner who seeks or enjoys Medical Staff appointment, clinical privileges, or rights to perform patient care services in the Hospital must at the time of appointment and continuously thereafter demonstrate the qualifications set forth in the Credentials Policy and Procedure Manual, as well as the following minimum qualifications:

#### **3.1.1 LICENSURE**

A valid current license issued by the Commonwealth of Pennsylvania to practice medicine or dentistry or to provide the patient care services applied for.

#### **3.1.2 PERFORMANCE**

Professional education, training, experience, ability, competence, and judgment, demonstrating a continuing ability to provide quality and efficient patient services and to contribute to the attainment of the Hospital's institutional objectives.

#### **3.1.3 ATTITUDE/ETHICS**

A willingness and capability to:

(a) work with and relate to other Medical Staff Appointees, Allied Health Professionals, Hospital Administration and employees, visitors, and the community, in a cooperative and professional manner, and treat all individuals in the Hospital, including but not limited to all patients, employees, volunteers, Medical Staff Appointees and Allied Health Professionals, with courtesy, respect, and dignity in order to promote the provision of high quality care;

(b) abide by the Medical Staff Bylaws, Rules and Regulations, Code of Conduct, and accompanying manuals, and all other standards, policies, and rules of the Staff and the Hospital;

(c) discharge such Hospital, Medical Staff, Department, and committee functions for which he is responsible by appointment, election, or otherwise, and obligations appropriate to his Staff category;

(d) adhere to applicable standards of professional ethics, including prohibitions against fee-splitting, deceiving a patient as to the identity of any Practitioner providing treatment or services, and



delegating the responsibility for diagnosis or care of patients to a Practitioner not qualified to undertake that responsibility; and

(e) put forth reasonable effort and devote sufficient time toward assuring the continuing development of quality and efficient patient care services in the Hospital, and good teaching programs.

### **3.1.4 PROFESSIONAL LIABILITY INSURANCE**

Provide evidence of current professional liability insurance, in effect, in the minimum amount as required by the Commonwealth of Pennsylvania or amounts as may be required by the Board in consultation with the Medical Executive Committee.

### **3.1.5 DISABILITY**

Freedom from any physical, mental or behavioral impairment which, even with reasonable accommodation, interferes with or substantially limits the Practitioner's ability to comply with any of the qualifications set forth above.

After determining that the Practitioner is qualified for appointment and privileges, the Credentials Committee may require the applicant to undergo a physical and/or mental examination, including diagnostic testing and testing of blood and/or urine, by a physician or physicians satisfactory to the Credentials Committee if there is any question about the applicant's ability to perform the privileges requested and the responsibilities of appointment. The results of any such examination shall be made available to the Credentials Committee for its consideration. Failure of a Practitioner to undergo such an examination when requested in writing by the Credentials Committee shall constitute an automatic withdrawal of the application for appointment and clinical privileges by the Practitioner and all processing of the application shall cease.

### **3.1.6 CRIMINAL BACKGROUND REPORTS**

Has never been convicted or entered a plea of guilty or no contest (including, receiving probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition) in the disposition of any felony charge, or in the disposition of any misdemeanor charge related to controlled substances, illegal drugs, insurance or health care fraud or abuse, violence, or moral turpitude unless upon the recommendation of the Credentials Committee, the Board determines that the practitioner currently possesses the character and skills necessary to serve as a member of the Medical Staff.

(a) To verify satisfaction of this qualification, a criminal background check will be performed for all applicants to the Medical Staff at the time of application for initial appointment, and may be performed, if deemed to be reasonably necessary, at the time of application for reappointment or during any period of appointment. If a Practitioner fails to satisfy this qualification, or fails to cooperate with the performance of a criminal background check, the Practitioner may be ineligible for appointment or reappointment to the Medical Staff, and may be subject to removal from the Medical Staff.

## **3.2 NONDISCRIMINATION**

No aspect of Medical Staff appointment, assignment to Staff category, delineation of clinical privileges, or delineation of rights to perform patient care services in the Hospital shall be denied on the basis of age, sex, race, creed, color, or national origin.

## **3.3 BASIC RESPONSIBILITIES OF INDIVIDUAL STAFF APPOINTEES**

Each Appointee of the Medical Staff, each Practitioner exercising temporary privileges under these Bylaws, and each Allied Health Professional performing patient care services in the Hospital shall:

(a) provide his patients with care at a generally recognized professional level of quality and efficiency;

(b) abide by the Medical Staff Bylaws, Rules and Regulations, Code of Conduct, and accompanying manuals, and all other standards, policies, and rules of the Staff and the Hospital;

(c) discharge such Hospital, Medical Staff, Department, and committee functions for which he is responsible, and discharge obligations appropriate to his Staff category, if any;

(d) prepare and complete, in a timely fashion, the medical and other required records for all patients he admits or in any way provides care to in the Hospital;

(i) History and Physical Examinations: The Attending Physician on admission is responsible for assuring that the History and Physical Examination is complete.

(ii) A complete history shall include: chief complaint, history of present illness, current medications, allergies, past history, social history, family history, and system review.

(iii) A complete physical examination shall include such examinations and tests as the attending physician deems appropriate taking into account the patient's medical condition, age and medical history. The attending Medical Staff appointee's impressions on admission and course of treatment planned also shall be included.

(iv) A legible written or dictated medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia. A consultation may also be used, providing it was performed within 30 days of admission and contains all necessary elements. An updated examination of the patient, including any changes in the patient's condition, is acceptable when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia.

(e) participate in continuing education activities as required by individual Departments; and

(f) abide by applicable standards of professional ethics; and

(g) regularly communicate (verbally, in writing, and electronically) with other members of the medical staff, hospital leadership, patients, and other staff, as needed.

### **3.4 TERM OF APPOINTMENT**

#### **3.4.1 APPOINTMENT**

All initial appointments to the Medical Staff (except House Staff), all initial delineations of privileges or rights to perform patient care services in the Hospital, and all grants of increased privileges or increased rights to perform patient care services, will be for a provisional period of not less than six (6) months, nor more than one (1) year, unless extended pursuant to Section 2.2 of the Credentials Policy and Procedure Manual.

#### **3.4.2 REAPPOINTMENT**

Reappointments to any category of the Medical Staff will be for a period of up to two (2) years. In the event that Practitioner's application for reappointment is not finalized prior to the expiration of his

term, the Practitioner's appointment to the Medical Staff and clinical privileges will continue on a month to month basis until final action is taken, all of which is subject to Board approval.

### **3.4.3 PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT**

The procedures for appointment and reappointment to the Medical Staff are outlined in Articles I and III of the Credentials Policy and Procedure Manual and are incorporated herein.

### **3.5 PROFESSIONAL SERVICES PROVIDED PURSUANT TO CONTRACT**

The provisions of Article V of the Credentials Policy and Procedure Manual regarding contracts with the Hospital govern access to and the use of certain Hospital equipment, facilities, and personnel by Medical Staff Appointees. If a Practitioner has a contract with the Hospital, the effect of expiration or termination of that contract on the Practitioner's appointment status and clinical privileges is controlled by the Practitioner's contract with the Hospital, unless the contract is silent on the matter. If the contract is silent on the matter, then the contract expiration or other termination will not automatically cause the termination of the Practitioner's Medical Staff appointment, clinical privileges, or rights to perform patient care services.

## **ARTICLE IV. MEDICAL STAFF CATEGORIES AND ALLIED HEALTH PROFESSIONALS**

### **4.1 CATEGORIES**

#### **4.1.1 GENERAL**

The Medical Staff shall be divided into the following categories:

- (a) Active Staff;
- (b) Executive;
- (c) Affiliate Staff;
- (d) Consulting Staff;
- (e) Telemedicine Staff;
- (f) Honorary Staff; and
- (g) House Staff.

#### **4.1.2 ALLIED HEALTH PROFESSIONALS**

Allied Health Professionals may be permitted to perform patient care services in the Hospital as provided for in Section 4.8 of these Bylaws.

#### **4.1.3 OTHER QUALIFICATIONS**

In addition to the general qualifications, prerogatives, and responsibilities for all Medical Staff applicants and Appointees and Allied Health Professionals set forth in these Bylaws, the Medical Staff Rules and Regulations, Code of Conduct, and accompanying manuals, the following qualifications, prerogatives, and responsibilities shall apply to each respective category.

## **4.2 ACTIVE CATEGORY**

### **4.2.1 QUALIFICATIONS FOR ACTIVE CATEGORY**

An Appointee to this category must:

(a) be located sufficiently close to the Hospital (office and residence) in order to fulfill his patient care obligations;

(i) Each Department Chairman will determine, subject to approval by the Medical Executive Committee, what constitutes “sufficiently close”.

(b) admit or refer to the Hospital (including its clinics and ambulatory centers), or otherwise be involved in the care at the Hospital (including its clinics and ambulatory centers), of at least twenty (20) patients per year (It is the Appointee's responsibility to maintain records sufficient to demonstrate his required usage of the Hospital.)

### **4.2.2 PREROGATIVES OF ACTIVE CATEGORY**

An Appointee to this category may:

(a) exercise such clinical privileges as are granted to him;

(b) hold office at any level of the Medical Staff organization and sit on or be the chairman of any Medical Staff committee;

(c) vote on all matters presented at general and special meetings of the Medical Staff and of Departments and committees to which he is appointed; and

(d) attend Hospital or Medical Staff educational programs.

### **4.2.3 RESPONSIBILITIES OF ACTIVE CATEGORY**

An Appointee to this category must:

(a) contribute to the organizational and administrative affairs of the Medical Staff, if requested;

(b) actively participate in recognized functions of the Medical Staff, including Performance Improvement, Patient Safety, Infection Control, and other monitoring activities, supervising initial Appointees during their provisional period, and discharging such other Staff functions as may be required from time to time;

(c) attend regular and special meetings of the Medical Staff and of Departments and committees to which he is appointed as required by Section 10.4 of these Bylaws;

(d) pay all dues and assessments promptly;

(e) participate, unless excused for good cause by the relevant Department Chairman and the Vice President of Medical Affairs, in on-call schedules developed by the Hospital in order to ensure that patients who require emergency services and are located on-site at the Hospital's main campus receive evaluations and treatment necessary to stabilize their emergency medical conditions, without regard to the patient's ability to pay, in compliance with applicable regulatory requirements (including EMTALA). When called, the Appointee shall respond within the time periods established by applicable Hospital or regulatory requirements and, if requested, shall respond in person on-site at the Hospital's main campus;

- (f) participate as needed in caring for indigent patients.

#### **4.2.4 TERM OF SERVICE**

After having reached the age of 60 or having been an Appointee of the Medical Staff for at least 30 years, the Staff meeting attendance and payment of dues requirements for Appointees of the category shall be waived. In addition, after having reached the age of 60 and having been an Appointee of the Medical Staff for at least 20 years, Appointees of the active category shall be excused from participating in on-call schedules developed by the Hospital for unassigned emergency or trauma patients, upon written request to, and approval of, the Vice President of Medical Affairs.

### **4.3 AFFILIATE CATEGORY**

#### **4.3.1 QUALIFICATIONS FOR AFFILIATE CATEGORY**

An Appointee to this category must:

- (a) be located sufficiently close to the Hospital (office and residence) in order to fulfill his patient care obligations.

#### **4.3.2 PREROGATIVES OF AFFILIATE CATEGORY**

An Appointee to this category may:

- (a) exercise such clinical privileges as are granted to him (At times of shortage of hospital beds, as determined by the Chief Executive officer or his designee, the elective patient admissions of Appointees of the affiliate category shall be subordinate to those of Appointees of the active category.); and
- (b) not hold office at any level of the Medical Staff organization and sit on or be the chairman of any Medical Staff committee; and
- (c) not vote on any matters presented at general and special meetings of the Medical Staff and of Departments and committees to which he is appointed; and
- (d) attend meetings and educational programs of the Hospital, Medical Staff, and the Department to which he is appointed (but may not vote at such meetings or hold office).

#### **4.3.3 RESPONSIBILITIES OF AFFILIATE CATEGORY**

An Appointee to this category must:

- (a) pay all dues and assessments promptly;
- (b) participate, unless excused for good cause by the relevant Department Chairman and the Vice President of Medical Affairs, in on-call schedules developed by the Hospital in order to ensure that patients who require emergency services and are located on-site at the Hospital's main campus receive evaluations and treatment necessary to stabilize their emergency medical conditions, without regard to the patient's ability to pay, in compliance with applicable regulatory requirements (including EMTALA). When called, the Appointee shall respond within the time periods established by applicable Hospital or regulatory requirements and, if requested, shall respond in person on-site at the Hospital's main campus;
- (c) participate as needed in caring for indigent patients; and
- (d) cooperate with Hospital in its maintenance of a record of Appointee's Hospital utilization (including inpatient admissions to the Hospital), and if such Hospital utilization exceeds the admission of 20 patients annually, he shall seek advancement to the active category;

(e) actively participate in recognized functions of the Medical Staff, including Performance Improvement, Patient Safety, Infection Control, and other monitoring activities and discharging such other Staff functions as may be required from time to time.

#### **4.3.4 TERM OF SERVICE**

After having reached the age of 60 or having been an Appointee of the Medical Staff for at least 30 years, the Staff meeting attendance and payment of dues requirements for Appointees of the affiliate category shall be waived. In addition, after having reached the age of 60 and having been an Appointee of the Medical Staff for at least 20 years, Appointees of the affiliate category shall be excused from participating in on-call schedules developed by the Hospital for unassigned emergency or trauma patients, upon written request to, and approval of, the Vice President of Medical Affairs.

### **4.4 CONSULTING CATEGORY**

#### **4.4.1 QUALIFICATIONS FOR CONSULTING CATEGORY**

An Appointee to this category must be requested by a Department Chairman or Division Chief to provide consulting services in that Department or Division.

#### **4.4.2 PREROGATIVES OF CONSULTING CATEGORY**

An Appointee to this category may:

- (a) act as a consultant in accordance with clinical privileges delineated to him (but may not admit patients to the Hospital);
- (b) participate in the teaching program of the Hospital;
- (c) attend meetings of the Medical Staff and of Departments to which he is appointed (but may not vote at such meetings or hold office);
- (d) attend Hospital or Medical Staff educational programs; and
- (e) serve on Medical Staff committees.

#### **4.4.3 RESPONSIBILITIES OF CONSULTING CATEGORY**

An Appointee to this category must:

- (a) pay all dues and assessments promptly; and
- (b) participate as needed in caring for indigent patients.

#### **4.4.4 TERM OF SERVICE**

After having reached the age of 60 or having been an Appointee of the Medical Staff for at least 30 years, the payment of dues requirement for Appointees of the consulting category shall be waived.

### **4.5 EXECUTIVE CATEGORY**

#### **4.5.1 QUALIFICATIONS FOR EXECUTIVE CATEGORY**

An Appointee to this category must:

- (a) be a physician or dentist who is in an executive leadership position within York Hospital, e.g., Department Chairman, Vice President of Medical Affairs, Director of Medical Education, or Service

Line Medical Director, and whose primary responsibility is not to provide direct patient care to inpatients or outpatients.

#### **4.5.2 PREROGATIVES OF EXECUTIVE CATEGORY**

An Appointee of this category may:

- (a) exercise such clinical privileges as are granted to him; and
- (b) hold office at any level of the Medical Staff organization and sit on or be the chairman of any Medical Staff committee; and
- (c) vote on all matters presented at general and special meetings of the Medical Staff and of Departments and committees to which he is appointed; and
- (d) attend Hospital or Medical Staff educational programs.

#### **4.5.3 RESPONSIBILITIES OF THE EXECUTIVE CATEGORY**

An Appointee to this category must:

- (a) contribute to the organizational and administrative affairs of the Medical Staff, if requested; and
- (b) actively participate in recognized functions of the Medical Staff, including Performance Improvement, Patient Safety and Infection Control activities, and discharging such other Staff functions as may be required from time to time;
- (c) attend regular and special meetings of the Medical Staff and of Departments and committees to which he is appointed as required by Section 10.4 of these Bylaws; and
- (d) pay all dues and assessments promptly; and
- (e) participate, unless excused for good cause by the relevant Department chairman and the vice President of Medical Affairs, in on-call schedules developed by the Hospital in order to ensure that patients who require emergency services and are located on-site at the Hospital's main campus receive evaluations and treatment necessary to stabilize their emergency medical conditions, without regard to the patient's ability to pay, in compliance with applicable regulatory requirements (including EMTALA). When called, the Appointee shall respond within the time periods established by applicable Hospital or regulatory requirements and, if requested, shall respond in person on-site at the Hospital's main campus; and
- (f) participate as needed in caring for indigent patients.

#### **4.5.4 TERM OF SERVICE**

After having reached the age of 60 or having been an Appointee of the Medical Staff for at least 30 years, the Staff meeting attendance and payment of dues requirements for Appointees of the executive category shall be waived. In addition, after having reached the age of 60 and having been an Appointee of the Medical Staff for at least 20 years, Appointees of the executive category shall be excused from participating in on-call schedules developed by the Hospital for unassigned emergency or trauma patients, upon written request to, and approval of, the Vice President of Medical Affairs.

#### **4.6 HONORARY CATEGORY**

##### **4.6.1 QUALIFICATIONS FOR HONORARY CATEGORY**

An Appointee to this category must be a physician or dentist who, immediately prior to seeking appointment to the honorary category, was a member of the Medical Staff in the active, executive or affiliate category, and has voluntarily retired from the active or executive practice of medicine at the Hospital.

##### **4.6.2 PREROGATIVES OF HONORARY CATEGORY**

An Appointee to this category may:

- (a) attend meetings of the Medical Staff and Departments to which he is appointed (but may not vote at such meetings); and
- (b) attend Hospital or Medical Staff educational programs.

(Appointees to the honorary category are not eligible to exercise clinical privileges or to admit patients to the Hospital and shall pay no dues or assessments.)

#### **4.7 TELEMEDICINE CATEGORY**

##### **4.7.1. QUALIFICATIONS FOR TELEMEDICINE CATEGORY**

An Appointee to this category must be requested by a Department Chairman or Division Chief to provide telemedicine services in that Department or Division.



#### **4.7.2 PEROGATIVES OF TELEMEDICINE CATEGORY**

An Appointee to this category may:

- (a) exercise such clinical privileges as are granted to him.
- (b) not hold office at any level of the Medical Staff organization or sit on or be the chairman of any Medical Staff committee;
- (c) not vote on any matters presented at general and special meetings of the Medical Staff and of Department and committees to which he is appointed; and
- (d) may be responsible for dues and assessments at the discretion of the York Hospital and Medical Staff leadership.

#### **4.7.3 RESPONSIBILITIES OF THE TELEMEDICINE CATEGORY**

An Appointee to this category must:

- (a) participate as needed in caring for indigent patients.

#### **4.7.4 TERM OF SERVICE**

Based on the terms of the contract agreed upon by the Hospital leadership and the Physician or Physician Group represented.

### **4.8 HOUSE STAFF**

#### **4.8.1 QUALIFICATIONS FOR HOUSE STAFF**

An Appointee to the House Staff must be a duly qualified physician or dentist acting as a fellow, resident, or intern.

#### **4.8.2 PREROGATIVES OF HOUSE STAFF**

An Appointee to the House Staff may:

- (a) attend meetings of the Medical Staff and Department to which he is appointed (but may not vote at such meetings);
- (b) attend Hospital or Medical Staff educational programs; and
- (c) sit on Medical Staff committees as specified in Article VIII of these Bylaws.

(Appointees to the House Staff are eligible to admit patients to the Hospital to the service of an Appointee of the Medical Staff who is privileged to admit patients to the Hospital.)

#### **4.8.3 RESPONSIBILITIES OF HOUSE STAFF**

Appointees to the House Staff must perform such patient care duties and administrative functions as are assigned to them by the Chairman of the Department to which they are appointed, or his designee.

#### **4.8.4 HOUSE STAFF GRIEVANCE PROCEDURE**

The procedural rights of all Appointees to the House Staff (including all procedural rights) shall be governed by their employment contracts and the House Staff Grievance Procedure and shall not be governed by these Bylaws and accompanying manuals.

## **4.9 ALLIED HEALTH PROFESSIONALS**

### **4.9.1 GENERAL**

(a) Allied Health Professionals shall consist of licensed or certified health Professionals in the Commonwealth of Pennsylvania other than physicians or dentists, who are not Appointees of the Medical Staff but who, by virtue of their training, experience, and demonstrated competence, are eligible to provide certain patient care services in the Hospital.

(b) The types of Allied Health Professionals currently approved by the Board are podiatrist, psychologists, nurse practitioners, physician's assistants, certified nurse midwives, cardiovascular perfusionists, certified registered nurse anesthetists and registered nurse first assistant.

### **4.9.2 QUALIFICATIONS FOR ALLIED HEALTH PROFESSIONALS**

An Allied Health Professional must be located sufficiently close to the Hospital (office and residence) in order to fulfill his patient care obligations.

### **4.9.3 PREROGATIVES OF ALLIED HEALTH PROFESSIONALS**

An Allied Health Professional may:

(a) perform such patient care services as he is legally authorized to perform and as are granted to him (currently Allied Health Professionals are not eligible to admit patients to the Hospital, except for podiatrists, and certified nurse midwives, both of whom are eligible to co-admit patients.);

(b) sit on Medical Staff committees as specified in Article VIII of these Bylaws;

(c) attend meetings of the Medical Staff and Section to which he is appointed (but may not vote at the Medical Staff meetings); and

(d) attend Hospital or Medical Staff educational programs.

### **4.9.4 RESPONSIBILITIES OF ALLIED HEALTH PROFESSIONALS**

An Allied Health Professional must:

(a) actively participate in recognized functions of the Medical Staff, including Performance Improvement, Patient Safety, Infection Control, and other monitoring activities and discharging such other Staff functions as may be required from time to time;

(b) pay all dues and assessments promptly; and

(c) participate as needed in caring for indigent patients.

## **4.10 SECTIONS FOR ALLIED HEALTH PROFESSIONALS**

Allied Health Professionals shall be organized into sections. The current sections are Podiatry, Psychology, and Nurse Practitioners, Physicians Assistants, Certified Nurse Midwives, Cardiovascular Perfusionists, and Certified Registered Nurse Anesthetists and Registered Nurse First Assistant. The Medical Staff departments listed below will have administrative responsibility for the sections, though members of the Section may be delegated the responsibility to aid in the evaluation of credentials of currently approved Allied Health Professionals, the delineation of the scope of permitted activities and the performance of quality assessment and utilization review.

Podiatry - Department of Surgery

Psychology - Department of Psychiatry

Nurse Practitioner - Department of Attending Physician who provides oversight

Physicians Assistants - Department of Attending Physician who provides oversight

Certified Nurse Midwives - Department of OB/Gyn  
Cardiovascular Perfusionists - Department of Surgery  
Certified Nurse Anesthetists - Department of Anesthesia  
Registered Nurse First Assistant – Department of Surgery

#### **4.11 ADDITIONAL ALLIED HEALTH PROFESSIONALS**

The Board may from time to time, after consultation with the Medical Executive Committee, approve additional types of Allied Health Professionals and create appropriate Allied Health Professional Sections.

### **ARTICLE V. DELINEATION OF CLINICAL PRIVILEGES**

#### **5.1 EXERCISE OF PRIVILEGES**

A Practitioner may exercise only those clinical privileges or rights to perform patient care services granted to him by the Board or specified in Section 5.5 of these Bylaws.

#### **5.2 DELINEATION OF PRIVILEGES IN GENERAL**

##### **5.2.1 REQUESTS**

Each application for appointment or reappointment to the Medical Staff, for clinical privileges, or for rights to perform patient care services in the Hospital must contain a request for specific privileges or rights desired by the applicant. Specific requests also must be submitted for temporary privileges and for modifications of privileges in the interim between reappointments.

##### **5.2.2 BASIS FOR PRIVILEGES DETERMINATIONS**

Requests for clinical privileges or rights to perform patient care services in the Hospital will be evaluated on the basis of professional education, training, experience, ability, competence, and judgment; other qualifications set forth in these Bylaws and the Credentials Policy and Procedure Manual; and guidelines developed pursuant to Section 5.8 of these Bylaws. Privileges determinations made with respect to Practitioners who have practiced at the Hospital shall be based on, among other things, observed conduct and clinical performance, documented results of the Medical Staff's Performance Improvement program activities, and pertinent information from other sources, including other institutions and health care settings where the Practitioners exercise or have exercised clinical privileges. Privileges determinations made with respect to applicants for appointment to the Medical Staff, for clinical privileges, or for rights to perform patient care services, will be based on pertinent information from other sources, especially other institutions and health care settings where the applicants exercise or have exercised clinical privileges. The information will be added to and maintained in the credentials file established for each Practitioner.

##### **5.2.3 PROCEDURE**

The procedures for processing requests for clinical privileges and rights to perform patient care services in the Hospital are set forth in Articles I and III of the Credentials Policy and Procedure Manual, and are incorporated herein. The application to the Medical Staff is initiated by each physician or practitioner to the Department of Medical Affairs, processed in coordination with internal and external regulatory requirements, coordinated with Clinical Departments, recommended by the appropriate Department Chairman, Credentials Committee, Medical Executive Committee, and ultimately the York Hospital Board of Directors.

### **5.3 SPECIAL CONDITIONS FOR ALLIED HEALTH PROFESSIONALS**

Requests from Allied Health Professionals for rights to perform patient care services in the Hospital shall be processed in the manner specified in Article I of the Credentials Policy and Procedure Manual. An Allied Health Professional may, subject to any licensure requirements or other limitations, exercise independent judgment within the areas of his professional competence and participate directly in the medical management of patients under the supervision of a physician or dentist who has been accorded privileges to provide such care. Surgical procedures performed by an Allied Health Professional shall be under the overall supervision of the Chairman of the Department of Surgery. An Appointee of the Medical Staff must perform a History and Physical prior to admission for each patient of an Allied Health Professional and must be ultimately responsible for the care of any medical problem that may be present on admission or that may arise during treatment at the Hospital.

### **5.4 TEMPORARY PRIVILEGES**

#### **5.4.1 GRANTING OF TEMPORARY PRIVILEGES**

Temporary privileges of no more than one hundred twenty (120) days in length will be granted only in rare and extraordinary circumstances and may be granted only in the circumstances described in Section 5.4-2 below. Temporary privileges may be granted only when available information reasonably shows that the requesting Practitioner has the qualifications to exercise the privileges requested including a valid and unrestricted license to practice in the Commonwealth of Pennsylvania; proof of current, active medical staff privileges at another hospital, satisfactory results from a National Practitioner Data Bank query, a current curriculum vitae, and only after the Practitioner has satisfied the professional liability insurance requirement set forth in Section 3.1-4 of these Bylaws. Individual requirements of consultation and reporting may be imposed by the Department Chairman responsible for supervision. Temporary privileges will not be granted unless the Practitioner has agreed in writing to abide by these Bylaws, the Medical Staff Rules and Regulations, Code of Conduct, and accompanying manuals, and all other standards, policies, and rules of the Staff and the Hospital, in all matters relating to his temporary privileges. Practitioner holding temporary privileges may not serve on Medical Staff Committees or vote on Medical Staff matters.

#### **5.4.2 CIRCUMSTANCES**

Upon written concurrence of the Chairman of the Department where the privileges will be exercised, the Chairman of the Credentials Committee, and the President of the Medical Staff, the Chief Executive Officer or designee may grant temporary privileges or rights to perform patient care services in the following circumstances:

- (a) Pendency of Application: After receipt of an application for appointment to the Medical Staff, for clinical privileges, or for rights to perform patient care services in the Hospital, which application includes a request for specific temporary privileges and does not raise any concern regarding competency or qualifications, for an initial period of ninety (90) days, with subsequent renewals not to exceed an additional thirty (30) days. (The Hospital will not routinely grant temporary privileges to Practitioners during the pendency of their applications; it the responsibility of each Practitioner to fill his application sufficiently in advance of his contemplated practice at the Hospital so that the application can be fully processed by that time.);
- (b) Care of Specific Patients: Upon receipt of a request, either written or via telephone, for specific temporary privileges to fulfill an important patient care, treatment, or service need for one or more specific patients from a physician, dentist, or Allied Health Professional who is not an applicant for appointment to the Medical Staff;
- (c) Locum Tenens: Upon receipt of a written request for specific temporary privileges from a physician or dentist who is serving as a locum tenens for an Appointee of the Medical Staff but is not applying for appointment to the Staff, for a period not to exceed one hundred twenty (120) consecutive days. (Locum tenens privileges are limited to treatment of the patients of the Staff Appointee for whom the applying physician or dentist is serving as locum tenens and do not entitle him to admit his own patients to the Hospital); and

(d) Visiting Staff for Educational Purposes: Upon receipt of a written request for specific temporary privileges for a practitioner who desires to teach a specific procedure(s) to hospital medical staff members or house staff, or who desire to learn specific procedure(s) from specific, identified hospital medical staff members.

- i. In exercising temporary privileges for educational purposes, the visiting physician, dentist or advance practice clinician shall be under the direct supervision of the Vice President of Medical Affairs, the Department chairman or their designee.
- ii. In exercising temporary privileges for educational purposes, the visiting practitioner shall not independently admit or treat hospital patients.

(e) Moonlighting Privileges for Residents and Fellows:

- i. Residents and fellows may render professional medical services in certain hospital departments subject to policies approved by the department involved, the Staff and the Hospital. All residents and fellows approved for such "moonlighting" shall be credentialed according to the procedures set forth in the applicable policies.
- ii. Any department wishing to utilize a resident or fellow on a moonlighting basis must establish a policy covering the use of the resident and recommend the training and experience required for granting privileges. Such policy and credentials recommendations must be approved by the Medical Staff and Hospital.

### **5.4.3 REVOCATION**

The Vice President of Medical Affairs, after consultation with the President of the Medical Staff and the appropriate Department Chairman: must, on the discovery of any information which raises questions about a Practitioner's professional qualifications or ability to exercise any or all of the temporary privileges granted, and may, at any other time, revoke any or all of a Practitioner's temporary privileges. Where determined to be imminent danger to the health of any individual, the revocation may be affected by any person entitled to impose Precautionary Suspension under Section 1.2.1 of the Corrective Action Procedures and Fair Hearing Plan. In the event of any revocation of temporary privileges, the Practitioner's patients then in the Hospital will be assigned to another Practitioner by the appropriate Department Chairman or his designee. If the Practitioner is a member of a group practice, his patients will be assigned to another member of his group if possible. The wishes of the patient shall be considered, where feasible, in choosing a substitute Practitioner.

### **5.4.4 RIGHTS OF PRACTITIONERS WITH TEMPORARY PRIVILEGES**

A Practitioner is not entitled to the procedural rights afforded by these Bylaws and accompanying manuals including, but not limited to a fair hearing, in the event his request for temporary privileges is refused or all or any part of his temporary privileges are revoked or suspended.

### **5.5 EMERGENCY PRIVILEGES**

In case of an emergency which could result in serious harm to a patient, or in which the life of a patient is in immediate danger, any Medical Staff Appointee or Practitioner who has the right to perform patient care services in the Hospital is authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the Practitioner's license, but regardless of Department or Division affiliation, category, or level of privileges. A Practitioner exercising emergency privileges is obligated to summon all consultative assistance considered necessary and to arrange appropriate follow-up care.

### **5.6 DISASTER PRIVILEGES**

A disaster is defined as a natural or manmade event that significantly disrupts the environment of care, significantly disrupts care, treatment, and services. Disaster is further defined as a natural disaster, national

emergency, bioterrorism, act of war, or other similar mass emergency. Following activation of the Hospital emergency management plan, the President of the Medical Staff, the Chief Executive Officer, or their designees, may grant disaster privileges to a medical practitioner whose skills and services are necessary to treat Hospital patients utilizing the process identified in the Credentials Policy 1.9.

## **5.7 PROVISIONAL PERIOD**

### **5.7.1 DURATION**

The duration of the provisional period is set forth in Section 3.4.1 of these Bylaws, and is incorporated herein.

### **5.7.2 EFFECT ON EXERCISE OF PRIVILEGES**

During the provisional period, a Practitioner may exercise all of the prerogatives, and must fulfill all of the obligations of his category, and he may exercise the clinical privileges granted to him and perform the patient care services that he has been authorized to perform.

### **5.7.3 PURPOSE**

During the provisional period, a Practitioner's performance will be specifically observed, evaluated, and documented in writing by the Chairman of the Department (or his designee) with which the Practitioner has his primary affiliation, and by the Chairman of the Department (or his designee) of each other Department in which the Practitioner exercises his initial or increased privileges or rights. It is the Practitioner's responsibility to assure that he makes sufficient use of the Hospital to enable the appropriate Department Chairman (men) (or his/their designee(s)) to make a recommendation as to whether the provisional period should be concluded.

### **5.7.4 PROCEDURE FOR CONCLUDING OR EXTENDING THE PROVISIONAL PERIOD**

The mechanism for concluding and extending the provisional period is outlined in Article II of the Credentials Policy and Procedure Manual, and is incorporated herein.

## **5.8 DEPARTMENTAL DELINEATION OF PRIVILEGES GUIDELINES**

There may be attached to any granting of clinical privileges or rights to perform patient care services in the Hospital, individual requirements for consultation as a condition to the exercise of particular privileges or rights.

### **5.8.1 INITIAL GUIDELINES**

Each Department shall establish guidelines for the granting of clinical privileges or rights to perform patient care services in the Department or Section and privileges or rights delineation forms for use in the credentialing process. These guidelines and forms shall become effective only after approval by the Medical Executive Committee and the Board.

### **5.8.2 CHANGES IN GUIDELINES**

Each Department shall, at least on an annual basis, review and, if warranted, recommend changes in the guidelines for the granting of clinical privileges or rights to perform patient care services in the Department or Section and the privileges or rights delineation forms developed pursuant to Section 5.8-1 above. Any changes in the guidelines or forms shall become effective only after approval by the Medical Executive Committee and the Board.

## ARTICLE VI. OFFICERS

### 6.1 OFFICERS OF THE MEDICAL STAFF

#### 6.1.1 IDENTIFICATION

The officers of the Medical Staff shall be

- (a) President; and
- (b) Vice President.

#### 6.1.2 OTHER OFFICIALS OF THE MEDICAL STAFF

Other officials of the Medical Staff include Department Chairmen, Division Chiefs, and such other officials as may be selected pursuant to these Bylaws. To the extent that any such official performs any clinical function, he must become and remain an Appointee of the Medical Staff. In all events, he is subject to these Bylaws, the Medical Staff Rules and Regulations, Code of Conduct, and accompanying manuals, and all other applicable standards, policies, and rules of the Staff and the Hospital.

#### 6.1.3 MEDICAL STAFF APPOINTEES TO THE BOARD

The Medical Staff shall nominate three (3) of its Appointees of the active or executive category to serve as Directors of the York Hospital Board of Directors. The terms of such Appointees shall be staggered, so that, to the extent feasible, the term of a new Appointee shall begin every other year on the annual meeting of the members of York Hospital Board of Directors. Each of such Appointees of the Medical Staff shall serve as a director of the Board for a term of five (5) years and thereafter until a successor is elected and qualified. Upon completion of any such Director's term, his resignation, or removal from the Board or the Medical Staff, or his death or other incapacity, a successor shall be nominated by the Medical Staff either to serve for a new five-year term or to complete the unexpired term of such Director, as the case may be.

#### 6.1.4 QUALIFICATIONS

Officers of the Medical Staff must be Appointees of the active or executive category at the time of nomination and election and must remain Appointees of the active or executive category in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. No salaried Department Chairman may be elected as an officer of the Medical Staff or a Medical Staff Appointee to the York Hospital Board of Directors.

#### 6.1.5 NOMINATIONS BY NOMINATING COMMITTEE

(a) Nominating Committee: The Medical Staff Nominating Committee shall consist of:

(i) the two (2) most immediate Past-Presidents of the Medical Staff willing and able to serve; and

(ii) three (3) Medical Staff Appointees of the active or executive category elected by the Staff. These three (3) Staff Appointees shall be elected yearly. Nominations shall be from the floor at the next annual meeting.

(iii) The Chairman shall be chosen by the members of the Nominating Committee.

(b) Nominations: The Nominating Committee shall convene at least thirty (30) days before the annual meeting of the Medical Staff and shall submit to the President of the Staff one (1) or more qualified nominees for the positions of Vice President (when necessary), Medical Staff Appointee to the York

Hospital Board of Directors (when necessary), and the representative and alternate representative to the Hospital Medical Staff Section of the Pennsylvania Medical Society and American Medical Association. As soon thereafter as is reasonably practical, but in any event before the annual meeting of the Staff, the names of such nominees shall be reported to the Staff.

#### **6.1.6 NOMINATIONS BY PETITION**

Nominations also may be made by petition signed by at least twenty percent (20%) of the Appointees of the active or executive category and submitted to the President of the Medical Staff at least fifteen (15) days before the annual meeting of the Staff. As soon thereafter as is reasonably practical, but in any event before the annual meeting of the Staff, the names of these additional nominees shall be reported to the Staff.

#### **6.1.7 NOMINATIONS BY OTHER MEANS**

If, before the election, any of the individuals nominated for an office pursuant to Section 6.1.5 or 6.1.6 above shall refuse, be disqualified from, or otherwise be unable to accept the nomination, then the Nominating Committee shall submit one (1) or more substitute nominees at the annual meeting of the Medical Staff; nominations also shall be accepted from the floor during the annual meeting of the Staff.

#### **6.1.8 SELECTION**

Officers shall be elected at the annual meeting of the Medical Staff. Only Appointees of the active or executive category shall be eligible to vote. Voting shall be by secret written ballot, and voting by proxy shall not be permitted. A nominee shall be elected upon receiving over fifty percent (50%) of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held at the same meeting between the two (2) candidates receiving the highest number of votes. If there is a single nominee for each office, secret ballot may be waived and the nominee may be elected by voice affirmation.

#### **6.1.9 AUTOMATIC SUCCESSION**

The Vice President shall, upon the completion of his term of office in that position, immediately succeed to the office of President.

#### **6.1.10 TERM OF ELECTED OFFICE**

Each elected officer shall serve a two (2) year term, commencing on the first day following his election. Each officer shall serve until the end of his term and thereafter until a successor is elected, unless he shall sooner resign or be removed from office.

#### **6.1.11 REMOVAL OF ELECTED OFFICERS**

Except as otherwise provided, removal of an elected officer of the Medical Staff may be initiated by two-thirds vote of the Appointees of the active or executive category. Removal may be based only upon failure to have the qualifications for or to perform the duties of the position held as described in these Bylaws.

#### **6.1.12 VACANCIES IN ELECTED OFFICE**

If there is a vacancy in the office of President, the Vice President shall serve out the remaining term. He then may assume his own two (2) year term as President; provided, however, that his cumulative term as President shall not exceed three (3) consecutive years. If there is a vacancy in the position of Vice President, the vacancy will be filled by a special election at the next quarterly meeting of the Medical Staff that is reasonably practical, from among nominees submitted by the existing Nominating Committee.

#### **6.1.13 COMPENSATION OF ELECTED OFFICERS**

The President and Vice President may be paid an annual stipend as compensation for their service as Medical Staff officers. The amount and funding sources for such compensation shall be determined from time to time by the Medical Executive Committee, in conjunction with the Vice President of Medical Affairs.



## **6.2 DUTIES OF OFFICERS**

### **6.2.1 PRESIDENT**

As the principal elected officer of the Medical Staff, the President shall:

- (a) aid in coordinating the activities and concerns of the Hospital Administration and of the nursing and other patient care services with those of the Medical Staff;
- (b) communicate and represent the opinions, policies, concerns, needs, and grievances of the Medical Staff to the Board, the Chief Executive officer, the Vice President of Medical Affairs, the Hospital Administration, and other officials of the Staff;
- (c) be responsible, in conjunction with the Vice President of Medical Affairs, for the enforcement of the Medical Staff Bylaws, Rules and Regulations, Code of Conduct, and accompanying manuals; for implementation of sanctions where indicated; and for the Medical Staff's compliance with procedural safeguards where corrective action has been requested against a Practitioner;
- (d) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff;
- (e) serve as Chairman of the Medical Executive Committee, and as an ex officio member on all other Medical Staff committees; and
- (f) perform such additional duties as may be assigned to him by the Medical Executive Committee or the Board.

### **6.2.2 VICE PRESIDENT**

The Vice President shall:

- (a) be responsible for coordinating an annual review of the Medical Staff Bylaws, Rules and Regulations, Code of Conduct, and accompanying manuals, and reporting the results of that review to the Medical Executive Committee;
- (b) supervise the preparation of the annual budget of the Medical Staff;
- (c) serve as a member of the Medical Executive Committee;
- (d) in the absence of the President, or if it is otherwise necessary, assume all the duties and have the authority of the President; and
- (e) perform such additional duties as may be assigned to him by the President, the Medical Executive Committee, or the Board.

## **6.3 VICE PRESIDENT OF MEDICAL AFFAIRS**

### **6.3.1 DUTIES**

The Vice President of Medical Affairs (who is an officer of the Hospital) shall be a Physician, appointed by the Board, in consultation with the Medical Executive Committee and representatives of the Medical Staff selected by the Board. The Vice President of Medical Affairs shall serve as a liaison between the Medical Staff and the Hospital and has overall responsibility for medical education and the quality of medical care at the Hospital, all Medical Staff administrative functions, and Medical Staff development.

### **6.3.2 MEDICAL STAFF SECRETARY-TREASURER FUNCTIONS**

In addition to the other duties described in these Bylaws, the Vice President of Medical Affairs or his designee shall:

- (a) give proper notice of all Medical Staff meetings;
- (b) distribute minutes of all Medical Staff meetings;
- (c) supervise the collection of and accounting for any funds that may be collected as Medical Staff dues, assessments, or other fees.

### **6.4 DIRECTOR OF MEDICAL EDUCATION**

The Director of Medical Education shall be a Physician, appointed by the Chief Executive Officer, upon recommendation of the Vice President of Medical Affairs in consultation with the Medical Executive Committee. The Director of Medical Education shall administer and coordinate the pre- and post-graduate medical educational programs of the Hospital.

## **ARTICLE VII. STAFF CLINICAL DEPARTMENTS**

### **7.1 ORGANIZATION OF DEPARTMENTS**

#### **7.1.1 GENERAL**

The medical Staff shall be organized into Departments and Divisions, each of which shall have a Chairman or Chief who has the authority, duties, and responsibilities set forth in this Article.

Each appointee of the Medical Staff shall be assigned to at least one primary Department, (and, as relevant, at least one primary Division within that Department), but may (upon request) be assigned to and granted clinical privileges in one or more secondary Departments and/or Divisions. The Medical Executive Committee shall, after consideration of the recommendations of the Chairpersons of the appropriate Department(s) and the Credentials Committee, recommend the primary Department and Division (and, if requested by the appointee, the secondary Departments and/or Divisions) membership assignment for all appointees in accordance with their qualifications.

Appointees who are assigned to secondary Departments and/or Divisions may actively participate in the affairs of the secondary Departments and/or Divisions, and shall be permitted to vote, but not hold elected office (in more than one department) or serve as a Department representative in the secondary Departments. In the event of any conflicts or concerns, the Rules and Regulations from the primary Department and Division take precedence.

#### **7.1.2 CURRENT DEPARTMENTS AND DIVISIONS**

The current Departments, encompassing the following subspecialty Divisions, are as follows:

- (a) Department of Anesthesiology
- (b) Department of Dentistry

- Division of General Dentistry
  - Division of Pediatric Dentistry
  - Division of Periodontics
  - Division of Prosthodontics
  - Division of Endodontics
  - Division of Orthodontics
- (c) Department of Emergency Medicine  
Division of Toxicology
- (d) Department of Family Medicine
- (e) Department of Imaging and Radiation Oncology  
Division of Body CT and MRI  
Division of Diagnostic Radiology  
Division of Emergency Radiology  
Division of General Ultrasound  
Division of Interventional Vascular and Oncologic  
Division of Musculoskeletal  
Division of Interventional Neuroradiology  
Division of Nuclear Medicine and PET/CT  
Division of Pediatric Radiology  
Division of Radiation Oncology  
Division of Vascular Ultrasound  
Division of Women's Imaging and Interventional
- (f) Department of Medical Education
- (g) Department of Medicine
- Division of Cardiology
  - Division of Clinical Immunology and Allergy
  - Division of Dermatology
  - Division of Endocrinology and Metabolism
  - Division of Gastroenterology
  - Division of Hematology
  - Division of Hospital Medicine
  - Division of Infectious Disease
  - Division of Internal Medicine
  - Division of Nephrology
  - Division of Neurology
  - Division of Occupational Medicine
  - Division of Oncology
  - Division of Palliative Medicine
  - Division of Physical Medicine and Rehabilitation
  - Division of Pulmonary Medicine
  - Division of Rheumatology
- (h) Department of Obstetrics and Gynecology
- Division of Maternal-Fetal Medicine
  - Division of Gynecologic Oncology
  - Division of Reproductive Endocrinology
  - Division of Urogynecology, Female Pelvic Medicine and Pelvic Floor Surgery

- (i) Department of Pathology
- (j) Department of Pediatrics
  - Division of Newborn Medicine
- (k) Department of Psychiatry
  - Division of Adult Psychiatry
  - Division of Child and Adolescent Psychiatry
- (l) Department of Surgery
  - Division of Cardiac and Thoracic Surgery
  - Division of General Surgery
  - Division of Neurosurgery
  - Division of Ophthalmology
  - Division of Oral and Maxillofacial Surgery
  - Division of Orthopedic Surgery
  - Division of Otolaryngology
  - Division of Plastic Surgery
  - Division of Surgical Oncology
  - Division of Trauma
  - Division of Urology
  - Division of Vascular Surgery

## **7.2 ASSIGNMENT TO DEPARTMENTS**

Appointees may be granted clinical privileges in one or more of the other Departments. The exercise of clinical privileges within any Department shall be subject to the Rules and Regulations of that Department and the authority of the Department Chairman.

## **7.3 FUNCTIONS OF DEPARTMENTS**

The primary responsibility delegated to each Department is to implement and conduct review and evaluation activities that contribute to the preservation and improvement of the quality, safety, and efficiency of patient care provided in that Department. To carry out this responsibility, each Department shall:

- (a) conduct Performance Improvement, Patient Safety Infection Control, and appropriateness of care activities for the purpose of evaluating clinical work performed under its jurisdiction;
- (b) establish guidelines for the granting of clinical privileges and rights to perform patient care services and privileges within the Department and privileges and rights delineation forms for use in the credentialing process, and establish procedures for the submission of the recommendations required, under these Bylaws and the Credentials Policy and Procedure Manual, regarding the clinical privileges each Appointee or applicant may exercise; provided, however, that any Appointee or applicant may, by the filing of a written request with the Department Chairman and/or the Vice President of Medical Affairs, request that the appropriate Department, Medical Executive Committee and/or Hospital Board conduct a review of any guidelines which are adopted for the granting of clinical privileges and rights to perform patient care services and privileges within the Department;
- (c) conduct or participate in, and make recommendations regarding the need for, continuing education programs pertinent to changes in the state-of-the-art and to findings of review, evaluation, and monitoring activities;
- (d) monitor, on a continuing and concurrent basis, adherence to:

- (i) Medical Staff and Hospital policies and procedures;
  - (ii) requirements for alternate coverage and for consultations; and
  - (iii) sound principles of clinical practice;
- (e) coordinate the patient care provided by Department Appointees with nursing and ancillary patient care services and with administrative support services;
- (f) submit written reports to the Medical Executive Committee on a regularly scheduled basis concerning: (i) findings of the Department's review, evaluation, and monitoring activities, actions taken thereon, and the results of such actions; (ii) recommendations, if warranted, for maintaining and improving the quality of care provided in the Department and the Hospital; and (iii) such other matters as may be required from time to time by the Medical Executive Committee;
- (g) meet at least quarterly each year for the purpose of receiving, reviewing, and considering patient care review findings and the results of the Department's other review, evaluation, and monitoring activities and of performing or receiving reports on other Department or Staff functions; and
- (h) establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it.

#### **7.4 DEPARTMENTAL RULES AND REGULATIONS**

Each Department shall develop Departmental Rules and Regulations as necessary for the conduct of its affairs and discharge of its responsibilities and such Rules and Regulations shall be included in "Rules of the Staff" as that term is used throughout these Bylaws and accompanying manuals. Departmental Rules and Regulations shall not be inconsistent with these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals, and all other standards, policies, and Rules of the Staff and the Hospital. The initial Departmental Rules and Regulations, and all amendments thereto, shall be subject to Medical Executive Committee and Board approval. Copies of all Departmental Rules and Regulations, and all amendments thereto, shall be promptly submitted to the Vice President of Medical Affairs for filing.

#### **7.5 DEPARTMENT CHAIRMEN, VICE CHAIRMEN, AND DIVISION CHIEFS**

##### **7.5.1 QUALIFICATIONS**

With the exception of the Department of Dentistry, each Department Chairman, Vice Chairman, and Division Chief shall be an Appointee of the active or executive category, shall be board certified in the specialty of that Department or Division (except in areas for which no board exists), and shall be willing and able to discharge faithfully the functions of his office.

##### **7.5.2 SELECTION AND APPOINTMENT**

(a) Board of Directors: Only the Board shall have the authority to appoint or remove all Department Chairmen, Vice Chairmen, and Division Chiefs.

(b) Voluntary Department Chairmen

Annually, each Department will nominate a candidate for Department Chairman by two-thirds of the Department's Appointees present at the meeting and eligible to vote on departmental affairs in the Department involved voting in favor of nomination. The results shall be reported by the present Department Chairman to the Vice President of Medical Affairs who will present the recommendation to the Board for its final action.

(c) Salaried Department Chairmen

The Board may not initiate the process for appointing a salaried Department Chairman in a Department with a Voluntary Department Chairman without first consulting with the Department involved and obtaining the approval of the Medical Executive Committee.

(i) New appointments: The President of the Medical Staff and the Vice President of Medical Affairs will jointly name an Ad Hoc Selection Committee of three (3) Appointees of the active or executive category to make a recommendation to the Board as to the selection of a salaried Department Chairman. The Chairman of the Ad Hoc Selection Committee will not be a member of the Department involved. The Vice President of Medical Affairs will seek and recommend candidate(s) to the Ad Hoc Selection Committee, which, with the endorsement by two-thirds of the Department members who voted, will recommend a candidate to the Vice President of Medical Affairs who will present the recommendation to the Board for its final action. The Department vote may be by email ballot. Pending appointment of a salaried Department Chairman, the Board, in consultation with the Vice President of Medical Affairs and the Department involved, may appoint a temporary Department Chairman.

(ii) Annual Review: The Vice President of Medical Affairs will annually survey the members of each Department about the operations of the Department and the performance of the salaried Department Chairmen. The survey shall be in written form and shall be confidential. The aggregate results of the survey will be shared with the Department Chairman as part of his annual evaluation.

(d) Vice Chairmen

The Department Chairman, after consultation with the members of the Department, will annually nominate a candidate for the position of Vice Chairman. The candidate's name will be presented to the Vice President of Medical Affairs who will present the recommendation to the Board for its final action.

(e) Division Chiefs

The Department Chairman, with approval of a majority of the members of the Division, will annually nominate a candidate for the position of Division Chief. The candidate's name will be presented to the Vice President of Medical Affairs who will present the recommendation to the Board for its final action.

### **7.5.3 TERM OF OFFICE**

(a) Voluntary Department Chairmen, Vice Chairmen, and Division Chiefs shall be appointed on an annual basis.

(b) Salaried Department Chairmen will serve an initial three year term and be automatically renewed upon recommendation by the Vice President of Medical Affairs and appointment by the York Hospital Board of Directors for additional terms of three years each.

### **7.5.4 REMOVAL FROM OFFICE**

The Board may remove a Department Chairman, Vice Chairman or Division Chief from office during his term, either by its own initiative after consultation with the Medical Executive Committee, or upon the recommendation of a Department based upon two-thirds of the Department members eligible to vote upon departmental matters in the Department involved voting in favor of removal. The vote may be conducted by mail

ballot. Removal may be based only upon a failure to have the qualifications for or to perform the duties of the position held as described in these Bylaws.

#### **7.5.5 DUTIES OF DEPARTMENT CHAIRMEN**

Each Department Chairman shall:

- (a) be accountable to the Medical Executive Committee, the Director of Quality Management, the Chief Executive Officer, the Vice President of Medical Affairs, and the Board for professional and administrative activities within his Department, for the quality and safety of patient care rendered by Appointees of the Department, and for the clinically related activities of the Department including effective conduct of the patient care audit and other quality review, quality control, evaluation, and monitoring functions delegated to his Department; and further be accountable for the administratively related activities of the Department unless otherwise provided by the Hospital;
- (b) develop and implement departmental programs in cooperation with the Vice President of Medical Affairs for on-going monitoring of practice, credentials review and privileges delineation, medical education, and utilization review and the ongoing assessment and improvement of quality of care, treatment and services;
- (c) maintain continuing review and surveillance of the professional performance of all Practitioners in the Department who have delineated clinical privileges, and report regularly thereon to the Vice President of Medical Affairs and to the Medical Executive Committee;
- (d) transmit to the appropriate authorities, as required by these Bylaws and the Credentials Policy and Procedure Manual, his recommendations concerning appointment and classification, reappointment, delineation of clinical privileges, and corrective action with respect to Practitioners in his Department;
- (e) appoint such committees as are necessary to conduct the functions of the Department as specified in this Article and designate a chairman of each such committee;
- (f) enforce the Medical Staff Bylaws, Rules and Regulations, Code of Conduct, and accompanying manuals, and all other standards, policies, and rules of the Staff and the Hospital, within his Department, including initiating investigations and initiating and pursuing corrective action and ordering consultations to be provided or to be sought, when warranted;
- (g) implement within his Department actions taken by the Medical Executive Committee and by the Board;
- (h) participate in every phase of administration of his Department through cooperation with the nursing service and the Hospital Administration in matters affecting patient care including coordination and appropriate integration of interdepartmental and intradepartmental services;
- (i) assist in the preparation of such annual reports, including budgetary planning, pertaining to his Department as may be required by the Medical Executive Committee, the Vice President of Medical Affairs, or the Board;
- (j) recommend to the Staff the criteria for clinical privileges that are relevant to the care provided in the Department;
- (k) assess and recommend to the appropriate Hospital authority off-site sources for needed patient care, treatment, and services not provided by the Department or Hospital;
- (l) develop and implement policies and procedures that guide and support the provision of care, treatment, and services;

- (m) recommend sufficient numbers of qualified and competent persons to provide care, treatment, and service;
- (n) provide orientation and monitor continuing education of all persons in the Department;
- (o) recommend for space or other resources needed to provide quality patient care services in the Department; and
- (p) perform such other duties commensurate with his office as may from time to time be reasonably requested of him by the Vice President of Medical Affairs, the Medical Executive Committee, or the Board.

#### **7.5.6 DUTIES OF DIVISION CHIEFS**

Each Division Chief shall be responsible to the Chairman of the Department and shall assist the Chairman, when requested, in education, Performance Improvement, credentialing, and other matters as they pertain to the Division of which he is Chief.

### **ARTICLE VIII. COMMITTEES AND FUNCTIONS**

#### **8.1 GENERAL**

##### **8.1.1 CATEGORIES**

Medical Staff Committees shall be Standing, Special, or Ad Hoc. System Committees and Administrative Committees are not Medical Staff Committees, but members of the Active, Affiliate, Executive, and Allied Health Professionals may be requested to serve as members, chairmen, and actively participate.

##### **8.1.2 COMPOSITION AND APPOINTMENT**

(a) Standing and Special Committees: Standing and Special Committees shall be composed of at least three (3) Appointees of the active or executive category and may include Appointees of other categories; Allied Health Professionals; members of the House Staff; and representatives from Hospital Administration, nursing services, medical records, pharmaceutical services, social services, and such other Departments as are appropriate. Unless otherwise specifically provided in these Bylaws, the President of the Medical Staff will appoint a committee chairman and oversee the appointment of the individual committee members by the committee chairman. The Chief Executive Officer, or his designee, shall appoint an administrative representative to serve ex officio on each Standing and Special Committee of the Medical Staff. The President of the Medical Staff and the Chief Executive officer, or their designees, shall serve as ex officio members on all Medical Staff committees. Voting on committees is extended to all committee members unless otherwise provided in these Bylaws.

(b) Ad Hoc Committees: Ad Hoc Committees may be appointed by the President of the Medical Staff as the occasion arises.

(c) System/Administrative and Other Committees: The active, executive, and affiliate Members of the York Hospital Medical Staff and Allied Health Professionals may be requested to serve as members or participate in System and Administrative committees (regardless of the names of such committees) that perform one or more of the following functions: Pharmacy and Therapeutics; Infection Control; Blood Usage Review; Procedure and Pathology Review; Utilization Review; Bioethics; Cancer; Institutional Review; Clinical Effectiveness Teams, and Perioperative. Although these committees are not Medical Staff Committees, they shall report their activities to the York Hospital Quality and Safety Council, Medical Executive Committee, Medical Staff Departments and other appropriate entities, as needed. If appropriate, one or more relevant Departments of the Medical Staff may be requested and delegated with the responsibility to perform any of these functions.



### **8.1.3 COMMITTEE CHAIRMEN**

Only Appointees of the active or executive category shall be eligible to serve as committee chairmen.

All committee chairmen who act on behalf of the Hospital in professional activities pursuant to the Bylaws are indemnified to the fullest extent permitted by law, as long as they have been approved or appointed by the Board.

### **8.1.4 TERM AND PRIOR REMOVAL**

Unless otherwise provided, a Medical Staff committee member (other than one serving ex officio) shall continue as such for one (1) year or thereafter until his successor is elected or appointed, unless he shall sooner resign or be removed from the committee. A Medical Staff committee member, other than one serving ex officio, may be removed by a majority vote of the Medical Executive Committee.

### **8.1.5 VACANCIES**

Unless otherwise specifically provided, vacancies on any Medical Staff committee shall be filled at the discretion of the committee chairman.

### **8.1.6 MEETINGS**

A Medical Staff committee established to perform one or more of the Staff functions required by these Bylaws shall meet as often as is necessary to discharge its assigned duties.

## **8.2 MEDICAL EXECUTIVE COMMITTEE**

### **8.2.1 COMPOSITION**

The Medical Executive Committee shall consist of:

- (a) the President and Vice President of the Medical Staff;
- (b) at the option of each Department, which shall be exercised in July of each year in which there is a vacancy, one (1) Appointee of the active or executive category representing each Department set forth from time to time in Article VII of these Bylaws. The elected departmental representative will not ordinarily serve for more than three consecutive years on the Medical Executive Committee.
- (c) the Chairman of each Department set forth from time to time in Article VII of these Bylaws;
- (d) The Vice President of Medical Affairs, the Director of Medical Education, the Chief Executive Officer, Vice President of Patient Care Services, one or more of the Vice Presidents of Operations, and a representative from the Allied Health Professionals, all of whom shall serve on an ex officio basis without the right to vote.

### **8.2.2 DUTIES**

The duties of the Medical Executive Committee shall be to:

- (a) receive and act upon reports and recommendations from the Departments and committees of the Medical Staff, System, and Administrative committees; including but not limited to a quarterly report provided from the Health Information Management (HIM) Department summarizing the pertinence, legibility, and review of completeness of the medical records and the supervision and appraisal of the quality of medical records. In addition, when appropriate, the Health Information Management Department shall recommend for discipline any member of the medical staff whose medical records practices fail to conform to necessary record keeping requirements.

- Departments, and committees;
- (b) coordinate the activities of and policies adopted by the Medical Staff,
  - (c) implement the policies of the Medical Staff;
  - (d) make recommendations to the Board in matters relating to Medical Staff appointments and reappointments, Staff category, Department and Division assignments, clinical privileges, rights to perform patient care services, and corrective action;
  - (e) account to the Board for the overall quality and efficiency of patient care in the Hospital;
  - (f) take reasonable steps to maintain professionally ethical conduct and competent clinical performance on the part of Medical Staff Appointees and Allied Health Professionals, including initiating investigations and initiating and pursuing corrective action, when warranted;
  - (g) make recommendations to the Chief Executive Officer on medico-administrative and Hospital management matters;
  - (h) inform the Medical Staff of the accreditation program and the accreditation status of the Hospital;
  - (i) participate in identifying community health needs and Hospital goals and implementing programs to meet those needs;
  - (j) represent and act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws;
  - (k) formulate Medical Staff Rules and Regulations;
  - (l) make such adjustments as may be necessary to committee structure of the Medical Staff, including altering the membership of committees, creating new committees, eliminating unnecessary committees, and altering the functions of committees (All such changes to the committee structure may go into effect immediately, pending conforming amendment of these Bylaws pursuant to Article XII);
  - (m) review the Performance Improvement functions, including:
    - studies designed to evaluate the appropriateness of admissions to the Hospital, lengths of stay, discharge practices, etc.;
    - review and approve the Performance Improvement Plans;
    - review summaries of Performance Improvement, Patient Safety, Infection Control, activities of Department, Service Lines, and committees to determine whether opportunities for improvement exist.
  - (n) approve and recommend to the Board, Departmental Rules and Regulations developed pursuant to Section 7.4 of these Bylaws;
  - (o) coordinate and recommend to the Board guidelines for delineation of clinical privileges and rights to perform patient care services and privileges and rights delineation forms initially developed by the Departments or Allied Health Professional Advisory Committees pursuant to Sections 4.9 and 5.8 of these Bylaws; and
  - (p) make recommendations, if warranted, to the Medical Staff and the Board, on at least an annual basis, concerning appropriate changes in these Bylaws, the Medical Staff Rules and Regulations, Code of Conduct, and accompanying manuals.

### **8.2.3 MEETINGS**

The Medical Executive Committee shall meet at least once a month and maintain a permanent record of its proceedings and actions, these proceedings to be reported to the Medical Staff in a timely fashion. The Medical Executive Committee shall have the right to meet in executive session without the presence of any or all ex-officio members. Any ex-officio members not in attendance shall receive a prompt report on any actions taken by the Medical Executive Committee meeting in executive session.

## **8.3 CREDENTIALS COMMITTEE**

### **8.3.1 COMPOSITION**

The Credentials Committee shall consist of at least the following members:

- (a) six (6) Appointees of the active or executive category, including one (1) dental representative; and
- (b) one (1) member of the York Hospital Board of Directors.

### **8.3.2 DUTIES**

The duties of the Credentials Committee shall be to:

- (a) review the credentials of all applicants; and
- (b) make recommendations to the Medical Executive Committee relating to Medical Staff appointments and reappointments, category, Department and Division assignments, clinical privileges, and rights to perform patient care services in the Hospital, after considering the recommendations from the Chairman of each Department in which the Practitioner requests or exercises privileges or the right to perform patient care services.

### **8.3.3 MEETINGS**

The Credentials Committee shall meet as often as necessary to conduct its business, but not less than monthly, unless the Chairman determines that there is no business to be conducted by the committee. The Credentials Committee shall maintain a permanent record of its proceedings and actions, these proceedings to be reported to the Medical Executive Committee in a timely fashion.

## **8.4 BYLAWS COMMITTEE**

### **8.4.1 COMPOSITION**

The Bylaws Committee shall consist of at least the following members:

- (a) at least two (2) Appointees of the active or executive category;
- (b) Vice President of the Medical Staff;
- (c) Representatives from General Council Office, who shall serve as an ex-officio member without a vote.

### **8.4.2 DUTIES**

The duties of the bylaws committee shall be to:

- (a) Conduct an annual review of the medical staff bylaws, as well as rules and regulations, credentials policies and procedures and Medical Staff Fair Hearing Plan;

(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 staff recommendations regarding bylaws changes in items specified in paragraph (a) for submission to the MEC; and,

(d) Periodically review the regulatory agency and government regulations to assure that the bylaws are in compliance.

### **8.4.3 MEETINGS**

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

## **8.5 EDUCATION COMMITTEE**

### **8.5.1 COMPOSITION**

The Education Committee shall consist of the residency program directors, the Director of Medical Education, the Director of the Medical Library, the Vice-President of Medical Affairs, a representative from the Quality and Research Department, the accountable Designated Institutional Official (DIO), the physician Education Coordinators, administrators and members of the faculty. Voting membership on the committee must include residents nominated by their peers. The Chairman shall be the Director of Medical Education.

### **8.5.2 DUTIES**

The Education Committee shall establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all ACGME accredited programs. These policies will include, but are not limited to duty hours, core competencies, appropriate oversight over program directors, supervision of residents, curriculum evaluations, stipends & benefits of residents. In addition, the Education Committee will oversee, advise and report on all undergraduate medical education and their medical school affiliations, the dental education programs and the operations of the medical library.

### **8.5.3 MEETINGS**

The Education Committee shall meet as often as necessary to conduct its business, but not less than quarterly, unless the Chairman determines that there is no business to be conducted by the committee. The Education Committee shall maintain a permanent record of its proceedings and actions, these proceedings to be reported to the Medical Executive Committee in a timely fashion.

## **8.6 MEDICAL RECORDS REVIEW COMMITTEE**

### **8.6.1 COMPOSITION**

The functions of the Medical Records Review Committee shall be performed by the WellSpan Health Information Department which will provide quarterly reports to the Medical Executive Committee.

## **8.7 MEDICAL STAFF WELLNESS COUNCIL**

### **8.7.1 COMPOSITION**

The Medical Staff Wellness Council shall consist of at least the following voting members: five active or executive members of the Medical Staff, one member of the Allied Health Professionals, and one house staff member. Because the committee functions in an advocacy role, no member of the committee

may be a department chairman, residency program director, active or executive or ex officio member of the Medical Executive Committee, or a member of a departmental Performance Improvement committee.

### **8.7.2 DUTIES**

- (a) Promote education of the Medical Staff and other organization staff about physical, professional, social and behavioral wellness, resiliency, prevention of illness and impairment issues specific to Physicians;
- (b) Self-referral by a Physician and referral by other organizational staff to the committee;
- (c) Referral of the affected Physician to the appropriate internal or external resources for diagnosis and treatment of the condition or concern;
- (d) Maintenance of the confidentiality of the Physician seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened.
- (e) Evaluation of the credibility of a complaint, allegation or concern.
- (f) Monitoring of the affected Physician and the safety of patients until the rehabilitation or any disciplinary process is complete; and
- (g) Reporting to the Medical Staff leadership instances in which a physician is providing unsafe treatment; and
- (h) Initiating appropriate actions when required programs are incomplete.

### **8.7.3 MEETINGS**

The Medical Staff Wellness Council shall meet as often as necessary to conduct its business, but not less than annually unless the Chairman determines that there is no business to be conducted by the committee and shall maintain a permanent record of its proceedings and actions, these proceedings to be reported to the Medical Executive Committee in a timely fashion.

## **ARTICLE IX. PROCEDURAL RIGHTS**

### **9.1 ADVERSE ACTIONS**

The following recommendations or decisions are considered adverse when made under the circumstances described in Section 9.2 of these Bylaws, except as provided in Section 9.3 of these Bylaws:

- (a) Denial of initial Medical Staff appointment;
- (b) Denial of Medical Staff reappointment;
- (c) Suspension of Medical Staff appointment;
- (d) Revocation of Medical Staff appointment;
- (e) Denial of requested appointment to or advancement in Staff category;
- (f) Involuntary reduction of Staff category;

- (g) Denial of requested Department affiliation;
- (h) Denial of requested clinical privileges or rights to perform patient care services in the Hospital for which the Practitioner would otherwise be eligible based upon the Hospital's approved guidelines for the granting of clinical privileges and rights to perform patient care services;
- (i) Involuntary reduction in clinical privileges or rights to perform patient care services in the Hospital;
- (j) Suspension of clinical privileges or rights to perform patient care services in the Hospital;
- (k) Revocation of clinical privileges or rights to perform patient care services in the Hospital; and
- (l) Individual requirements of consultation or supervision except as set forth in 9.3(f).

## **9.2 WHEN DEEMED ADVERSE**

A Section 9.1 recommendation or decision is deemed adverse only:

- (a) when it has been recommended by the Medical Executive Committee;
- (b) in the case of automatic and precautionary suspensions that must be processed through the Medical Executive Committee pursuant to Section 1.2.3 of the Corrective Action Procedures and Fair Hearing Plan; or
- (c) when it has been taken by the Board under circumstances where no previous right to request a hearing existed.

When a Section 9.1 recommendation or decision is deemed adverse, the affected Practitioner is entitled to hearing and appellate review rights as set forth in the Corrective Action Procedures and Fair Hearing Plan, except as provided otherwise in these Bylaws, the Credentials Policy and Procedure Manual, and the Corrective Action Procedures and Fair Hearing Plan.

## **9.3 ACTIONS NOT DEEMED ADVERSE**

No recommendation, decision, or other action, except those specified in Section 9.1 of these Bylaws, shall be deemed adverse or entitle the Practitioner to any hearing or appellate review rights. Specifically, none of the following actions shall be deemed adverse or entitle the Practitioner to any hearing or appellate review rights:

- (a) issuance of a warning or a formal letter of reprimand;
- (b) imposition of a probationary period with a retrospective review of practice, without individual requirements of consultation or supervision;
- (c) a requirement to attend a course;
- (d) the denial, revocation, or reduction of temporary privileges;
- (e) an automatic suspension for failure to pay Medical Staff dues or assessments, failure to maintain professional liability insurance, or failure of timely to completion medical records;
- (f) individual requirements of consultation or supervision imposed as a requisite for initial staff appointment, required for requested additional privileges or procedures by a current Medical Staff Appointee or as part of an agreed upon proctoring program; or

(g) imposition of Precautionary Suspension for a period of no longer than fourteen (14) days while an investigation is pending.

## **ARTICLE X. MEETINGS**

### **10.1 MEDICAL STAFF YEAR**

For the purposes of business of the Medical Staff, the business year will begin July 1.

### **10.2 MEDICAL STAFF MEETINGS**

#### **10.2.1 ANNUAL MEETINGS**

There will be no less than one meeting of the Medical Staff yearly. The Medical Executive Committee and/or President of the Medical Staff may authorize the holding of additional regular Medical Staff meetings by resolution. The resolution authorizing such additional meetings shall require notice specifying the date, time, and place for the meeting, and that the meeting can transact any business as may come before it.

#### **10.2.2 SPECIAL MEETINGS**

A special meeting of the Medical Staff may be called by the Medical Executive Committee and/or the President of the Medical Staff, and/or petition from 15 or more active or executive members of the Medical Staff, and will concern itself solely with its stated purpose. Requests for special meetings by members of the Medical Staff shall be directed to the President of the Medical Staff. The special meeting shall occur within 60 days of the request.

#### **10.2.3 VOTING**

Only Appointees to the active or executive category shall be eligible to vote at meetings of the Medical Staff, except as provided in Sections 11.2 and 11.3 of these Bylaws.

For business occurring between annual meetings, an email ballot may be utilized, providing that sufficient details for the vote are received no less than 21 days before the vote is tallied. If more than three (3) active or executive medical staff members request an open forum for discussion prior to the vote, a special meeting will be scheduled; and the email vote will be suspended.

### **10.3 DEPARTMENT AND COMMITTEE MEETINGS**

#### **10.3.1 REGULAR MEETINGS**

Departments and committees shall, by resolution provide the time for holding regular meetings and no notice other than such resolution is required. Departments shall meet as often as necessary to conduct their business, but not less than quarterly; provided, however, that designated committees or representatives of each Department shall meet at least monthly to conduct the quality review, evaluation, and monitoring activities described in Section 7.3 of these Bylaws. The frequency of committee meetings is as specified in Article VIII of these Bylaws.

#### **10.3.2 SPECIAL MEETINGS**

A special meeting of any Department or committee may be called by the Chairman thereof, and will concern itself solely with its stated purpose.

### **10.3.3 EXECUTIVE SESSION**

All Departments and committees of the Hospital may sit in executive session. During this time, all non members may be excused.

## **10.4 ATTENDANCE REQUIREMENTS**

### **10.4.1 STAFF MEETINGS**

While there are no mandatory attendance requirements, it is recommended that members of the Medical Staff attend as many Medical Staff meetings as possible.

### **10.4.2 DEPARTMENT MEETINGS**

While there are no mandatory attendance requirements, it is recommended that members of the Medical Staff attend as many Department meetings as possible.

### **10.4.3 COMMITTEE MEETINGS**

Each member of the Medical Executive Committee and Credentials Committee must attend at least seventy-five percent (75%) of the meetings of that committee each year. Regular attendance at these meetings is expected, and absences should only be for good cause.

### **10.4.4 SPECIAL APPEARANCES OR CONFERENCES**

(a) Whenever a Medical Staff or Department educational program is prompted by a Practitioner's performance, that Practitioner will be notified of the date, time, and place of the program; of the subject matter to be covered; and of its special applicability to the Practitioner's practice. The Practitioner shall be required to attend the educational program, unless excused in advance by the Vice President of Medical Affairs by reason of illness or medical or personal emergency.

(b) Whenever a pattern of suspected deviation from standard clinical practice is identified, the President of the Medical Staff or the applicable Department Chairman may require the Practitioner to confer with him or with a Standing, Special, or Ad Hoc Committee that is considering the matter. The Practitioner shall be given special notice of this conference at least five (5) days before the conference, including the date, time, and place of the conference and a statement of the issue involved. The Practitioner shall be required to attend the conference, unless excused in advance by the Vice President of Medical Affairs by reason of illness or medical or personal emergency.

### **10.4.5 EXCUSED ABSENCES**

Failure to satisfy the attendance requirements may be excused by reason of illness, absence from the city, or medical or personal emergency. A Practitioner seeking to be excused from attendance shall notify the Vice President of Medical Affairs of the reason for the absence before the meeting or within twenty-four (24) hours thereafter.

## **10.5 MEETING PROCEDURES**

### **10.5.1 ORDER OF BUSINESS AND AGENDA AT ANNUAL STAFF MEETINGS**

The order of business at the annual meeting shall be determined by the President of the Medical Staff.

### **10.5.2 NOTICE OF MEETINGS**

Notice stating the date, time, and place of any meeting of the Medical Staff, or of any regular Department or committee meeting not scheduled pursuant to resolution, shall be mailed to each person entitled to be present not less than ten (10) days before the date of such meeting. Alternatively, notice of



Department or committee meetings may be given orally not less than five (5) days before the date of the meeting. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

### **10.5.3 MINUTES**

Minutes of all meetings shall be prepared by the secretary of the meeting and shall include the vote taken on each matter. Copies of such minutes shall be signed by the presiding officer and approved by the attendees. Minutes of each Department and Medical Staff committee meeting shall be made available to the Appointees of the appropriate Department and committee and shall be provided to the Medical Executive Committee. Minutes of Medical Staff and Medical Executive Committee meetings shall be made available to all Appointees of the Medical Staff and Allied Health Professionals. A permanent file of the minutes of each meeting shall be maintained by the Office of the Vice President of Medical Affairs.

### **10.5.4 QUORUM**

(a) At a meeting of any Department, or any Medical Staff committee, the presence of twenty-five percent (25%) of the total voting membership, but not less than two (2) Appointees shall constitute a quorum.

(b) At a meeting of the Medical Staff, the presence of fifty (50) Appointees with voting rights shall constitute a quorum. In the event that a quorum is not present at any meeting of the Medical Staff, the Medical Executive Committee may, in the discretion of the President of the Medical Staff, act upon any necessary Medical Staff business at its next meeting.

### **10.5.5 MANNER OF ACTION**

Except as otherwise provided in these Bylaws, the action of a majority of those present and voting at meeting at which a quorum is present shall be the action of the group. Action may be taken without a meeting by a Department or committee by a document setting forth the action so taken signed by each Appointee entitled to vote.

### **10.5.6 RULES OF ORDER**

All meetings will be transacted according to the rules of order as specified in Sturgis's Standard Code of Parliamentary Procedure.

## **ARTICLE XI. GENERAL PROVISIONS**

### **11.1. MEDICAL STAFF RULES AND REGULATIONS AND MANUALS**

Subject to approval by the Board of Directors, the Medical Staff shall adopt such Rules and Regulations, Code of Conduct, and accompanying manuals as may be necessary to implement more specifically the general principles found in these Bylaws. The procedures outlined in Article XII of these Bylaws shall be followed in the adoption and amendment of the Rules and Regulations and accompanying manuals.

### **11.2 MEDICAL STAFF DUES**

Subject to the approval of the Medical Staff at the annual meeting, the Medical Executive Committee will establish the amount and manner of disposition of the annual dues. (Voting members in any election concerning dues will include all Practitioners who will be required to pay dues.) Dues are payable at the beginning of each new Medical Staff year. Failure, unless excused by the Medical Executive Committee for good cause, to render payment within two (2) months of the start of the Medical Staff year shall, after special notice of the delinquency, result in automatic suspension pursuant to Corrective Action Procedures and Fair Hearing Plan. If a Practitioner's Medical Staff dues remain unpaid by December 31, then the Practitioner's Medical Staff appointment, clinical privileges, and rights to perform patient care services in the Hospital shall be revoked.

### **11.3 SPECIAL ASSESSMENTS**

If funds of the Medical Staff are insufficient for any expenditure authorized by the Medical Executive Committee, additional funds may be obtained through a special assessment of the Medical Staff. Before any such assessment, there must be a special meeting of the Medical Staff, called by the President of the Medical Staff for that purpose. At this meeting, there must be a quorum present and a two-thirds affirmative vote of those present and voting is necessary for approval of the assessment. (Voting members in any election concerning assessments will include all Practitioners who may be affected by the proposed assessment.)

### **11.4 CONSTRUCTION OF TERMS AND HEADINGS**

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

## **ARTICLE XII. ADOPTION AND AMENDMENT**

### **12.1 MEDICAL STAFF RESPONSIBILITY**

The Medical Staff shall have the responsibility to formulate, adopt, and recommend to the Board, Medical Staff Bylaws and amendments thereto, which shall be effective when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner. This applies as well to the adoption and amendment of Medical Staff Rules and Regulations and accompanying manuals developed to implement various sections of these Bylaws.

If voting members of the organized Medical Staff propose to adopt a rule, regulation, or policy or an amendment thereto, they first must communicate the proposal to the Medical Executive Committee.

If the Medical Executive Committee proposes to adopt a rule or regulation or an amendment thereto, it first communicates the proposal to the Medical Staff. When it adopts a policy or amendment thereto, the Medical Executive Committee communicates this to the Medical Staff.

### **12.2 METHOD OF ADOPTION AND AMENDMENT**

#### **12.2.1 MEDICAL STAFF BYLAWS**

Proposals for changes to the Medical Staff Bylaws can be initiated through any of the following mechanisms:

- (a) A motion made by the Medical Executive Committee;
- (b) A motion made by the Bylaws Committee, or
- (c) Any medical staff member can propose a change to the Bylaws Committee as defined in Bylaws 8.4.2(c).

All proposed changes must be submitted to the Bylaws Committee in accordance with Bylaws 8.4. The Bylaws Committee will review suggested changes and propose revised language to the Medical Executive Committee for review and comment. Following this review, the Bylaws of the Medical Staff may be adopted, amended, or repealed by the following action:

- (a) At least 21 days before an annual or special meeting for the medical Staff, the Bylaws Committee will make available a copy of the proposed bylaws or amendments thereto, to each member of the Medical Staff.

(b) Following the affirmative vote of two-thirds of the Appointees of the active or executive category present and voting at a duly convened annual or special meeting of the Medical Staff, the bylaws or amendments will be submitted to the Board for consideration and will become final upon their adoption by the Board.

### **12.2.2 MEDICAL STAFF RULES AND REGULATIONS AND MANUALS**

The Medical Staff Rules and Regulations, Code of Conduct, the Credentials Policy and Procedure Manual, and the Corrective Action Procedures and Fair Hearing Plan, and other accompanying manuals and policies may be adopted, amended, or repealed by the following action:

(a) the affirmative vote of a majority of the members of the Medical Executive Committee present and voting at a regular or special meeting of the Medical Executive Committee, at which a quorum is present, provided that a copy of the proposed Rules and Regulations, and accompanying manuals, or amendments thereto, was given or made available to each member of the Medical Executive Committee at least twenty-one (21) consecutive calendar days before the meeting; and,

(b) approved by the Board.

In cases of a documented need for an urgent amendment to the Rules and Regulations, it may be necessary to comply with law or regulation, the Medical Staff has the opportunity for retrospective review of and comment on the amendment. If there is no conflict between the organized Medical Staff and the Medical Executive Committee, the provisional amendment stands. If there is conflict, the process for conflict resolution is implemented. If necessary, a revised amendment is then submitted to the governing body for action.

### **12.3 EFFECTIVE DATE**

These Bylaws, Rules and Regulations, and accompanying manuals shall become effective on May 29, 2013.

### **12.4 ADOPTION**

#### **12.4.1 MEDICAL STAFF**

The foregoing Bylaws of the Medical Staff of York Hospital were adopted and recommended to the Board by the Medical Staff.

Paul Tolerico, MD  
President Medical Staff

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DATE

#### **12.4.2 BOARD**

The foregoing Bylaws of the Medical Staff of York Hospital were approved and adopted by resolution of the Board after considering the Medical Staff's recommendation.

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CHAIRMAN OF THE BOARD OF DIRECTORS

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DATE

Including amendments adopted:

April 27, 1989	June 24, 1997	December 21, 2005	February 23, 2011
July 26, 1990	June 23, 1998	December 21, 2006	August 3, 2011
April 25, 1991	August 25, 1999	September 25, 2007	May 29, 2013
March 30, 1993	June 29, 2000	October 24, 2007	January 27, 2016
March 29, 1994	July 27, 2001	June 25, 2008	February 22, 2017
June 28, 1995	September 25, 2002	December 17, 2008	July 26, 2017
May 28, 1996	October 27, 2004	August 26, 2009	
June 25, 1996	May 25, 2005	November 24, 2010	