

**WELLSPAN PHILHAVEN MEDICAL STAFF BYLAWS
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PREAMBLE

Whereas, WellSpan Philhaven is a not for profit corporation organized under the laws of the Commonwealth of Pennsylvania; and

Whereas, WellSpan Philhaven's purpose is to serve as a behavioral health hospital providing safe patient care, treatment and services; and

Whereas, it is recognized that the medical staff of WellSpan Philhaven is charged with the responsibility of maintaining high quality clinical care 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 President of WellSpan Philhaven and the Board are necessary to fulfill WellSpan Philhaven's obligations to its patients; and

Whereas, all medical staff members commit to working cooperatively and professionally with each other, hospital employees and management to promote safe and appropriate patient care.

Therefore, the active medical staff of WellSpan Philhaven adopt these bylaws.

DEFINITIONS AND RULES OF CONSTRUCTION

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

1. ADVERSE ACTION means adverse action as defined in section 9.2.
2. APPLICANT means an applicant for medical staff membership, clinical privileges, or both, as the context permits.
3. BOARD means the governing body of the hospital or a Board committee designated to act on behalf of the Board.
4. BODY means any group or entity component, such as a department, division, committee, or subcommittee, and is not necessarily a legal entity.
5. CLINICAL DUTIES means duty or permission to dependently provide one or more direct patient care services in the hospital.
6. CLINICAL PRIVILEGES means duty or permission to independently provide medical or other patient care services in the hospital. When an individual has clinical privileges, he/she shall have full and unrestricted access to those hospital resources which are reasonably necessary to the full exercise of the privileges, including but not limited to all necessary hospital equipment, facilities, and personnel, except to the extent such access is limited by a restriction on the privileges imposed in accordance with these bylaws.
7. 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 the privileges requested.
8. EXCLUSIVE CONTRACT means an agreement between a hospital and a physician (or group of physicians) which vests the sole right in the contracting physician(s) to provide specified types of medical services at the hospital, expressly or implicitly excluding other physicians from the provision of those services.
9. HOSPITAL means WellSpan Philhaven.
10. INDEPENDENTLY means without the direction or supervision of a member.
11. MEC means the medical executive committee.
12. MEDICAL EXECUTIVE COMMITTEE (MEC) means the committee of the medical staff which shall constitute the governing body of the medical staff as described in these bylaws.
13. MEDICAL STAFF means the medical staff of WellSpan Philhaven.
14. MEDICAL STAFF YEAR means the period from May 1st through April 30th of the following year.
15. MEMBER means a member of the medical staff.
16. PERSON means any individual or legal entity such as a corporation, partnership or association.

17. PHYSICIAN means an individual licensed to practice medicine and surgery or osteopathic medicine by the Commonwealth of Pennsylvania.
18. PRACTITIONER means a physician or any other health care professional granted clinical privileges in accordance with these bylaws or a member who has no clinical privileges.
19. PRESIDENT OF THE MEDICAL STAFF/MEDICAL DIRECTOR means the physician appointed by the President of WellSpan Philhaven to serve as the primary liaison between the medical staff and administration and also serves as the President of MEC.
20. PRESIDENT OF THE BOARD OF DIRECTORS means the individual elected by the Board of Directors.
21. PRESIDENT OF WELLSPAN PHILHAVEN means the individual appointed by the board to serve as the chief administrator of the hospital.
22. PROFESSIONAL QUALIFICATIONS means licensed by law in the Commonwealth of Pennsylvania to provide independent patient care services.
23. QUALITY CARE means care that meets recognized community standards of effectiveness, efficiency, appropriateness, and compassion.
24. SPECIAL NOTICE means the notice required by subsection 9.3-1.
25. DAYS mean calendar days.

The following rules of construction shall apply:

1. These bylaws apply with equal force to both sexes.
2. The captions or headings are for convenience only. No caption or heading shall be interpreted as limiting, defining the scope of, or affecting any substantive provision.
3. The singular shall be read to include the plural and vice versa, as the context permits.
4. In the event of a conflict between the medical staff bylaws and the medical staff rules and regulations or a policy and procedure, the bylaws shall prevail.

ARTICLE I
NAME

- 1.1 The name of this organization shall be the Medical Staff of WellSpan Philhaven.

ARTICLE II
RESPONSIBILITIES

- 2.1 The medical staff has overall responsibility for the quality of medical care delivered to patients and such other responsibilities as are delegated or conferred by Pennsylvania law, the accreditation requirements of the Joint Commission, The Medicare Conditions of Participation, these bylaws, and the medical staff rules and regulations. The board shall adequately inform the medical staff of hospital activities which affect the discharge of medical staff responsibilities and provide the medical staff with a meaningful opportunity to participate in hospital deliberations concerning matters which do, or could, affect the discharge of medical staff responsibilities.

ARTICLE III
MEMBERSHIP

3.1 Nature of Membership

Medical staff membership confers both responsibilities and prerogatives, but only as provided in these bylaws. No clinician, including those employed by or otherwise under contract with the hospital, may admit a patient or independently provide patient care services in the hospital unless he/she is a medical staff member with applicable clinical privileges or has been granted temporary privileges or emergency privileges pursuant to these bylaws. A member shall have only those clinical privileges, including admitting privileges, as have been granted in accordance with these bylaws.

3.2 Qualifications

3.2-1 In General

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

- (a) The professional qualifications for medical staff membership,
- (b) The clinical privileges qualification for medical staff membership,
- (c) The basic qualifications for medical staff membership, and
- (d) The qualifications for the staff category to which he/she is assigned (excluding those from which he/she has been exempted from meeting pursuant to subsection 3.2-4). A member shall continuously meet the required qualifications (excluding those from which he/she has been exempted from meeting pursuant to subsection 3.2-4). A member's failure to do so shall constitute grounds for corrective action pursuant to article VIII.

3.2-2 Clinical Privileges Qualification

An individual meets the clinical privileges qualifications for medical staff membership only if he/she has clinical privileges (or in the case of a new applicant is granted clinical privileges at the time of his/her appointment).

3.2-3 Basic Qualifications

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

- (a) Exercises his/her clinical privileges and prerogatives in a manner that will result in quality patient care, as demonstrated by evidence of sufficient professional education, training, experience, competence, good judgment, and an adequate physical and mental health status to perform the clinical privileges requested,
- (b) Adheres to the ethics of his/her profession,
- (c) Works cooperatively with others so as not to adversely affect quality care, and
- (d) Discharges the basic responsibilities of medical staff membership (or in the case of a new applicant, is reasonably likely to do so);
- (e) Has an employment agreement with WellSpan Medical Group or independent contractor relationship with WellSpan Philhaven (applies to Active Staff category only).
- (f) Has never been excluded from or sanctioned by Medicare, Medicaid or any other government program and is not on the OIG list of excluded providers.
- (g) Has never been convicted of a felony or a misdemeanor related to the practitioner's suitability to practice medicine.

3.2-4 Waiver of Qualifications

An applicant for or member of the emeritus staff shall have an automatic waiver of all qualifications except those for the emeritus staff category. A required qualification for medical staff membership or assignment to a staff category may also be waived on a case-by-case basis by joint agreement of the board and the MEC. A case-by-case waiver of a qualification may be revoked at any time by either the board or the MEC. A decision by either the board or the MEC to not waive a qualification or to revoke a waiver of a qualification does not entitle the individual to the procedural rights set forth in article IX.

3.3 Responsibilities

3.3-1 In General

A member shall discharge each of the basic responsibilities for medical staff membership and the responsibilities for the category to which he/she is assigned, except that a member shall be exempt from those responsibilities for which he/she

has been provided a waiver pursuant to subsection 3.3-4. A member's failure to do so shall constitute grounds for corrective action pursuant to article VIII.

3.3-2 Basic Responsibilities

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

- (a) Endeavor to exercise his/her clinical privileges and prerogatives and discharge his/her responsibilities only in a manner that will result in quality care,
- (b) Abide by the ethics of his/her profession and the WellSpan Philhaven Integrity Program Code of Organizational Ethics statement signed pursuant to subsection 3.3-3, and shall sign the code on an annual basis.
- (c) Cooperate with others so as to not adversely affect quality care,
- (d) Comply with these bylaws and the medical staff rules and regulations, including, but not limited to, those requirements pertaining to attendance at staff and committee meetings, completion of medical records, continuing education, on call responsibilities, and consultations,
- (e) Maintain continuing medical education credits as required by applicable laws and regulations,
- (f) Comply with the governing body bylaws,
- (g) Comply with applicable laws and regulations.

3.3-3 Integrity

Each medical staff member shall sign a written statement in which he/she agrees to:

- (a) Have read the Code of Organizational Ethics (the Code) and understand his/her responsibility for knowing its content,
- (b) Understand that if he/she has questions or concerns, he/she should contact either his/her immediate supervisor, the Senior Director of Innovation & Service Development or the President of WellSpan Philhaven,
- (c) Agree to report any actual or potential integrity concerns to the appropriate personnel, and
- (d) Acknowledge his/her responsibility to comply with the Code and all applicable federal and state laws as well as WellSpan Philhaven's established policies and procedures.

3.3-4 Waiver of Responsibilities

A required responsibility of medical staff membership or staff category may be waived on a case-by-case basis by joint agreement of the board and the MEC. A waiver of responsibility may be revoked at any time by either the board or the MEC.

A decision by either the board or the MEC to not waive a responsibility or to revoke a waiver of a responsibility does not entitle the member to the procedural rights set forth in article IX.

3.4 Prerogatives

A member shall have those prerogatives set forth in article IV under his/her staff category, except that a member's prerogatives may be limited by special conditions attached to his/her membership, by other sections of these bylaws, or the medical staff rules and regulations. Exceeding or abusing prerogatives shall constitute grounds for corrective action pursuant to article VIII.

3.5 Duration of Appointment

3.5-1 Initial

All initial appointments shall be for a period of one year.

3.5-2 Reappointment

All reappointments shall be for a period of two years unless a lesser period is specified in the notice of reappointment.

3.5-3 Modification

All modifications of appointment shall be for the duration of the modified appointment.

3.6 Provisional Status

3.6-1 Requirement

All initial appointments shall be provisional unless that requirement is waived in accordance with subsection 3.6-8.

3.6-2 Purpose

The purpose of the provisional requirement is to verify that the member will discharge his/her responsibilities, will not exceed or abuse his/her prerogatives, is qualified to independently provide the patient care services covered by his/her clinical privileges, and will otherwise comply with these bylaws.

3.6-3 Responsibilities and Prerogatives

A provisional member shall have the same responsibilities as summarized in subsection 3.3-1 and the same prerogatives as summarized in section 3.4.

3.6-4 Duration

The duration of a member's provisional status shall be one year unless that period is reduced pursuant to subsection 3.6-8, except that the MEC may extend a member's provisional status for up to one additional year if it determines continued observation of the member pursuant to subsection 3.6-5 is appropriate to enable

the member to provide the membership certification required by subsection 3.6-6. A determination by the MEC not to extend a member's provisional status at all or for the fully allowable one-year extension shall not entitle the member to the procedural rights set forth in article IX, and the appropriateness of such a determination shall not be considered at a hearing held pursuant to subsection 3.6-6, or subsection 3.6-7.

3.6-5 Observation

The exercise of clinical privileges by a provisional member shall be monitored. A provisional member also shall be observed for the purpose of verifying that he/she discharges his/her responsibilities, does not exceed or abuse his/her prerogatives and otherwise complies with these bylaws. The President of the Medical Staff/Medical Director shall determine the method of observation and assign a clinical supervisor. The clinical supervisor shall advise the MEC in writing of any noncompliance. Upon receipt of such a report the MEC may initiate corrective action proceedings and issue a summary restriction or suspension in accordance with article VIII.

3.6-6 Membership Certification

After a member on provisional status has been observed pursuant to subsection 3.6-5 for at least six months the member shall furnish the MEC with a certification from the clinical supervisor that it appears the member discharges his/her responsibilities, does not exceed or abuse his/her prerogatives, and otherwise complies with these bylaws. In the event the member fails to obtain such a certification prior to the expiration of his/her provisional status, his/her medical staff membership shall be automatically terminated, the member shall be entitled to the procedural rights set forth in article IX, and subsection 9.4-5 shall apply.

3.6-7 Clinical Privilege Certification

In the event a provisional member fails to furnish the MEC with a clinical privilege certification from his/her clinical supervisor for at least one of his/her clinical privileges prior to the expiration of his/her provisional status, his/her medical staff membership shall automatically terminate, the member shall be entitled to procedural rights set forth in article IX, and subsection 9.4-5 shall apply.

3.6-8 Waiver

The requirement that an initial appointment be provisional for one year may be waived or reduced on a case-by-case basis by joint agreement of the MEC and the board. A waiver or reduction may be considered in the case of an extensively experienced professional, an initial appointment to the consulting staff, or such other circumstances as may be appropriate. A decision by either the MEC or the board not to waive or reduce the one-year provisional requirement does not entitle the member to the procedural rights set forth in article IX.

ARTICLE IV **STAFF CATEGORIES**

4.1 Categories

The medical staff shall be divided into the following categories: Active, Consulting and Emeritus.

4.2 Assignment

Each member shall be assigned to one staff category at any one time. The initial assignment shall be made at initial appointment. A member's staff category shall be reevaluated prior to reappointment and shall be modified or reassigned, as appropriate, at reappointment. A member's staff category may also be reevaluated and modified pursuant to section 5.4 or article VII. Except when a member's staff category is modified pursuant to article VII, a member shall be assigned to the category of his/her choice provided he/she is qualified for that category.

4.3 Active Staff

4.3-1 Qualifications

The qualifications for active staff membership are that the individual:

- (a) Regularly admits patients to the hospital or is otherwise involved on a regular basis in the provision of care to WellSpan Philhaven patients;
- (b) Resides and practices close enough to the hospital to provide continuity of care and can be easily reached when necessary;
- (c) Discharges with due diligence and in a responsible manner his/her active staff responsibilities (or in the case of a new applicant or an applicant for advancement to the active staff, is reasonably likely to do so).

4.3-2 Responsibilities

The responsibilities of active staff membership are that the member, in addition to direct patient care activities is to:

- (a) Participate in patient care reviews and other medical staff quality improvement activities;
- (b) Participate in the observation of provisional members and the monitoring of the exercise of new clinical privileges, by performing those reasonable tasks assigned by the President of the Medical Staff/Medical Director;
- (c) Participate in the administration and self-governance of the medical staff, as permitted by these bylaws;
- (d) Perform those functions assigned by these bylaws by virtue of he/she holding medical staff or committee office, and
- (e) Otherwise assist in the discharge of medical staff's responsibilities by performing those reasonable tasks, including committee service and hospital medical-staff-sponsored community service, assigned in accordance with these bylaws.

4.3-3 Prerogatives

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

- (a) Exercise those clinical privileges as are granted pursuant to these bylaws;
- (b) Attend meetings of the medical staff and committees of which he/she is a member;
- (c) Vote on all matters presented to the medical staff and committees of which he/she is a member;
- (d) Hold staff or committee office to which he/she is elected or appointed pursuant to these bylaws (except during provisional period), and
- (e) Serve on committees to which he/she is elected or appointed pursuant to these bylaws.

4.4 Consulting Staff

4.4-1 Qualifications

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

- (a) Board certified or board eligible authority in an area of medical practice, and
- (b) Willing to provide consultative services in a timely fashion upon the request of a practitioner.

4.4-2 Responsibilities

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

4.4-3 Prerogatives

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

- (a) Provide consultative services in those areas of practice designated at his/her appointment, reappointment, or modification of appointment, upon the request of a practitioner;
- (b) Attend meetings of the medical staff and committees of which he/she is a member;
- (c) Vote on matters presented to committees of which he/she is a member, and
- (d) Serve on committees to which he/she is elected or appointed pursuant to these bylaws.

A consulting staff member may not admit a patient. A consulting staff member is not eligible to vote at medical staff meetings or to hold office.

4.5 Emeritus Staff

4.5-1 Qualifications

The qualification for emeritus staff membership is that the individual is a retired former member of the medical staff.

4.5-2 Responsibilities

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

4.5-3 Prerogatives

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

- (a) Attend meetings of the medical staff and committees of which he/she is a member, except as provided in section 13.8;
- (b) Vote on matters presented to a committee of which he/she is a member, and
- (c) Serve on committees to which he/she is elected or appointed pursuant to these bylaws.

An emeritus staff member has no clinical privileges and may not admit a patient. Emeritus staff members are not eligible to vote at medical staff meetings or to hold office.

ARTICLE V APPOINTMENT AND MODIFICATION OF APPOINTMENT

5.1 Authority

Initial appointment, reappointment, and modification of appointment to the medical staff shall only be made as set forth in these bylaws.

5.2 Initial Appointment

5.2-1 Submission of Application

All applicants for initial appointment to the medical staff shall submit to the president a written and signed application on the form developed pursuant to subsection 5.2-2, with all provisions completed (or accompanied by an explanation of why omitted responses are unavailable). When an applicant requests an application form, he/she shall be given a copy of these bylaws, the medical staff rules and regulations, and the governing body bylaws.

5.2-2 Application Form

- (a) The initial appointment application form shall be developed and approved by the MEC.
- (b) The initial appointment application form shall request information necessary to properly evaluate the applicant. It shall include, but not be limited to, the following:
 - (1) The applicant's qualifications, including, but not limited to, professional training and experience, current licensure, current DEA registration, and board eligibility or board certification;
 - (2) References from professional peers personally familiar with the applicant's professional competence and character;
 - (3) Desired membership category and clinical privileges;
 - (4) Previously successful or currently pending professional disciplinary actions, or licensure limitations;
 - (5) Voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital;
 - (6) Statement of physical and mental health status required to perform the clinical privileges requested;
 - (7) Final judgments or settlements against the applicant in professional liability actions;
 - (8) Proof of the professional liability insurance required by subsection 6.2-4, and
 - (9) Conviction of any crimes.
- (c) The initial appointment application form shall also include the following items and bind the applicant to each by virtue of his/her signature on the application:
 - (1) A statement that the information provided with the application is true, correct, and complete at the time of the application to the best of the applicant's knowledge, information, and belief,
 - (2) A statement that the applicant has been provided with a copy of the medical staff bylaws, the medical staff rules and regulations, and the governing body bylaws and agrees to be bound by their terms during the time the application is under consideration;
 - (3) A statement that the applicant is willing to appear for interviews in connection with the application;
 - (4) The authorizations to obtain and furnish information for the purpose of evaluating the application which are required by section 14.2;

- (5) The releases from liability which are required by section 14.4;
- (6) A pledge that the applicant will provide continuous quality care to his/her patients, and
- (7) A pledge that the applicant will be reasonably available by conventional communications media when necessary for the medical care of patients.

5.2-3 Applicant's Burden

The applicant shall have the burden of producing adequate information for a proper evaluation of his/her qualifications, of resolving any reasonable doubts about his/her qualifications, and of satisfying requests for information. This shall include obtaining the Pennsylvania Child Abuse History Clearance, Pennsylvania Criminal History Record and FBI Fingerprint Criminal History Report.

5.2-4 Verification of Information

The President of the Medical Staff/Medical Director's office shall expeditiously seek to verify the references, licensure status, and other information submitted in support of the application, to obtain from the National Practitioner Data Bank the information reported to the Bank regarding the practitioner, and to collect any additional information necessary to evaluate the application. The applicant shall be notified of any problems in obtaining verification or additional necessary information, and it shall be the applicant's obligation to rectify those problems. When verification and collection of additional necessary information is accomplished, all information shall be promptly transmitted to the MEC.

5.2-5 President of Medical Staff/Medical Director

The President of the Medical Staff/Medical Director shall review the verified application and the additional collected information. He/she may, in his/her discretion, elect to interview the applicant and otherwise seek additional information. As soon as practicable, he/she shall transmit to the MEC a written report. The report shall include his/her recommendation as to appointment and, if appointment is recommended, his/her recommendations as to membership category, clinical privileges, and any special conditions to be attached. The report shall also include the rationale for those recommendations. The President of the Medical Staff/Medical Director may also request that the MEC defer action on the application pending further investigation.

5.2-6 MEC Action

The MEC shall review the verified application, the additional collected information and the President of the Medical Staff/Medical Director report. The MEC shall make a recommendation as to appointment and, if appointment is recommended, recommendations as to membership category, clinical privileges, and any special conditions to be attached. The MEC shall make its initial required recommendation(s) as soon as practicable. However, prior to making a recommendation, it may, in its discretion, elect to interview the applicant or otherwise seek additional information. When an initial recommendation is

favorable to the applicant, it shall be the final MEC recommendation, except as provided in subsection 5.2-7. When an initial recommendation is adverse to the applicant but the applicant is not entitled to procedural rights set forth in article IX, it shall be the final MEC recommendation, except as provided in subsection 5.2-7. When an initial recommendation is adverse to the applicant and the applicant is entitled to procedural rights set forth in article IX, the MEC shall make a reconsidered recommendation as soon as practicable after the applicant has been provided or waived the procedural rights set forth in article IX and it receives any report due from the hearing officer, and that recommendation shall be the final MEC recommendation, except as provided in subsection 5.2-7. As soon as practicable after making a recommendation deemed final but for subsection 5.2-7, the MEC shall transmit the recommendation to the board in a report which also includes its rationale and any supporting documentation. The president, the President of WellSpan Philhaven, and the applicant shall be provided with prompt notice of the MEC recommendations. When the applicant is entitled to the procedural rights set forth in article IX, his/her notice shall comply with subsection 9.3-1.

5.2-7 Board Action

The board shall make the decision whether to appoint an applicant to the medical staff, and if so, the appropriate staff category, the clinical privileges to be granted, and any special conditions to be attached. The board shall make its initial decision as soon as practicable after receiving the MEC's recommendation(s). However, prior to making its initial decision the board may refer the matter back to the MEC. Any referral back to the MEC shall state the reasons for the referral, shall set a reasonable time limit within which a subsequent recommendation shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. When the board makes a referral back to the MEC, the MEC shall hold an additional hearing, if requested, and make a subsequent recommendation within the specific time frame. As soon as practicable after receipt of a subsequent MEC recommendation, the board shall make its initial decision. When the board's initial decision is favorable to the applicant, it shall be the board's final decision. When the board's initial decision is adverse to the applicant but the applicant is not entitled to the procedural rights set forth in article IX, the board's initial decision shall be its final decision. When the board's initial decision is adverse to the applicant and the applicant is entitled to the procedural rights set forth in article VIII, the board shall make a reconsidered decision as soon as practicable after the applicant has been provided or waived the procedural rights set forth in article IX and it receives any report due from the hearing officer or appeal board, and that decision shall be the board's final decision. The MEC, the president, and the applicant shall be provided with prompt notice of the board decisions. When the applicant is entitled to the procedural rights set forth in article IX, his/her notice shall comply with subsection 9.3-1.

5.2-8 Notice of Final Decision

Notice of final decision by the board pursuant to subsection 5.2-8 shall be given to the president, the MEC, the applicant, and the President of WellSpan Philhaven. A notice to appoint shall include, if applicable: (1) the staff category to which the applicant is appointed; (2) the clinical privileges granted; and (3) any special conditions attached to the appointment or clinical privileges.

5.2-9 Reapplication after Adverse Appointment Decision

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the medical staff for a period of one year. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

5.2-10 Timely Processing of Application

Applications for staff appointments shall be considered in a timely manner by all those required by these bylaws to act thereon. While special or unusual circumstances may constitute good cause and warrant exceptions, the following time periods provide a guideline for routine processing of applications:

- (a) Verification of application and collection of additional information: within 45 days from receipt of appropriate application,
- (b) Review and initial recommendation by MEC: within 60 days after receipt of Medical Director's report,
- (c) Review and reconsidered recommendation by MEC: within 45 days after receipt of the hearing officer's or appeal board's report,
- (d) Review and initial decision by board: within 60 days after receipt of MEC's final recommendation, and
- (e) Review and reconsidered recommendation by board: within 60 days after receipt of the hearing officer's or appeal board's report.

5.3 Reappointment

5.3-1 Submission of Application

All applicants for reappointment shall submit to the president a timely, written, and signed application on the form developed pursuant to subsection 5.3-2, with all provisions completed (or accompanied by an explanation of why omitted responses are unavailable). In order to be timely, the application must be submitted at least 90 days prior to the expiration of the member's current appointment. At least 60 days prior to that date, the hospital shall mail or deliver the application form to the member with a notice of the due date. If a timely, appropriate application for reappointment is not received prior to the due date, the hospital shall notify the member with written notification of such and the consequences, which may include a lapse of privileges.

5.3-2 Application Form

The reappointment application form shall be developed by the MEC. It shall request all information necessary to evaluate the application. Except in the case of an application for the reappointment to the emeritus staff, it shall include, but not be limited to, updates of the information described in subparagraphs (b)(1),(4),(5),(6),(7) & (8) of subsection 5.2-2 provided in previous applications for appointment or modification of appointment, current references from peers

personally familiar with the applicant's professional competence and character, and any desired changes in membership category, and clinical privileges. The application form shall also include the items described in paragraph (c) of subsection 5.2-2 and bind the applicant to each by virtue of his/her signature on the application.

5.3-3 Burden and Procedures

When a member submits an application for reappointment, the member shall have the same burden as set forth in subsection 5.2-3. Relevant results from quality assessment and improvement activities shall be included in the evaluation of professional performance, judgment, and clinical and/or technical skills of the member. The application shall be evaluated and decided generally following the procedures set forth in subsections 5.2-4 through 5.2-10.

5.3-4 Extension of Appointment

If an application for reappointment has not been fully processed by the expiration date of the member's appointment, the member shall maintain his/her membership status and clinical privileges until such time as the processing is completed unless the delay is due to the member's failure without good cause to timely complete and return the reappointment application form, provide other requested information, or otherwise comply with these bylaws. Any extension of appointment and clinical privileges pursuant to this section does not create a vested right in the member for continued appointment or clinical privileges through the entire next term but only until such time as processing of the application is concluded.

5.3-5 Failure to File Reappointment Application

Failure without good cause to timely file an appropriate application for reappointment shall result in the automatic suspension of the member's admitting privileges and expiration of other clinical privileges and prerogative at the end of the current staff appointment, unless otherwise extended by the MEC with the approval of the board. If the member fails to submit an appropriate application for reappointment within 30 days past the date it was due, the member shall be deemed to have resigned membership in the medical staff. In the event membership terminates for the reasons set forth herein, the procedural rights set forth in article IX shall not apply.

5.4 Modification of Appointment

A member may seek a modification of appointment such as a change in staff category or clinical privileges, unless a request for a similar modification was denied within the prior year. A request for modification shall be submitted to the president in a written and signed application on the form developed by the MEC with all provisions completed (or accompanied by an explanation of why omitted responses are unavailable). The form shall request all information necessary to evaluate the application. The form shall also include the items described in paragraph (c) of subsection 5.2-2 and bind the applicant to each by virtue of his/her signature on the application. A member who submits an application for modification of appointment shall have the same burden as set forth in subsection 5.2-3. A permitted application shall be evaluated and decided generally following the procedures set forth in subsections 5.2-4 through 5.2-10.

ARTICLE VI
CLINICAL PRIVILEGES

6.1 Authority

No individual shall be permitted to independently provide any patient care services except pursuant to clinical privileges granted as provided in these bylaws.

6.2 Qualifications

6.2-1 In General

No individual shall be granted clinical privileges unless he/she meets each of the following required qualifications:

- (a) The professional licensure qualifications for clinical privileges,
- (b) The basic qualifications for clinical privileges,
- (c) The professional liability insurance qualification for clinical privileges, and
- (d) The medical staff membership qualification.

(excluding those from which he/she has been exempted from meeting pursuant to subsection 6.2-6). An individual with clinical privileges shall continually meet the required qualifications (excluding those from which he/she has been exempted from meeting pursuant to subsection 6.2-6). Failure to do so shall constitute grounds for corrective action pursuant to article VIII.

6.2-2 Professional Licensure Qualifications

An individual meets the professional licensure qualifications for clinical privileges only if he/she is a licensed physician, licensed psychologist or certified registered nurse practitioner with an unrestricted license or certificate.

6.2-3 Basic Qualifications

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

6.2-4 Professional Liability Insurance Qualification

An individual meets the professional liability insurance qualification only if he/she is insured against his/her professional liability to the extent required by state law, or in the absence of applicable state law, to the extent required by a reasonable

resolution jointly adopted by the board and the MEC.

6.2-5 Medical Staff Membership Qualifications

A physician, psychologist or certified registered nurse practitioner meets the medical staff membership qualification only if he/she is a medical staff member or, in the case of a new applicant for clinical privileges, is appointed to the medical staff at the time he/she is granted clinical privileges. Clinical privileges are subject to the renewal process concurrent with the time of medical staff reappointments.

6.2-6 Waiver

A required qualification for clinical privileges may be waived on a case-by-case basis by joint agreement of the board and the MEC. A waiver of a qualification may be revoked at any time by either the board or the MEC. A decision by either the board or the MEC to not waive a qualification or to revoke a waiver of a qualification does not entitle the individual to the procedural rights set forth in article IX.

6.3 Approval Process

See subsection 5.2-5 through 5.2-10

6.4 Duration

6.4-1 Initial

A grant of clinical privileges to an initial practitioner shall be for a period of one year.

6.4-2 Renewal or Interval Modification

A renewal or modification of a practitioner's clinical privileges at the expiration of his/her existing privileges shall be for a period of two years unless a lesser period is specified in the notice of appointment in the case of a member. Renewal or revision of clinical privileges is based on a reappraisal of the individual.

6.4-3 Other Modification

A modification of a practitioner's clinical privileges prior to the expiration of his/her existing privileges shall be for the duration of the existing privileges.

6.5 Medical Director Position

6.5-.1 Medical Director

An individual in a medical director position is one who is employed by or otherwise serves the hospital on a full or part-time basis, and whose duties include the exercise of clinical privileges. An individual in a medical director position must be a member of the medical staff, and shall only be granted clinical privileges in accordance with these bylaws. The medical staff appointment and clinical privileges of any individual in a medical director position shall also be subject to the other pertinent provisions of these bylaws, except that his/her contract may

provide for the waiver of the procedural rights set forth in article IX in accordance with subsection 9.5-2. In the absence of the medical director, his/her duties will be assumed by the associate medical director and/or the President of WellSpan Philhaven.

6.6 Temporary Privileges

6.6-1 Circumstances

Upon the written concurrence of the President of the Medical Staff/Medical Director, and the President of WellSpan Philhaven, temporary privileges may be granted in the following circumstances, provided the conditions set forth in subsection 6.6-2 are satisfied:

(a) Pendency of Application

After receipt of an application for initial staff appointment or clinical privileges, which includes a request for specific temporary privileges, an applicant may be granted temporary privileges for up to one hundred twenty (120) days during the pendency of the application once medical staff application criteria have been verified and conditions met as required by subsection 6.6-2.

(b) Locum Tenens

Upon receipt of a written request, an individual who is serving as a locum tenens for a practitioner may, without applying for membership on the staff or clinical privileges, be granted temporary privileges for up to one hundred twenty (120) days.

6.6-2 Conditions

Temporary privileges during the pendency of application may be granted only when a complete, medical staff application has been received and reviewed by the medical staff president and is awaiting review and approval of the MEC and the governing body. Temporary privileges for locum tenens may be granted only to fulfill an important patient care need and when an abbreviated medical staff application has been received and reviewed and approved by the medical staff president. In exercising such privileges, the applicant shall act under the supervision of the President of the Medical Staff/Medical Director. Special requirements of consultation and reporting may be imposed by the President of the Medical Staff/Medical Director for supervision of an individual granted temporary privileges. Prior to exercising temporary privileges, the practitioner must agree to follow the medical staff bylaws, rules and regulations, and associated policies of WellSpan Philhaven. The practitioner must acknowledge that such privileges may be revoked at any time, with or without cause, with no opportunity for a hearing.

6.6-3 Termination

These temporary privileges will automatically expire with no opportunity for renewal within the time stated. On the discovery of any adverse information, or the occurrence of any event of a professionally questionable nature, pertinent to

an individual's qualifications to exercise any or all of the temporary privileges granted, the privileges in question may be terminated by the President of WellSpan Philhaven after consultation with the President of the Medical Staff/Medical Director, or by any individual or body entitled to impose a summary restriction or suspension under article VIII in a case where the life or well-being of a patient is determined to be endangered by continued exercise of the privileges. In the event of any such termination, the individual's patients receiving treatment shall be assigned to another practitioner by the President of the Medical Staff/Medical Director. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner. The terminated individual shall confer with the substitute practitioner to the extent necessary to safeguard the patient.

6.6-4 Rights of the Individual

An individual shall not be entitled to the procedural rights set forth in article VIII and IX because of his/her inability to obtain temporary privileges or because of any termination or suspension of temporary privileges.

6.7 Emergency Privileges

For the purposes of this section, an emergency is defined as a condition in which serious or permanent harm would result to a patient, or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger. In the case of an emergency, any individual to the degree permitted by his/her license, regardless of staff status or clinical privileges, shall be permitted to do, and shall be assisted by hospital personnel in doing, everything possible to save the life of a patient or save a patient from serious harm. An individual utilizing emergency privileges shall promptly provide to the MEC, in writing, a statement explaining the circumstances giving rise to the emergency.

6.8 Disaster Privileges

Disaster privileges are granted only when the following two conditions are present: 1) The emergency management plan has been activated; 2) The organization is unable to meet immediate patient needs.

For our purposes, disaster will be defined as natural or unnatural occurrences which interfere with the clinical operations of the organization, which would place patients and/or staff in serious harm if there were not clinical personnel available to support and execute the necessary clinical actions.

Identifications of disaster and granting of disaster privileges shall be deemed the responsibility of the President of WellSpan Philhaven, President of the Medical Staff/Medical Director or their designee in their absence. The identified administrator will, to the best of their ability, ascertain the individual's qualifications to execute the clinical privileges under the scope of their license and profession. The designated administrator will inform all appropriate hospital staff of this individual's disaster privileges. An individual utilizing disaster privileges shall provide the MEC with appropriate clinical information to support their status.

ARTICLE VII **PROFESSIONAL PRACTICE REVIEW AND EVALUATION**

7.1 Provision of Information

Any person may provide adverse information about a practitioner. The information should be directed to the president of the MEC who can initiate appropriate action. The information shall be kept in the President of the Medical Staff/Medical Director's office until a decision or action is made.

7.2 Focused Professional Practice Evaluation

When a medical staff member requests initial privileges (initial appointments or the addition of new privilege(s)), the medical staff, via the medical executive committee, shall evaluate the privilege-specific competency of the practitioner. For new appointees, for new privilege requests, the committee shall do the following:

- 7.2-1 Review the medical staff member's current privileges, programs where they are performing and executing their privileges;
- 7.2-2 Gather written feedback from their clinical supervisor, mentor, and program clinical director or other pertinent clinical staff;
- 7.2-3 Inform the member of said focused professional practice evaluation and the elements of review;
- 7.2-4 Conduct a review of the member's medical records utilizing both peer review format as well as practice and professional standards;
- 7.2-5 Obtain feedback from customer service patient satisfaction outcome data, where available. (In addition, for new appointees, collect information from those persons involved in their orientation and persons conducting their orientation, including, but not limited to milieu behavioral management therapies, medical records, pharmacy and therapeutics committee, utilization management, etc., as indicated.) In addition, any data that may prove to be helpful to the committee in reviewing this process should be reviewed;
- 7.2-6 The committee shall conduct its practice evaluation after ninety (90) days, but be completed before one hundred fifty (150) days;
- 7.2-7 The MEC shall review and submit their findings, analysis and recommendations to the MEC for review and action. The medical staff member will be informed in writing of these findings and recommendations from the focused professional practice evaluation;
- 7.2-8 If the evaluation and recommendations of the committee are less than satisfactory, the review period may be extended. This shall be evidenced by any deficits in any or all of the following: 1) professional knowledge and judgment, 2) professional skills, 3) relationship with patients, relationship with peers, relationship with staff, 4) efficient use of time and facilities;
- 7.2-9 A plan of monitoring and oversight with specific time frames will be designated by the MEC.

7.3 Ongoing Professional Practice Evaluation (OPPE)

Medical Staff members' competence and practice is evaluated on an ongoing basis to promote continuous opportunities for improvement as follows:

- 7.3-1 Review the medical staff member's current privileges, programs where they are performing and executing their privileges;
- 7.3-2 Gather written feedback from their clinical supervisor, discipline chief, and program clinical director or other pertinent clinical staff;
- 7.3-3 The medical staff will be informed of the OPPE process in the medical staff meeting;
- 7.3-4 Conduct a review of the member's medical records, utilizing peer review processes as well as other audits conducted for compliance review or as part of the PI process;
- 7.3-5 Obtain feedback from customer service patient satisfaction outcome data, where available. MEC will review pharmacy, UM data and testing feedback as appropriate to a medical staff's privileges and role. In addition, any data that may prove to be helpful to the committee in reviewing this process should be reviewed;
- 7.3-6 Data will be collected throughout the year and be reviewed in aggregate biannually and individually at least annually;
- 7.3-7 The MEC shall review the data and make recommendations. Annual data summarizing the individual's practice shall be shared with the discipline chief and the medical staff member;
- 7.3-8 If an individual medical member's practice trends are below identified thresholds, an interim review process may be initiated.

7.4 Interim Review Process

When a medical staff member's clinical competency is brought into question, the MEC is obligated to do an investigation into the matter. If, upon initial review, the MEC deems that the issue or concern is not an isolated occurrence or poses potential harm to patients, or represents sub-par care, the MEC will designate an ad hoc committee to conduct an interim review of the medical staff member's competency to execute their clinical privileges. The committee shall consist of representation from the medical staff member's respective discipline.

7.4-1 The Committee shall do the following:

- (a) Review the medical staff member's current privileges, programs where they are performing and executing their privileges, performance reviews and past credentialing processes;
- (b) Gather and review all pertinent information related to the issues or areas of concern;
- (c) Inform the member of said concerns and the nature of the focused review process;

- (d) Conduct a review of the member's medical records, utilizing both peer review format as well as best practice and professional standards;
- (e) Obtain feedback from Customer Service, patient satisfaction and outcome data, where available. Any data that may prove to be helpful to the committee in reviewing this process should be reviewed;
- (f) The committee shall complete their review within 45 calendar days from the time of the MEC or president of the medical staff are made aware of these areas of concern;
- (g) The committee shall submit their findings, analysis and recommendations to the MEC for review and action;
- (h) The medical staff member will be informed, in writing, of these findings and recommendations from the focused review.

ARTICLE VIII CORRECTIVE ACTION

8.1 Corrective Action Proceedings

8.1-1 Criteria for Initiating Proceedings

Corrective action proceedings may be initiated whenever the president of the MEC, his designee or the President of WellSpan Philhaven has reasonably reliable information indicating a practitioner might: (1) in the case of a member, no longer meet a required qualification for medical staff membership or his/her staff category (excluding those from which he/she has been exempted); (2) no longer meet a required qualification for one or more of his/her clinical privileges (excluding those from which he/she has been exempted); (3) have failed to discharge his/her responsibilities; (4) have abused or exceeded his/her clinical privileges or, in the case of a member, his/her other prerogatives; (5) have acted in a manner detrimental to patient safety or the delivery of quality patient care; or (6) have otherwise violated these bylaws, or the medical staff rules and regulations.

8.1-2 Authorized Initiators

Corrective action proceedings may be initiated by the president of the MEC, his designee or the President of WellSpan Philhaven.

8.1-3 Manner of Initiation

The president of the MEC, his designee or the President of WellSpan Philhaven shall initiate corrective action proceedings by submitting a written request for an investigation or corrective action to the MEC. The request shall include the specific conduct or events which might have occurred and form the basis for the request. When the MEC initiates corrective action proceedings it shall make a written record of its reasons.

8.1-4 Investigation

As soon as practicable after corrective action proceedings are initiated, the MEC shall determine whether an investigation is warranted or it can make a decision without an investigation. In the event the MEC determines an investigation is warranted, it shall provide for the investigation to be undertaken by an authorized individual or body. The MEC may conduct the investigation itself, or assign the task to an appropriate officer, or standing or ad hoc committee of the medical staff. The investigation shall be conducted in an expeditious manner and shall be focused on the issue(s) which initiated the investigation. The investigated practitioner shall be promptly notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon the terms as the investigating individual or body deems appropriate. The investigating individual or body shall interview the practitioner if requested. If the investigation is delegated to an individual or body other than the MEC, the individual or body shall provide the MEC with a written report as soon as practicable after the conclusion of the investigation. The report shall describe the investigation, include factual findings, and if requested by the MEC, a recommendation as to whether corrective action is appropriate and if so, the recommended action. The procedural rights set forth in article IX for hearings shall not apply to an investigation or any part thereof, such as an interview. Despite the status of an investigation, at all times the MEC shall retain all other authority vested in it by these bylaws, including termination of the investigation, action pursuant to subsection 7.2-5, and summary suspension or restriction pursuant to section 7.3.

8.1-5 MEC Action

As soon as practicable, the MEC shall take action which may include one or more of the following:

- (a) Determining no corrective action is taken and, if the committee determines there was no reliable evidence supporting the initiation of corrective action proceedings in the first instance, removing any adverse information from the practitioner's file;
- (b) Terminating a summary restriction or suspension imposed pursuant to section 7.3;
- (c) Deferring action for a reasonable time where circumstances warrant;
- (d) Issuing a written letter of admonition, censure, reprimand, or warning;
- (e) Recommending the imposition of terms of probation or special limitation upon continued medical staff membership or exercise of clinical privileges, including, without limitation, requirements for co-admission, consultation, or monitoring;
- (f) Recommending reduction, modification, suspension, or revocation of clinical privileges;
- (g) Recommending reduction of membership category or limitation of any prerogatives directly related to the member's delivery of patient care;

- (h) Recommending suspension or revocation of medical staff membership;
- (i) Initiating, continuing, or modifying a summary restriction or suspension in accordance with section 7.3, and
- (j) Taking other action deemed appropriate under the circumstances.

The MEC action shall be promptly transmitted to the president of the MEC, the President of WellSpan Philhaven, and the practitioner. In the event the practitioner is entitled to the procedural rights set forth in article IX, the practitioner's notice shall comply with subsection 9.3-1.

8.1-6 Procedural Rights

In the event the MEC action is favorable to the practitioner, no board action is necessary, and subsections 7.2-7 through 7.2-8 shall not apply. In the event the MEC issues a written letter of admonition, censure, reprimand, or warning, the practitioner may make a written response which shall be placed in his/her file, but shall not be entitled to the procedural rights set forth in article IX and subsections 7.2-7 through 7.2-8 shall not apply. In the event the MEC recommends or takes corrective action as set forth in paragraphs (e),(f),(g),(h), or (i) of subsection 8.1-5, the practitioner shall be entitled to the procedural rights set forth in article IX and sections 7.2-7 through 7.2-8 shall apply.

8.1-7 Subsequent MEC Action

As soon as practicable after the practitioner has been provided or waived the procedural rights set forth in article IX and the MEC receives any report due from the hearing examiner or the appeal board, the MEC shall reconsider its action. In the event the MEC's reconsidered action is still adverse to the practitioner, the MEC shall promptly forward its action to the board in a report which includes the rationale for its action. In the event the MEC's reconsidered action is favorable to the practitioner, no board action is necessary and subsection 7.2-8 shall not apply. The president of MEC, the President of WellSpan Philhaven, and the practitioner shall be provided with prompt notice of the MEC action.

8.1-8 Board Action

The board shall act on MEC recommendations transmitted pursuant to subsection 7.2-7 and affirm, reverse, or modify other actions transmitted pursuant to that subsection. As soon as practicable after receipt of the MEC report, the board shall review the report and make an initial decision. When the board's initial decision is adverse to the practitioner, but the practitioner is not entitled to procedural rights under article IX, the board's initial decision shall be its final decision. When the board's initial decision is adverse to the practitioner and the practitioner is entitled to procedural rights set forth in article IX, the board shall make a reconsidered decision as soon as practicable after the practitioner has been provided or waived the procedural rights set forth in article IX and it receives any report due from the hearing officer or appeal board, and that decision shall be the board's final decision.

When the board's initial decision is favorable to the practitioner, that decision shall be the board's final decision. The MEC, the president of MEC, and the practitioner

shall be provided with prompt notice of the board decisions. When the practitioner is entitled to the procedural rights set forth in article IX, his/her notice shall comply with subsection 9.3-1. If the practitioner's privileges are diminished following final action of the board, a report shall be made to the State Medical Board and National Practitioner Data Bank.

8.2 Summary Action

8.2-1 Initiators and Criteria for Initiation

- (a) The president of the Medical Staff/Medical Director or designee or the President of WellSpan Philhaven may summarily restrict or suspend the medical staff membership or clinical privileges of the practitioner whenever the practitioner's conduct appears to require that immediate action be taken to protect the life or well-being of patient(s) or whenever the practitioner's conduct presents a danger of immediate and serious harm to the life, health, safety of any patient, prospective patient, employee or other individual. Grounds for summary action may include, but are not limited to the following:
- (1) Practitioner is charged with a felony or misdemeanor which may relate to the practitioner's suitability for Medical Staff Membership or clinical privileges;
 - (2) Practitioner has engaged in unprofessional, abusive or inappropriate conduct which is or may be disruptive to hospital operations and inconsistent with the cooperative atmosphere essential to the delivery of quality health care;
 - (3) Practitioner's license to practice medicine or DEA certificate or prescribing authority has been restricted, limited, reduced or subject to any conditions;
 - (4) Practitioner has made a material misstatement or omission on any application for appointment or reappointment, falsified a medical record or otherwise attempted to mislead or deceive the Medical staff, any patient or the hospital;
 - (5) Practitioner has refused to submit to evaluation or testing relating to practitioner's mental or physical status, including refusal to submit to any testing related to drug or alcohol abuse.
- (b) Unless otherwise stated, the summary restriction or suspension shall become effective immediately upon imposition and the responsible individual or body shall promptly give notice to the practitioner, the MEC, the president of MEC, and the President of WellSpan Philhaven. The summary restriction or suspension shall be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary restriction or suspension, the practitioner's patients shall be promptly assigned to another practitioner by the president of the MEC, his designee or the President of WellSpan Philhaven, considering where feasible, the wishes of the patient in the choice of a substitute practitioner.

8.2-2 MEC Action

As soon as practicable after a summary restriction or suspension has been imposed, a meeting of the MEC shall be convened to review and consider the action. The practitioner may attend and make a statement concerning the issues under investigation, on such terms and conditions as the MEC may impose. In no event shall any meeting of the MEC, with or without the practitioner, constitute a hearing within the meaning of article IX. The MEC may modify, continue, or terminate the summary restriction or suspension, but in any event it shall furnish the president, the President of WellSpan Philhaven, and the practitioner with prompt notice of its decision. When the practitioner is entitled to the procedural rights set forth in article IX, his/her notice shall comply with subsection 9.3-1. A summary restriction or suspension as sustained or modified by the MEC shall remain in effect until terminated by the MEC pursuant to subsection 7.2-7 or otherwise, or the board pursuant to subsection 7.2-8. The MEC action is not a professional review action until adopted as such by the board.

8.2-3 Procedural Rights

Unless the MEC promptly terminates the summary restriction or suspension, the practitioner shall be entitled to the procedural rights set forth in article IX and subsections 7.2-7 through 7.2-8 shall apply. (This subsection does not apply to a termination of temporary clinical privileges pursuant to subsection 6.6-3.)

8.3 Automatic Suspension and/or Termination

8.3-1 Grounds for Automatic Suspension

Any one of the following occurrences constitutes grounds for automatic suspension of Medical Staff membership and clinical privileges:

- (a) Practitioner fails to maintain a current active Pennsylvania license to practice;
- (b) Practitioner fails to maintain a current active DEA certificate (physician and CRNP);
- (c) Practitioner is excluded from participation in Medicare, Medicaid or other government insurance program;
- (d) Practitioner fails to maintain professional liability insurance;
- (e) Practitioner is convicted of a felony or misdemeanor which may relate to the practitioner's suitability for Medical Staff membership or clinical privileges.

8.3-2 The practitioner shall be notified of the automatic suspension and the basis by certified mail.

8.3-3 Opportunity to Dispute Grounds for Automatic Suspension

- (a) The practitioner shall not be entitled to any of the procedural rights set forth in

Article IX.

- (b) The practitioner will be given a period of 30 days to provide evidence that the grounds for automatic suspension do not exist or to remedy what might be a temporary problem through a process determined by the President of the Medical Staff/Medical Director.
 - (c) If the practitioner does produce evidence within 30 days that disputes the facts relied upon for the summary suspension, the practitioner shall be offered the hearing and appeal rights detailed in Article IX, unless the automatic suspension is terminated and the practitioner is reinstated by the President of the Medical Staff/Medical Director, President of WellSpan Philhaven or MEC.
- 8.3-4 If the practitioner fails to provide evidence that the grounds for automatic suspension do not exist or to remedy a temporary problem, the practitioner's medical staff membership and clinical privileges will automatically terminate. In this instance, the practitioner shall not be entitled to any of the procedural rights set forth in Article IX.
- 8.3-5 A practitioner's medical staff membership and clinical privileges shall automatically terminate upon the termination of the practitioner's WellSpan Philhaven employment or independent contractor agreement. In this instance the practitioner shall not be entitled to any of the procedural rights set forth in Article IX.

ARTICLE IX
PROCEDURAL RIGHTS

9.1 General Provisions

9.1-1 Special Definitions

For purposes of this article, the term PRACTITIONER/APPLICANT means a practitioner or an applicant, as applicable under the circumstances, and the term ACTION may include a recommendation from the MEC to the board that the action be taken, as applicable under the circumstances.

9.1-2 Exhaustion of Remedies

A practitioner/applicant must exhaust all remedies afforded by these bylaws before resorting to legal action.

9.2 Grounds for Hearing

Except as specified in section 9.4 or another provision of these bylaws, any of the following actions by the MEC or the board shall be deemed an adverse action and entitle the practitioner/applicant to the procedural rights in section 9.3 with respect to the action:

- (a) Denial of initial medical staff appointment;
- (b) Denial of medical staff reappointment or reinstatement after a leave of absence;

- (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 clinical privileges;
- (h) Involuntary reduction in clinical privileges;
- (i) Suspension of clinical privileges;
- (j) Revocation of clinical privileges;
- (k) Involuntary imposition of an access to hospital facilities restriction on clinical privileges, and
- (l) Involuntary imposition of a significant consultation requirement, co-admission requirement, or monitoring requirement.

When the action is taken by the board and the practitioner/applicant is entitled to the procedural rights in sections 9.3 and 9.4, board shall be substituted for any reference to MEC in sections 9.3 and 9.4, and vice-versa, unless the context clearly indicates otherwise.

9.3 Procedures

9.3-1 Special Notice

When a practitioner/applicant is entitled to the procedural rights in section 9.3 with respect to an action, the MEC shall give the practitioner/applicant prompt notice of the action. The notice shall be in writing and contain the following information:

- (a) A description of the action,
- (b) The basis for the action, including the acts or omissions with which the practitioner/applicant is charged and a list of charts in question, where applicable;
- (c) The rights of the practitioner/applicant to request a hearing within (30) days following receipt of the notice, and
- (d) A summary of the procedures set forth in subsections 9.3-2 through 9.3-16.

9.3-2 Request for Hearing; Waiver of Hearing

The practitioner/applicant shall have 30 days following receipt of notice of an adverse action to request a hearing. The request shall be in writing and delivered to the MEC. The practitioner/applicant shall provide a copy to the board. In the

event the practitioner/applicant does not request a hearing within the time and in the manner described, the practitioner/applicant shall be deemed to have waived any right to a hearing and to have accepted the action.

9.3-3 Notice of Hearing

Upon receipt of a request for hearing, the MEC shall schedule a hearing and, within 15 days (but in no event less than 10 days prior to the hearing) give notice to the practitioner/applicant of the time, place, and date of the hearing. The notice of the hearing shall include a list of witnesses (if any) expected to testify at the hearing on behalf of the MEC.

9.3-4 Time for Hearing

- (a) Except as provided in paragraph (b) of this subsection and unless waived by the practitioner, the date of commencement of the hearing shall not be less than 30 days nor more than 90 days from the date the MEC receives the request for the hearing.
- (b) When the practitioner is under summary or automatic suspension or restriction, the hearing shall be held as soon as arrangements can be reasonably made, but no sooner than 30 days from the date the MEC receives the hearing request unless the practitioner waives the 30-day minimum requirement and no later than 45 days from the date the MEC receives the hearing request unless the practitioner waives the 45-day maximum requirement.

9.3-5 Hearing Officer or MEC

The hearing will be held before an impartial hearing officer unless both the practitioner/applicant and the MEC agree in writing that the matter will be heard by the MEC itself. When the matter is to be heard by the MEC, MEC shall be substituted for all references to hearing officer in these bylaws, unless the context clearly indicates otherwise.

9.3-6 Failure to Appear or Proceed

Failure without good cause of the practitioner/applicant to personally attend the hearing shall be deemed to constitute voluntary acceptance of the action, and a waiver of the right to a hearing.

9.3-7 Postponements and Extensions

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these bylaws may be permitted by the hearing officer, within his/her discretion, on a showing of good cause.

9.3-8 Prehearing Procedure

- (a) If the hearing officer requests in writing a list of witnesses, within 15 days of such request, the practitioner/applicant shall furnish a written list of the names and addresses of the individuals, so far as is then reasonably known or anticipated, who may give testimony or evidence in support of the

practitioner/applicant at the hearing. While neither side in a hearing shall have any right to the discovery of documents or other evidence in advance of the hearing, the hearing officer may confer with both sides to encourage an advance mutual exchange of documents which are relevant to the issues to be presented at the hearing.

- (b) It shall be the duty of the practitioner/applicant and the MEC to exercise reasonable diligence in notifying the hearing officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any prehearing decisions may be succinctly made at the hearing.
- (c) If the hearing officer, practitioner/applicant, or MEC wish to have a record made of the proceedings, they must notify the President of the Medical Staff/Medical Director's office at least 10 days prior to the scheduled hearing so as to have proper equipment and personnel available to record and/or transcribe the proceedings. Whoever requests the record will pay for the reasonable charges associated with its preparation, and copies will be given to all parties who were present at the hearing and request a copy.

9.3-9 The Hearing Officer

The MEC shall appoint the hearing officer. The hearing officer may be an attorney at law, but an attorney regularly utilized by the hospital for legal advice regarding its affairs and activities shall not be eligible to serve as the hearing officer. The hearing officer must not be in direct economic competition with the practitioner/applicant and shall not have actively participated in the consideration of the matter leading up to the recommendation or action. The hearing officer must not act as a prosecuting officer or as an advocate. The hearing officer shall not be considered an employee of the medical staff or hospital. The hearing officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The hearing officer shall determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure, or the admissibility of evidence. If the hearing officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the hearing officer may take such discretionary action as seems warranted by the circumstances.

9.3-10 Rights of the Parties

Both the practitioner/applicant and the MEC have the right:

- (a) To be represented at any phase of the hearing or preliminary procedures by an attorney at law or by any other individual of that parties choice;
- (b) To have a record made of the proceedings, copies of which may be obtained by the practitioner/applicant upon payment of any reasonable charges associated with the preparation thereof;

- (c) To call, examine, cross-examine, and challenge witnesses, including in the case of the MEC, to call the practitioner/applicant as if under cross-examination;
- (d) To present evidence determined to be relevant by the hearing officer, regardless of its admissibility in a court of law, and
- (e) To submit a written statement at the close of the hearing.

9.3-11 Oath

The hearing officer shall be required to order that oral evidence shall be taken only upon taking an oath or affirmation to tell the truth and the hearing officer is authorized to administer such oath or affirmation.

9.3-12 Miscellaneous Rules

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this article. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely upon in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The hearing officer may interrogate the witnesses or call additional witnesses if he/she deems such action appropriate.

9.3-13 Burdens of Presenting Evidence and Proof

At the hearing, unless otherwise determined for good cause, the MEC shall have the initial duty to present evidence for each case or issue in support of the action. The practitioner/applicant member shall be obligated to present evidence in response. The MEC shall have the burden of persuading the hearing officer, by a preponderance of the evidence, that the action was reasonable in the case of an action described in paragraphs (b),(c),(d),(f),(h),(i), or (j) of section 9.2 and in the case of a clinical privilege access restriction, consultation requirement, co-admission requirement, or monitoring requirement imposed after the initial grant of the applicable clinical privilege. The practitioner/applicant shall have the burden of persuading the hearing officer, by a preponderance of the evidence, that the action was not reasonable in all other cases.

9.3-14 Adjournment and Conclusion

The hearing officer may adjourn the hearing and reconvene the same without special notice at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments, if they are to be submitted, the hearing shall be closed.

9.3-15 Basis for Recommendation

The recommendation of the hearing officer shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony.

9.3-16 Recommendation and Report of the Hearing Officer

Within 30 days after final adjournment of the hearing, the hearing officer shall render a written report containing his/her findings of fact, his/her recommendation, and a concise statement of the reasons in support of his/her recommendation. The report shall be delivered to the MEC and the practitioner/applicant. If the practitioner/applicant is currently under summary restriction or suspension, however, the time for submission of the report shall be 15 days. A copy of the report shall also be forwarded to the President of WellSpan Philhaven and the board.

9.4 Appeal

9.4-1 Time for Appeal

Appellate review of the recommendation of the hearing officer may be requested by the practitioner/ applicant. A written request for such review shall be delivered within 10 days of receipt of the recommendation by serving separate copies to the President of WellSpan Philhaven and the MEC. If appellate review is not so requested within such 10-day period, the action or recommendation shall thereupon become final.

9.4-2 Grounds for Appeal

A written request for appellate review must identify specifically the grounds for appeal and include a clear and concise statement of the facts supporting the appeal. The sole grounds for appeal from the recommendation of the hearing officer are: (a) substantial non-compliance with the procedures required by these bylaws or applicable law which has resulted in demonstrable prejudice to the practitioner/applicant or (b) the decision was not supported by substantial evidence based upon the hearing record or such additional evidence as may be permitted pursuant to section 9.4-5(a).

9.4-3 Appeal Board

Appellate review pursuant to these bylaws shall be conducted by an appeal board consisting of a panel of three (3) MEC members as appointed by the MEC which shall have full authority to act for the MEC. Knowledge of the matter involved shall not preclude any persons from serving as a member of the appeal board so long as that person did not participate in a prior hearing on the same matter. The appeal board may select an attorney to assist in the proceedings but that attorney shall not be entitled to vote with respect to the appeal.

9.4-4 Time, Place and Notice

The appeal board shall, within 15 days after receipt of notice of appeal, schedule a review date and notify each party of the time, place and date of such review. The date of appellate review shall not be less than 30 nor more than 60 days from the date of such notice, provided however, that when a request for appellate review concerns a member who is under suspension which is then in effect, the appellate review shall be held as soon as arrangements may reasonably be made, not to exceed 15 days from the date of notice. The time for appellate review may be extended by the appeal board for good cause or upon request of either party.

9.4-5 Appeal Procedure

- (a) The review by the appeal board shall be in the nature of an appellate hearing based upon the record of the hearing before the hearing officer. The appeal board may accept additional oral or written evidence, subject to a demonstration that such evidence was not available at the time of the hearing by the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the hearing or the appeal board, in its sole discretion, may remand the matter to the hearing officer for the taking of further evidence and for decision.
- (b) The practitioner/applicant shall have the right to be represented by legal counsel in connection with the appeal and to present a written statement in support of his/her position. In its sole discretion, the appeal board may allow the practitioner/applicant or representative to personally appear and make oral argument or other statements.

9.4-6 Decision

- (a) The appeal board shall consider all presentations and evidence and shall issue within 30 days of hearing its written recommendation as to whether to affirm, modify, or reverse the hearing officer's recommendations or to remand the matter to the hearing officer for further review and recommendation. The appeal board shall forward copies thereof to the practitioner/applicant and the MEC. A copy of the recommendation shall also be forwarded to the President of WellSpan Philhaven and the board.
- (b) If the matter is remanded for further review and recommendation, the hearing officer must promptly conduct its review and make its recommendation to the MEC. This further review and decision must be conducted within 30 days of remand except as the parties may otherwise agree or for good cause as jointly determined by the chair of the MEC and the hearing officer.

9.5 Exceptions to Hearing Rights (See also 3.7-4 and 3.6-4.)

9.5-1 Right to One Hearing and Appeal

Notwithstanding any other provision in these bylaws, a practitioner/applicant shall be entitled to only one evidentiary hearing and one appeal on any matter which is the subject of an adverse recommendation. A practitioner/applicant shall not be entitled to any procedural rights set forth in section 9.3 with respect to an action taken by the MEC or the board if he was provided or waived those rights following an earlier action by the MEC or the board on the same manner.

9.5-2 Contract Waiver

A practitioner who is under contract to serve in a medical director position, or to provide patient care services in the hospital shall be entitled to the procedural rights set forth in sections 9.3 and 9.4 with regard to any adverse action described in section 9.2, except to the extent he/she has waived those rights in a signed writing which is part of the contract or he/she is not entitled to those rights by

another provision in these bylaws.

9.5-3 Automatic Suspension and/or Termination

The procedural rights set forth in section 9.3 do not apply when a practitioner's medical staff membership or clinical privileges have been subject to automatic suspension and/or termination as set forth in section 8.2.

9.5-4 Professional Licensure Requirement

In the event the MEC or the board otherwise takes adverse action based upon a practitioner's failure to satisfy a professional licensure qualification, the only issue which may be considered at the hearing, if requested, is whether the practitioner satisfies the professional licensure qualification.

9.6 Expunction of Corrective Action

Upon petition, the MEC, in its sole discretion being careful to comply with the provisions of the Health Care Quality Improvement Act of 1986 (National Practitioner Data Bank), may expunge previous corrective action upon a showing of rehabilitation or other good cause.

ARTICLE X **CLINICAL ORGANIZATION**

10.1 Organization

The services of WellSpan Philhaven are provided through a number of clinical programs utilizing various professional disciplines under the general clinical supervision of the President of the Medical Staff/Medical Director who shall be responsible for coordinating interdisciplinary functioning. Patient services are provided through the adult, and child and adolescent service lines. Each of these service lines shall function under the applicable administrative and clinical tables of organization.

10.1-1 Medical Director

- (a) After conferring with the active medical staff, the President of WellSpan Philhaven shall appoint a medical director. The medical director shall be certified in psychiatry by the appropriate certifying board or otherwise demonstrate outstanding qualifications in his/her field as determined by the active medical staff. The medical director is subject to the same procedure as all other applicants for medical staff membership or privileges.
- (b) He/she shall be responsible for providing clinical oversight to the facility's clinical programs, in liaison with the President of WellSpan Philhaven (or his/her designee) on matters relating to the clinical functions of WellSpan Philhaven and its programs. In addition, he/she shall maintain professional liaison with all clinical programs and service lines and shall serve as a member ex-officio of all committees as set forth in article XI. He/she shall also serve as president of the medical staff.

ARTICLE XI **OFFICERS**

11.1 Identification

The medical staff shall have the following officers: president/medical director, vice-president, secretary/parliamentarian, and medical staff representative to the board of directors.

11.2 Qualifications

An officer must be a member of the active medical staff and must remain an active member during his/her term of office. Failure to maintain active staff status shall create a vacancy in the office involved.

11.3 President of the Medical Staff

The president shall be the medical director by virtue of office.

11.4 Election of Other Officers

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

11.5 Term

Each officer shall serve a one-year term, commencing on the first day of the medical staff year following his/her election. Each officer shall serve until the end of his/her term and his/her successor takes office (unless he/she resigns, is recalled, takes a leave of absence, or loses active staff status). Officers shall be eligible to succeed themselves.

11.6 Recall

Whenever the conduct or actions of an officer are thought to be detrimental to the performance of his/her duties, a member of the board of directors or an active member of the medical staff may ask that he/she be considered for removal from his/her office. Such a request must be provided in writing to the President of the Medical Staff/Medical Director or President of WellSpan Philhaven.

A quorum of the MEC shall serve as an ad hoc hearing body to consider the complaint. A simple majority of its vote (excluding the officer under consideration) shall determine whether the officer shall retain or lose his/her position.

As long as recall from office does not alter the member's staff appointment or clinical privileges, he/she may not invoke the procedural rights of article IX.

11.7 Vacancies

An office becomes vacant when the officer dies, resigns, is recalled, , or loses his/her active medical staff membership. A vacancy in an office, other than that of president, shall be filled by the MEC. If there is a vacancy in the office of president of the Medical Staff/Medical Director, the vice-president shall become acting president until a new president of the Medical Staff/Medical Director is appointed by the President of WellSpan Philhaven. Except for the office of president, an officer filling a vacancy shall serve until the end of his/her predecessor's term and a successor takes office (unless he/she sooner resigns, is recalled, or loses active staff status).

11.8 Duties

11.8-1 President of the Medical Staff/Medical Director

The President of the Medical Staff/Medical Director shall serve as the chief officer of the medical staff. His/her duties shall be to:

- (a) Enforce the medical staff bylaws, rules and regulations, and clinical policies and procedures;
- (b) Initiate corrective action proceedings and impose summary restrictions and suspensions when appropriate;
- (c) Promote compliance with procedural and other safeguards provided by these bylaws, the medical staff rules and regulations, or policies and procedures;
- (d) Call, preside at, and be responsible for the agenda of all meetings of the medical staff;
- (e) Serve as chair of the MEC;
- (f) Serve as an ex-officio member of all other medical staff committees;
- (g) Interact with the President of WellSpan Philhaven and board in all matters of mutual concern within the hospital;
- (h) Appoint, in consultation with the MEC, committee members for all standing and ad hoc medical staff, liaison, or multi-disciplinary committees, except where otherwise provided by these bylaws, and designate the chair of those committees, except where otherwise provided by these bylaws;
- (i) Represent the views and policies of the medical staff to the board and to the President of WellSpan Philhaven ;
- (j) Be a spokesperson for the medical staff in external professional and public relations;
- (k) Serve on liaison committees with the board and administration, as well as outside licensing or accreditation agencies, and
- (l) Perform such other responsibilities as assigned by these bylaws, the

medical staff rules and regulations, the medical staff, or the MEC.

11.8-2 Vice-President

The vice-president of the medical staff shall assume all duties and authority of the president of the medical staff in the absence of the president. The vice-president shall be a member of the MEC, and shall perform such other responsibilities as assigned by the president, the MEC, these bylaws, or the medical staff rules and regulations.

11.8-3 Secretary/Parliamentarian

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

- (a) Maintain a roster of members;
- (b) Keep accurate and complete minutes of all MEC and medical staff meetings;
- (c) Provide a copy of the MEC minutes to the members of the MEC and copies to medical staff members, upon request;
- (d) Call meetings on the order of the president or MEC;
- (e) Attend to all appropriate correspondence and notices on behalf of the medical staff;
- (f) Excuse absences from meetings on behalf of the MEC;
- (g) Make recommendations to the president of the medical staff regarding parliamentary procedure, and
- (h) Perform such other responsibilities as ordinarily pertain to the office or as assigned by the president of the medical staff, the MEC, these bylaws, and the medical staff rules and regulations.

11.8-4 Medical Staff Representative to the Board of Directors

The medical staff representative to the board of directors shall be an Active medical staff member and shall:

- (a) Attend regular board meetings and report on medical staff activities and concerns, as appropriate, and
- (b) Inform the medical staff of relevant board activities and discussions.

ARTICLE XII **COMMITTEES**

12.1 In General

12.1-1 Designation

The standing committees of the medical staff are described in subsections 12.1 through 12.4-3. The MEC may also create ad hoc committees to perform specified tasks when necessary to assist the staff or the MEC in performing its duties and shall disband those committees when appropriate.

12.1-2 Accountability

The MEC shall report to and be accountable to the medical staff. All other committees shall report to and be accountable to the MEC.

12.1-3 Appointment

Unless otherwise specified in these bylaws, committee members shall be appointed by the President of the Medical Staff/Medical Director in consultation with the MEC. The President of the Medical Staff/Medical Director shall attend all standing committee meetings as ex-officio without vote.

12.1-4 Term

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

12.1-5 Removal

The MEC may remove a committee member for good cause, except in the case of a committee member serving ex-officio.

12.1-6 Vacancies

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

12.1-7 Voting

Unless otherwise specified in these bylaws, all committee members, including those serving ex-officio, shall have the right to vote.

12.1-8 Records and Reports

Unless otherwise specified in these bylaws, all committees shall:

- (a) Maintain attendance records;
- (b) Maintain minutes;
- (c) Submit timely reports of their findings, recommendations, activities, and copies of their minutes to their reporting body, and

- (d) Submit a summary report of their activities during the year at the annual meeting of the staff.

12.1-9 Chair

Each committee shall have a chair and vice-chair when appropriate. Unless otherwise specified in these bylaws, the chair and vice-chair shall be committee members appointed by the President of the Medical Staff/Medical Director in consultation with the MEC. In the absence of the chair, the vice-chair shall assume all duties and authority of the chair.

12.2 Medical Executive Committee (MEC)

12.2-1 Composition

The MEC shall consist of a majority of voting members being fully licensed physician members of the active medical staff, and shall include:

- (a) The officers of the medical staff;
- (b) At least five at-large physician members of the active medical staff who shall be nominated and elected for a one year term in the same manner and the same time as provided in sections 11.4 through 11.5 for the nomination, election, and term of officers, and who shall be recalled and replaced in the same manner as provided in sections 11.6 and 11.7 for recall and replacement of officers. The number of at-large physician members will be increased, if needed, to maintain a majority of voting MEC members being fully licensed physician members of the active medical staff;
- (c) Two psychologist members of the active medical staff. If the medical staff officers do not include two psychologists, then up to two additional at-large psychologist members of the active medical staff shall be nominated and elected for a one-year term in the same manner and the same time as provided in sections 11.4 through 11.5 for the nomination, election and terms of officers, and who shall be recalled and replaced in the same manner as provided in sections 11.6 and 11.7 for recall and replacement of officers;
- (d) Two social services discipline representatives. The social services discipline shall provide the President of the Medical Staff/Medical Director with a list of at least three nominees for MEC representative at least 30 days prior to the annual meeting of the medical staff. The medical staff will elect two of these nominees for a one-year term in the same manner and the same time as provided in section 11.4, and who shall be recalled in the same manner as provided in section 11.6, and replaced by the MEC voting on nominations from the social services discipline to serve until the next annual meeting, and
- (e) Two (2) representatives from WellSpan Legacy Behavioral Health who are active medical staff members will have voting privileges. By virtue of position, one (1) representative will be the Senior Director of York/Adams Clinical Operations; and one (1) representative will be an at-large member,

either psychiatrist or psychologist, dependent on the discipline of the Senior Director of York/Adams Clinical Operations.

- (f) One (1) representative from the CRNP discipline with voting privileges. By virtue of this position will be the CRNP Discipline Chief or their designee.
- (g) Non-voting members will be the President of WellSpan Philhaven, Chief Nursing Officer, Senior Director of Innovation & Service Development (representing quality & integrity) and Regulatory Standards Compliance Advisor.

12.2-2 Duties

The duties of the MEC shall be to:

- (a) Represent and act on behalf of the medical staff in the intervals between medical staff meetings, subject to such limitations as may be imposed by these bylaws;
- (b) Coordinate and implement the professional and organizational activities and policies of the medical staff;
- (c) Receive and act upon reports and recommendations from medical staff and medical staff committees;
- (d) Make recommendations regarding the mechanism designed to review credentials and delineate individual clinical privileges;
- (e) Recommend action to the President of WellSpan Philhaven and board on medical administrative issues, hospital operations, problems and procedures, and other matters of concern to the medical staff;
- (f) Participate in the development of medical staff policy, hospital policy, practice, and planning that affects or may affect the medical staff;
- (g) Review and evaluate the credentials of professionals and submit reports, including appropriate recommendations as required by articles V and VI;
- (h) Develop the mechanism by which medical staff membership may be terminated;
- (i) Organize the medical staff's quality assessment and performance improvement activities and establish a mechanism designed to conduct, evaluate, and revise such activities;
- (j) Initiate corrective action proceedings and impose summary restrictions and suspensions when appropriate;
- (k) Take reasonable steps to develop continuing education activities and programs for the medical staff;
- (l) Designate such ad hoc or special committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the

medical staff and approving or rejecting appointments to those and standing committees by the president;

- (m) Report to the medical staff at each regular staff meeting;
- (n) Assist in the obtaining and maintaining of accreditation, and ensure that the medical staff is kept abreast of the approved accreditation program and informed of the accreditation status of the hospital;
- (o) Assist in the development and maintenance of methods for the protection and care of patients and others in the event of internal or external disaster;
- (p) Create the mechanism to be used for fair hearing procedures;
- (q) Monitor the quality and appropriateness of ancillary patient care services provided by contractual or other arrangements;
- (r) Perform such other responsibilities as are assigned by the medical staff, these bylaws, or the medical staff rules and regulations;
- (s) Make available for review minutes of all deliberations which indicate that the committee has carried out its stated functions;
- (t) Conduct an annual review of the medical staff bylaws, medical staff rules and regulations, and the clinical privileging criteria;
- (u) Oversee the development of a hospital-wide infection control program and maintain surveillance over the program;
- (v) Review public reports and data that impacts on patient care;
- (w) Review and evaluate medical records, or a representative sample, to determine whether they: (1) properly describe the condition, diagnosis, and progress of the patient during hospitalization and at the time of discharge, the treatment and tests provided, the results thereof, and adequate identification of individuals responsible for orders given and treatment rendered; and (2) are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services in the hospital;
- (x) Review and make recommendations for medical staff and hospital policies, rules and regulations relating to medical records, including completion, forms and formats, filing, indexing, storage, destruction, availability, and methods of enforcement;
- (y) Recommend for discipline any medical staff member or other practitioner with clinical privileges whose medical records practices fail to conform with necessary medical record keeping requirements, and
- (z) Review and recommend appropriate policies, procedures, and reports regarding access, confidentiality, security, etc. for all patient record informatics;

- (aa) Assist in the formulation of professional practices and policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters relating to drugs in the hospital;
- (bb) Recommend plans for maintaining quality patient care within the hospital, including mechanisms to: review and analyze data, identify opportunities to improve practice outcomes and systems of care and make recommendations for follow up, and suggest additional data or request additional information which would help in assuring quality care and services;
- (cc) Oversee utilization review studies designed to evaluate the appropriateness of admissions to the hospital, lengths of stay, discharge practices, use of medical and hospital services and related factors which may contribute to the effective utilization of services, and
- (dd) Review reports from bioethics, utilization review, medical records, pharmacy and therapeutics, performance improvement, integrity, and safety committees.

12.2-3 Meetings

The MEC shall meet as often as necessary, generally on a monthly basis, with at least eight meetings per year, and shall maintain a record of its proceedings and actions. These minutes shall be made available to medical staff members exclusive of confidential and peer review discussions and actions. The record of each MEC meeting shall be submitted in full or summary form to the board of directors prior to the next meeting of the board.

12.3 Bioethics Committee

12.3-1 Composition

The bioethics committee shall consist of individuals, as the MEC may deem appropriate.

12.3-2 Duties

The bioethics committee may develop, subject to the MEC's approval, guidelines for cases having bioethical implications and procedures for the review of such cases, consult with concerned parties to facilitate communication and aid conflict resolution, and educate the hospital staff on bioethical matters. The committee shall also perform such other responsibilities as are assigned by the MEC, these bylaws, and the medical staff rules and regulations. The committee should work with other medical staff committees when appropriate.

12.3-3 Meetings

The bioethics committee shall meet as often as necessary at the call of its chair.

12.4 Utilization Review Committee

12.4-1 Composition

The utilization review committee shall consist of the chairman of MEC who will serve as chair or appoint a designee, the associate medical director and at least one other physician with active medical staff privileges appointed by the MEC as the voting members. The non-voting members shall include a representative of quality assurance, chief nursing officer or his/her designee and a utilization management specialist. Other non-medical staff may participate in meetings on an ad-hoc basis, as determined by the chair.

12.4-2 Duties

The duties of the utilization review committee shall be to:

- (1) Review and update the UM Plan at least every other year for approval by the MEC and President of WellSpan Philhaven.
- (2) Review and evaluate utilization data, such as admissions, length of stay, denials and appeals, outliers, and discharges, to identify trends or issues that warrant intervention or present opportunities to improve the quality of care or promote the efficient and effective use of resources.
- (3) Review and address systemic and case-specific utilization concerns identified by the utilization management department, hospital administration, patient complaints, payers, or outside agencies.
- (4) Communicate the findings and recommendations of its review activities to the MEC.
- (5) Review or provide for the further review of individual cases where the attending physician disagrees with an initial utilization review determination that a continued stay is not medically necessary.
- (6) Conduct any other functions assigned by the MEC or required by federal or state law.

12.4-3 Meetings

The utilization review committee shall meet at a minimum of every other month.

ARTICLE XIII MEETINGS

13.1 Medical Staff Meetings

13.1-1 Regular Annual Meeting

There shall be an annual meeting of the medical staff. Notice of this meeting shall be given to the members at least 30 days prior to the meeting.

13.1-2 Agenda

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

- (a) Reading and acceptance of the minutes of the last meeting and all special meetings held since the last meeting;
- (b) Administrative reports from the officers, MEC committee, and the President of WellSpan Philhaven;
- (c) Election of officers when required by these bylaws;
- (d) Reports by responsible officers and committees on the overall results of patient care reviews and other quality review, evaluation, and monitoring activities of the staff and on the fulfillment of other required staff functions;
- (e) Old business, and
- (f) New business.

13.1-3 Special Meetings

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

13.2 Committee Meetings

13.2-1 Regular Meetings

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

13.2-2 Special Meetings

A special meeting of any medical staff committee may be called by the presiding officer, the MEC, or the President of the Medical Staff/Medical Director, or by written request of one-third of the current members, eligible to vote, but not less than two members.

13.3 Quorum

13.3-1 Staff Meetings

The presence of 55 percent of the total members of the active medical staff at any regular or special meeting in person shall constitute a quorum for the purpose of amending these bylaws, the rules and regulations or for the election or removal of medical staff officers. The presence of 50 percent of such members shall

constitute a quorum for all other actions.

13.3-2 Committee Meetings

A quorum of 55 percent of the voting members shall be required for MEC meetings with the majority of the voting members present being fully licensed physician members of the active medical staff. For other committees, a quorum shall consist of 50 percent of the voting members of a committee, but in no event less than three voting members.

13.4 Manner of Action

Except as otherwise specified in these bylaws, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, unless challenged, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these bylaws. Committee action may be conducted by telephone conference which shall be deemed to constitute a meeting for the matters discussed in that telephone conference. Valid action may be taken without a meeting if it is acknowledged by a writing setting forth the action so taken and the writing is signed by at least two-thirds of the members entitled to vote. Proxy voting is prohibited.

13.5 Minutes

Except as otherwise specified in these bylaws, minutes of meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of members and the vote taken on significant matters.

13.6 Attendance Requirements

13.6-1 Regular Attendance

Except as stated below, each member of the active staff and each applicant to the active staff who has been granted temporary privileges shall be required to attend:

- (a) The regular annual medical staff meeting;
- (b) At least 50 percent of all other general staff meetings duly convened pursuant to these bylaws, and
- (c) At least 50 percent of all meetings of each committee of which he/she is a member.

Each member of the consulting staff shall be required to attend such meetings as may be determined by the MEC.

13.6-2 Absence from Meetings

Any member who is compelled to be absent from any medical staff meeting or committee of which he/she is a member shall promptly provide to the regular presiding officer, or the secretary/ parliamentarian in the case of a medical staff meeting, the reason for such absence. Unless excused for good cause by the

presiding officer of the committee, or the secretary/parliamentarian for medical staff meetings, failure to meet attendance requirements may be grounds for corrective action or in the case of a committee, removal from the committee.

13.6-3 Special Attendance

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

13.7 Conduct of Meetings

Unless otherwise specified, medical staff and MEC meetings shall be conducted according to the then current edition of Roberts Rules of Order, Code of Parliamentary Procedure. However, technical or non-substantive departures from such rules shall not invalidate action taken at such a meeting.

13.8 Executive Sessions

The active medical staff may, at its discretion, meet in an executive session. Executive sessions shall not be held in lieu of a regular business session nor shall any formal action be taken in an executive session.

ARTICLE XIV AUTHORIZATIONS, IMMUNITY, AND RELEASES

14.1 Special Definitions

The following special definitions shall apply to this article:

14.1-1 HOSPITAL REPRESENTATIVE means a hospital officer; the board; a member of the board; a board or other hospital committee or subcommittee; the chair, the vice-chair, or another member of a board or other hospital committee or subcommittee; the President of WellSpan Philhaven; the President of the Medical Staff/Medical Director; a hospital employee or other agent; a hospital attorney; and any other person or body required or authorized to assist the hospital to perform a duty or function of the hospital.

14.1-2 MEDICAL STAFF REPRESENTATIVE means a member; a medical staff officer; the MEC; another medical staff standing or ad hoc committee or subcommittee; the chair, the vice-chair, or another member of a medical staff committee or subcommittee; a medical staff service; a committee or subcommittee of a medical staff service; the chair, the vice-chair, or another member of a committee or subcommittee of a medical staff service; a medical staff attorney; and any other person or body required or authorized to assist the medical staff perform a duty or function of the medical staff.

14.1-3 THIRD PARTY means any person or body.

14.2 Authorizations

By applying for or accepting and retaining medical staff membership or clinical privileges, an individual authorizes:

14.2-1 The hospital, the medical staff, and their representatives to solicit from third parties, through consultation, review of documents, or any other method, reasonably reliable information which reasonably bears upon the individual's qualifications for membership or privileges, as applicable, and to take other action required by or not inconsistent with these bylaws, the medical staff rules and regulations, and

14.2-2 Third parties to provide the hospital, the medical staff, and their representatives with reasonably reliable information which reasonably bears upon the individual's qualifications for membership or clinical privileges, as applicable, and access to documents which contain such information.

14.3 Immunity

By applying for or accepting and retaining medical staff membership or clinical privileges, an individual grants immunity from all monetary liability, including damage, penalty, attorney fee, and cost awards, to the fullest extent permitted by law, to:

14.3-1 The hospital, the medical staff, and their representatives for actions authorized pursuant to subsection 14.2-1-and for actions which would have been so authorized if circumstances they reasonably and in good faith believed to exist were present, and

14.3-2 Third parties for actions authorized pursuant to subsection 14.2-2-and for actions which would have been so authorized if circumstances they reasonably and in good faith believed to exist were present.

14.4 Releases

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

ARTICLE XV MISCELLANEOUS PROVISIONS

15.1 Rules and Regulations

The medical staff shall initiate and adopt such rules and regulations as required by applicable law or these bylaws, or as it may otherwise deem necessary for the proper conduct of its work, and shall periodically review and revise its rules and regulations to comply with appropriate medical staff practice. Recommended changes to the rules and regulations must be approved by the medical staff. Rules and regulations and modifications thereto shall become effective following approval of the board, which

approval shall not be unreasonably withheld, or shall become effective automatically within 60 days if no action is taken by the board. Applicants and practitioners shall be governed by such rules and regulations as are properly initiated and adopted. The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of medical staff rules and regulations.

15.2 Authority to Act

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

15.3 Notices

Except where specific notice provisions are otherwise provided in these bylaws, any and all notices, demands, requests required or permitted to be provided shall be in writing, contained in an envelope properly addressed and sealed, and shall be sent through United States Postal Service, first class postage prepaid. An alternative delivery mechanism may be used if it is as reliable and expeditious, and if evidence of its use is obtained. Mailed notices to a practitioner, applicant, or other party, shall be to the addressee at the address as it last appears in the official records of the medical staff or the hospital.

15.4 Disclosure of Conflicts of Interest

All nominees for election or appointment to medical staff or the MEC shall disclose in writing to the MEC those personal, professional, or financial affiliations or relationships, of which they are reasonably aware, which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the medical staff. Members of the Medical staff shall disclose conflicts of interest on an annual basis consistent with hospital policy.

15.5 Third Party Beneficiary Rights

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

15.6 Credentials Files

The medical staff shall adopt policies and procedures in accordance with section 15.1. These policies and procedures shall describe the information which may be placed in an applicant's or practitioner's credentials file, who may have access to the file or otherwise be provided information in the file, the criteria and procedures for providing access to or making disclosures from the file to the practitioner, the criteria and procedures for providing access or making disclosures from the file during credentialing proceedings, and the criteria and procedures for providing access to or making disclosures from the file to other persons such as licensing boards and other hospitals, other requirements for the confidentiality of credentialing proceedings, and the criteria and procedures for an applicant or practitioner to correct or respond to information in his/her file.

15.7 Reporting to the National Practitioner Data Bank

The hospital shall provide the medical staff with the opportunity to have input into the selection of the hospital's authorized representative to the National Practitioner Data Bank. Only those professional review actions required to be reported to the National Practitioner

Data Bank by federal law shall be reported by the hospital's authorized representative. The hospital shall provide the MEC or a designated medical staff representative appointed by the MEC the opportunity to review all Data Bank reports prior to submission to the Data Bank.

15.8 Conflict Management

15.8-1 Conflict between MEC and Medical Staff

In the event of a conflict between the MEC and Medical Staff regarding rules, regulations, policies or any other matter, upon a petition signed by ten percent of members eligible to vote, the matter shall be submitted to a conflict resolution committee, chaired by the President of Medical Staff/Medical Director and comprised of three members designated by the Medical staff and three members designated by the MEC. The President of WellSpan Philhaven or designee shall be a non-voting ex-officio member. The Committee shall gather information, discuss the disputed matter and work in good faith to resolve the differences between the parties in a manner consistent with the protection of safety and quality. If an acceptable resolution cannot be agreed upon by two-thirds of the committee members, the Committee shall submit the matter to the Board of Directors for a final resolution.

15.8-2 Conflict between Medical Staff and other Leadership Groups

Conflicts that arise between the Medical Staff and other leadership groups shall be resolved through the organization-wide Conflict Management policy in effect at the time.

15.9 Medical History and Physical Examination for Hospital Admissions

A medical history and physical examination must be completed and documented for each patient admitted to the hospital within 24 hours of admission in accordance with the requirements set forth in the Medical Staff Rules and Regulations

ARTICLE XVI ADOPTION AND AMENDMENT

16.1 Procedure

Upon the request of the president, the MEC, or upon timely written petition signed by at least 10 percent of the members who are entitled to vote, consideration shall be given to the amendment of these bylaws. Such action shall be taken at a regular or special meeting provided (1) notice of the proposed change was sent to all members 30 days prior to the meeting, and (2) notice of the regular or special meeting at which action is to be taken included notice that a bylaw change would be considered. Both notices shall include the exact wording of the existing bylaw language, if any, and the proposed change(s).

16.2 Action on Bylaw Change

A change in these bylaws requires the presence of a quorum as provided in section 13.3 and shall require an affirmative vote of two-thirds of the members present and eligible to

vote.

16.3 Board Approval

Bylaw changes adopted by the medical staff shall become effective following approval by the board, which approval shall not be unreasonably withheld, or automatically within 60 days if no action is taken by the board.

16.4 Exclusivity

The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the medical staff bylaws.

16.5 Review and Revision

These bylaws shall be reviewed annually by the MEC.

ADOPTED by the Medical Staff on May 3, 2017

Francis D. Sparrow, M.D., Vice President of WellSpan Philhaven
President of the Medical Staff/Medical Director

Benjamin Keener, Psy.D., Secretary/Parliamentarian

APPROVED by the Board of Directors on June 28, 2017.

George Stoltzfus, M.D., President

Audrey Groff, Secretary