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St. Francis
Hospital

St. Francis Hospital

Medical Staff Bylaws

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Foreword to the Medical Staff Bylaws

St. Francis Hospital, Litchfield Illinois

The Bylaws of the Medical Staff of St. Francis Hospital are comprised of three manuals, The Organization and Structure of the Medical Staff, The Credentialing Manual, and The Fair Hearing Plan. Medical Staff Policies, though not strictly part of the Bylaws, carry the same weight and effect as the bylaws.

The Medical Staff Policies can be amended, edited, added to or changed by a majority vote of the Executive Committee of the medical staff. Medical staff members who disagree with changes by the Executive Committee of the Medical Staff Policies are entitled to have a general medical staff ruling by activating the Conflict Resolution process discussed in Article 7 of the Organization Manual.

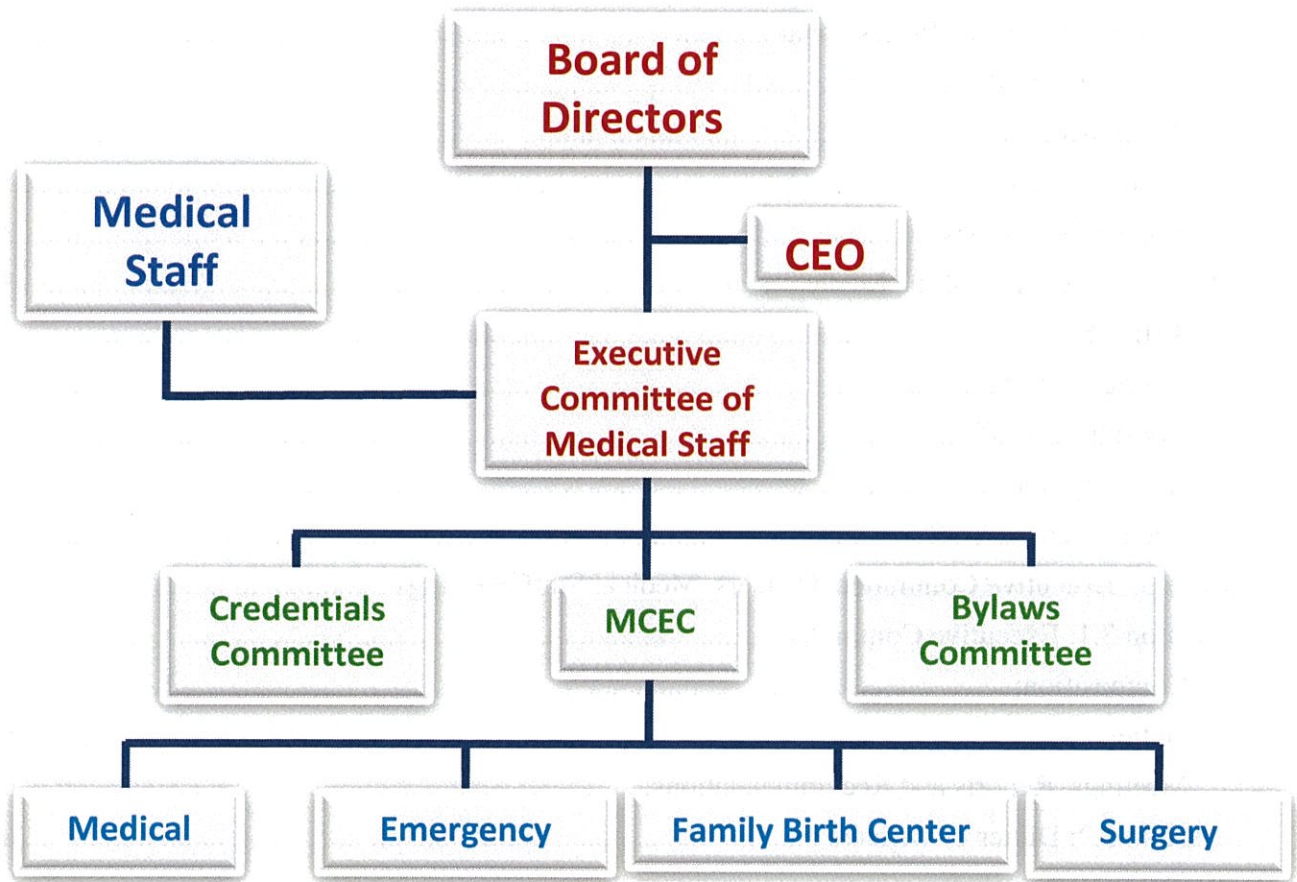


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Organization and Structure of the Medical Staff

Article 1: Definitions

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

Governing Body

Governing Body means the Board of Directors of St. Francis.

Chief Executive Officer

Chief Executive Officer (CEO) refers to the duly appointed representative of the Governing Body who shall function in the capacity of hospital administrator, president, or other title denoting the responsibilities of the position. The Chief Executive Officer acts on behalf of the Governing Body in the overall management of the hospital and is an ex-officio member of all Medical Staff Committees.

Executive Committee

Executive Committee means the Executive Committee of the Medical Staff unless specifically written "Executive Committee of the Governing Body".

Medical Staff

Medical Staff means an organization of licensed practitioners consisting of physicians, dentists, and podiatrists who treat patients or provide other diagnostic and/or therapeutic services in the hospital and who are granted privileges to do so by the hospital Board of Directors.

Medical Staff Year

Medical Staff Year means the time period from July 1 through June 30.

Medical Staff Office

The office of the Medical Staff Specialist.

Service

Service or Clinical Service means an organizational unit of the medical staff denoting clinical areas of practice in the hospital including but not limited to the general areas of medicine, surgery, maternity, and emergency.

Physician

A physician means an individual who has completed graduate school training and has earned an MD (Medical Doctor) or DO (Doctor of Osteopathy) degree and who has completed additional postgraduate training and who maintains a valid license.

Telemedicine Physician

A Telemedicine Physician is a licensed professional who meets the criteria for the definition of “Physician” above but who renders consultative services to patients utilizing electronic media for interaction rather than physical presence during the encounter. A Telemedicine Physician must meet the same requirements as consulting physicians and as such, are considered as consultants and credentialed through the same process. If approved for staff membership, they are members of the consulting staff category.

Dentist

A dentist means an individual who has completed graduate school training and has earned a DMD (Doctor of Dental Medicine) or DDS. (Doctor of Dental Surgery) degree and who maintains a valid license as a "Dentist."

Podiatrist

A podiatrist means an individual who has completed graduate school training and has earned a DPM (Doctor of Podiatric Medicine) degree and who maintains a valid license as a "Podiatric Physician."

Advanced Practice Professional

Advanced Practice Professional (APP) is an individual who is not a member of the medical staff but who exercises privileges of his/her profession through approval by the credentialing process and with responsibility for supervision by a designated member of the medical staff. APP's can exercise privileges up to, but not exceeding those of their supervising medical staff member. Examples include PA's, NP's, APN's, CRNA's, etc.

Allied Health Professional

Allied Health Professional (AHP) refers to a group of medical professionals that include but are not limited to RN's, LPN's, medical technicians and social workers and who are employed by a member of the medical staff and who perform services in the hospital under a medical staff member's supervision. Though not employed by the hospital, they are subject to hospital Human Resource standards, regulations, policies and credentials verification. They are held to the same standard as other similar hospital staff that performs similar functions. The responsibility for their training, competence, and ongoing supervision rests with their medical staff member employer who shall be responsible for the conduct, competence and outcomes of the Allied Health Professional in performing these functions.

Administration

The office of the hospital President/CEO or his designee.

Locum Tenens

A locum tenens provider is defined as a physician, podiatrist or dentist who is substituting for another like provider who is absent due to illness, vacation or leave of absence for a period not to exceed six consecutive months.

Special Definitions

- A singular term shall include the plural, and the masculine gender shall include the feminine and the feminine gender shall include the masculine except when a particular context clearly requires a different meaning.
- Shall or Must: Terms used to indicate a mandatory statement; the only acceptable method under the present standard.
- Should: Terms used in the interpretation of a statement to reflect the commonly accepted method, yet allowing for the use of effective alternates.
- May: Term used in the interpretation of a statement to reflect an acceptable method that is recognized but not necessarily preferred.

Article 2: Categories of the Medical Staff

Term of Appointment:

All initial appointments and reappointments to the Medical Staff are for a period of twenty-four months from the date of appointment or reappointment.

All appointments to the medical staff shall be made by the Governing Body, and shall be to one of the following categories of the staff:

Active Staff

The Active Staff shall consist of physicians who are located closely enough to the hospital to provide continuing care to their hospitalized patients according to the scope of their practice. The physicians who are designated Service Directors or Committee Chairpersons of the Medical Staff must also be members of the Active Staff.

The Active Staff shall assume all privileges and responsibilities of appointment and:

- a) may admit patients to the hospital;
- b) shall accept appointment on medical staff committees;
- c) shall be eligible to serve as chairpersons;
- d) shall be eligible to hold office;
- e) shall be eligible to vote;
- f) shall be expected to attend medical staff and committee meetings; and
- g) may be required to provide Emergency Room care and consultation services

Courtesy Staff

The Courtesy Staff shall consist of physicians otherwise qualified for active staff appointment, who admit or are involved with the care of less than 50 inpatients per year at this Hospital.

A Courtesy Staff member:

- a) shall be a member of the Active or Associate Staff of another hospital which is accredited by The Joint Commission; and
- b) may attend medical staff and committee meetings.

A Courtesy Staff member shall not:

- a) receive committee assignments;
- b) be eligible to hold office;
- c) be eligible to vote;
- d) be required to provide Emergency Room care.

Consulting Staff

The Consulting Staff shall consist of physicians, podiatrists and dentists appointed for the specific purpose of providing consultation in the diagnosis and treatment of patients and/or the administration of clinical services.

A Consulting Staff member:

- a) may attend medical staff and committee meetings.

A Consulting Staff member shall not:

- a) be entitled to admit patients;
- b) be eligible to vote;
- c) be eligible to hold office;
- d) receive committee assignments;

Honorary Staff

The Honorary Staff shall consist of physicians who have been granted this staff status by virtue of having served in an active staff capacity for at least ten (10) years but who have chosen to no longer admit patients to the hospital because of retirement or change to exclusive out-patient care management.

An Honorary Staff member may:

- a) attend medical staff meetings;
- b) receive committee assignments.

An Honorary Staff member shall not:

- a) be entitled to admit patients;
- b) be eligible to hold office;
- c) be eligible to vote;
- d) provide Emergency Room or consultation services; and
- e) be required to pay fees.

Locum Tenens Staff

Though required to be credentialed through the regular process as soon as possible, a locum tenens provider shall not be granted this status for longer than six consecutive months and shall exercise his privileges after consultation by the CEO with the president of the Medical Staff. A

locum tenens physician, podiatrist, or dentist may be granted temporary privileges by the CEO acting on behalf of the Governing Body. Applications from locum tenens providers shall be verified and processed as any staff applicant. A locum tenens provider, due to the anticipated short-term presence, shall not serve in a leadership position.

A Locum Tenens member may:

- a) attend medical staff meetings;
- b) admit patients under his/her care if substituting for an active medical staff member.

A Locum Tenens member may not:

- a) be eligible to hold office;
- b) be eligible to vote;
- c) be required to provide Emergency Room or consultation services unless his specialty is consultative in nature or as an emergency physician.

Article 3: Executive Committee, Officers, Medical Staff Meetings

Section 3.1: Executive Committee

Composition:

The voting members of the Executive Committee shall consist of the officers of the medical staff as defined in Section 3.2. The President of the Medical Staff shall be Chairperson of the Executive Committee. The non-voting members are the CEO and, at the discretion of the CEO, other members of the Administrative Team. Members of the hospital Board of Directors may attend meetings of the Executive Committee and participate in its discussions, but without vote.

Duties:

The duties of the Executive Committee shall be to:

- 1) represent and to act on behalf of the medical staff in all matters, without requirement of subsequent approval by the staff between meetings of the medical staff, subject only to any limitations imposed by these bylaws (including approval of bylaws amendments which must be voted on by the entire medical staff);
- 2) coordinate the activities and general policies of the various services;
- 3) receive and act upon those committee reports as specified in these bylaws, and to make recommendations concerning them to the Chief Executive Officer and the Governing Body;
- 4) implement policies of the medical staff that are not the responsibility of the clinical services;
- 5) provide liaison among medical staff, the CEO, and the Governing Body;
- 6) keep the medical staff abreast of applicable accreditation and regulatory requirements affecting the hospital;

- 7) enforce hospital and medical staff rules in the best interest of patient care and of the hospital on the part of all persons who exercise privileges granted by the Governing Body including medical staff members and Advanced Practice Providers (APP);
- 8) evaluate and investigate questions of the clinical competence, patient care and treatment, case management or inappropriate behavior of any medical staff member or APP in accordance with these bylaws;
- 9) be responsible for the enforcement of the medical staff bylaws, policies, rules and regulations, for implementation of sanctions where these are indicated, and for the medical staff's compliance with procedural safeguards in all instances where corrective action has been requested involving a medical staff member;
- 10) enforce educational or remedial training requirements and stipulate any supervisory requirements as developed by the Executive Committee after evaluation and consultation as necessary.
- 11) be responsible to the Governing Body for the implementation of the hospital's performance improvement plan as it affects the medical staff;
- 12) review the Bylaws, and Policies of the Medical Staff and associated documents as needed and recommend such changes thereto as may be necessary or desirable;
- 13) make recommendations to the Governing Body concerning medical staff appointments, reappointments and clinical privileges in accordance with the medical staff procedural policy; and
- 14) function as an ad hoc Impaired Physician Committee to assist and address the physical and mental health problems of medical staff members and related education needs.

Meetings, Reports and Recommendations

The Executive Committee shall meet at least ten times per year or more often if necessary. The Secretary/Treasurer shall maintain reports of all meetings, which shall include the minutes of the various medical staff committees. Important actions of the Executive Committee shall be reported to the medical staff as a part of the Executive Committee's report at each medical staff meeting. Recommendations of the Executive Committee shall be transmitted to the Governing Body with a copy to the CEO. The Chairperson of the Executive Committee, his representative and such members of the committee as may be necessary, shall be available to meet with the Governing Body (or its applicable committee) on all recommendations that the Executive Committee may make.

Section 3.2: Duties of Officers

The officers of the medical staff shall be the President, President-Elect, Secretary/Treasurer and Past President. Officers must be a MD or DO and members of the Active Staff at the time of nomination and election and must continue so during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

The President shall:

- 1) serve as the chief administrative officer of the medical staff;
- 2) act in coordination and cooperation with the CEO in all matters of mutual concern within the hospital;
- 3) call, preside at, and be responsible for the agenda of all regular meetings of the Medical Staff and Executive Committee;
- 4) serve as ex-officio member of all other medical staff committees without vote;
- 5) appoint committee members, after consultation with the hospital Chief Executive Officer, to all standing, special, and multidisciplinary medical staff committees except the Executive Committee;
- 6) represent the views, policies, needs, and grievances of the medical staff to the Governing Body and to the CEO;
- 7) receive, communicate, apply, and interpret the policies of the Governing Body to the medical staff and report to the Governing Body on the performance and maintenance of quality and safety with respect to the medical staff's delegated responsibility to provide medical care; and
- 8) be the representative for the medical staff in its professional and public relations.

The President-Elect shall:

- 1) serve as chairperson of the Medical Care Evaluation Committee (MCEC) and
- 2) serve as ex-officio member of all other medical staff committees without vote.

In the absence of the President, the President-Elect shall:

- 1) assume all the duties and have the authority of the President;
- 2) automatically succeed the President when the latter fails to serve for any reason.

The Secretary/Treasurer shall:

- 1) keep accurate and complete minutes of all medical staff meetings;
- 2) call medical staff meetings on order of the President;
- 3) attend to all correspondence;
- 4) act as medical staff treasurer and perform such other duties as ordinarily pertain to his office; and
- 5) in the absence of the President and President-Elect, shall temporarily assume the duties of the President.

The Immediate Past President shall:

- 1) shall serve on the Executive Committee;
- 2) in the absence of the President, President-Elect, and Secretary-Treasurer, temporarily assume the duties of the President.

Section 3.3: Election of Officers

- 1) Officers shall be elected at an Annual Meeting by Active Staff members of the medical staff.
- 2) At least one month before the scheduled date of the next medical staff election, the President shall appoint a Nominating Committee consisting of three Active Staff members. The Nominating Committee shall prepare a slate of one or more nominees for each office to be filled at that election and shall report the slate at the last official meeting of the medical staff year.
- 3) After the announcement of nominations by the Nominating Committee, other nominations shall be in order from the floor.
- 4) The officers of the medical staff shall be elected by a majority vote of all members of the Active Staff.

Section 3.4: Term of Office

All officers shall serve a two year term from the date they assume office or until a successor is elected. Officers shall take office on the first day of the medical staff year (July 1).

Section 3.5: Removal of Officers

- 1) The Executive Committee, by a three-fourths majority vote of the entire committee, may remove any medical staff officer for conduct detrimental to the interests of the hospital, medical staff, or who is suffering from a physical or mental infirmity that renders him incapable of fulfilling the duties of the office. Notice of the meeting at which an action is to take place shall be given in writing to the officer at least ten days prior to the date of the meeting. The officer shall be afforded the opportunity to speak in his own behalf prior to the taking of any vote on his removal.
- 2) A medical staff member with voting privileges has the right to initiate a recall election of a medical staff officer by engaging the Conflict Resolution process defined in Article 7.
- 3) If the officer being recalled is the President, the President-Elect shall officiate at this special meeting and shall assume the responsibilities of the President as defined in the following section.

Section 3.6: Vacancies in Office

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

Section 3.7: Meetings of the Medical Staff

- 1) The medical staff shall hold at least four meetings per year.
- 2) Special Staff Meetings:

- a. Special meetings of the medical staff may be called at any time by the President of the Medical Staff, a majority of the Executive Committee, or a petition signed by not less than one-third of the voting medical staff.
 - b. In the event that it is necessary for the medical staff to act on a question without being able to meet, the voting membership may be presented with the question by mail or other electronic means of communication and their votes returned to the President by same.
 - c. Such a vote shall be valid if affirmed by a majority of the medical staff eligible to vote.
- 3) Quorum:
- a. A quorum for the Executive Committee of the Medical Staff shall consist of one-half the members of the Executive Committee.
 - b. The presence of one-fourth of the persons eligible to vote shall constitute a quorum for any regular or special meeting of the medical staff or its designated committees.
 - c. Once a quorum is assembled, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.
- 4) Voting:
- a. Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote.

Article 4: Medical Staff Committees

Section 4.1: Committees of the Medical Staff

Committees of the Medical Staff are:

- a. **Medical Care Evaluation Committee (MCEC)**
- b. **Credentials Committee**
- c. **Bylaws Committee**
- d. **Nominating Committee (Ad Hoc)**

Section 4.2: Common Characteristics of Committee Meetings

- 1) Meeting Times: All committees shall meet at least four times per year at a time set by the chairperson of the committee. The agenda for the meeting and its general conduct shall be set by the chairperson.
- 2) Appointment of Committee Members: All committee chairpersons and members, unless otherwise provided for in these bylaws, shall be appointed by the President of the Medical Staff. All chairpersons shall be selected from among persons appointed to the Active Staff. Such appointments shall be made by the President for a term of 2 years. These appointments will remain in effect until new appointments are made by the incoming President. The President shall appoint another Active Staff member to complete the unexpired term of a chairperson whose position is vacated. All appointed

members may be removed and vacancies filled by the President of the Medical Staff at his discretion.

- 3) **Urgent Issues:** Each committee may report directly to the Executive Committee, for its consideration and appropriate action, any situation involving questions of the clinical competency, patient care and treatment, case management, professional ethics, infraction of hospital or medical staff bylaws, policies or rules, or unacceptable conduct on the part of any individual member to the medical staff.
- 4) **Conflict of Interest:** In any instance where a member of a committee has a conflict of interest in any matter involving another medical staff member that comes before that committee, or in any instance where a member of a committee brought the complaint against a member that committee member shall not participate in the discussion or voting on the matter and shall excuse himself from the meeting during that time. The member may be asked and may answer any questions concerning the matter before leaving.
- 5) **Minutes:** Minutes of the meetings of each committee shall be prepared and shall include a record of the attendance of members and the recommendations made. The minutes shall be signed by the chairperson and copies thereof shall be forwarded to the Executive Committee and at the same time to the CEO and certain committees as specified elsewhere in these bylaws. Each committee shall maintain a permanent file of the minutes of its meetings in the Administrative Office.
- 6) **Special Meetings:** A special meeting of any committee may be called by or at the request of the committee's chairperson, by the president, or by a petition signed by not less than one-fourth of the members of the committee (but in no event less than two (2) members).
- 7) **Voting:** In the event that it is necessary for a committee or clinical service committee to act on a question without being able to meet, the voting members may be presented with the question, in person, by mail, or electronic media and their vote returned to the chairperson of the committee. Such a vote shall be binding so long as the question is voted on by a majority of the committee eligible to vote.
- 8) **Ex-Officio Members:** The President of the Medical Staff, the CEO or their respective designees shall be members, ex-officio, on all committees.

Section 4.3: Medical Care Evaluation Committee (MCEC)

- 1) **Composition:**

The Medical Care Evaluation Committee shall consist of the directors of the clinical services. Their term shall coincide with the term of the parent committee appointment. The committee shall meet at least ten times per year. The President-Elect shall be the chairperson of the committee. Other invited members of hospital committees may attend but are not members of this committee.
- 2) **Executive Session:**

Members of the MCEC Executive session are the physician chairperson and the service directors. The CEO or his designee is an ex-officio member of the MCEC Executive session and may be present at an executive session meeting. When issues arise concerning performance, competence or behavior of a medical staff member, the MCEC

will meet in executive session. All other hospital personnel will be excused for this peer review process.

3) Duties:

The MCEC shall:

- a. review, analyze and evaluate on a continuing basis the clinical performance of the medical staff and the individual members through reports received from the four Clinical Services of the medical staff and hospital committees as appropriate including, but not limited to, Infection Control Committee, Performance Improvement, Pharmacy and Therapeutics Committee, Laboratory/Blood Utilization Committee, Health Information Services Committee, Safety Committee and Utilization Review Committee and take any necessary actions based thereon.
- b. make recommendations to the Executive Committee on matters pertaining to:
 - i. the establishment and enforcement of professional standards of care;
 - ii. continual improvement of the quality of care; and
 - iii. educational objectives for the medical staff.
- c. report after each meeting to the Executive Committee the status of medical care within the hospital.

Section 4.4: Credentials Committee

1) Composition:

The Credentials Committee shall consist of five members of the medical staff appointed for a two-year term, a chairperson appointed by the President of the Medical Staff and the directors of the four medical staff clinical services. The Credentials Committee shall meet at least four times per year or more often as necessary to fulfill its duties.

2) Executive Session:

Members of the Credentials Executive session are the physician chairperson and the service directors. The CEO or his designee is an ex-officio member of the Credentials Executive session and may be present at an executive session meeting. When issues arise concerning performance, competence or behavior of a medical staff member, the Credentials Committee will meet in executive session. All other hospital personnel will be excused for this peer review process.

3) Duties:

The Credentials Committee shall:

- a. review the credentials of all applicants for medical staff appointment and reappointment;
- b. review the credentials of all applicants who request appointment and/or privileges at the hospital as Advanced Practice Professionals;
- c. make evaluation of and interview such applicants as may be necessary;
- d. review and make recommendations for approval of clinical privileges for medical staff and APP applicants; and

- e. report its findings and recommendations in accordance with the Medical Staff Procedural Policy to the Medical Staff Executive Committee.

Section 4.5: Bylaws Committee

1) Composition:

The Bylaws Committee shall consist of two (2) persons appointed from the Active Medical Staff. A representative from hospital administration shall serve on the Committee, ex-officio, without vote. The Bylaws Committee shall meet at least annually or more often as necessary to fulfill its duties.

2) Duties:

The Bylaws Committee shall:

- a. review the Bylaws of the Medical Staff, the Medical Staff Policies, and other associated documents and recommend amendments as appropriate to the Executive Committee to ensure that current medical staff practices are stated; and
- b. receive and consider all recommendations for changes in these bylaws made by the Governing Body, the Medical Staff, any committee of the medical staff, any individual appointed to the medical staff, and/or the CEO.

3) Approval Process:

- a. All recommendations for amendments, changes, rewrites, alteration or correction of the Medical Staff Bylaws shall be submitted to the Medical Staff who shall vote on the modifications.
- b. All proposed amendments of these bylaws initiated by a signed petition of 20% of the medical staff shall, as a matter of procedure, be referred to the Bylaws Committee. The Bylaws Committee shall make a recommendation on the proposed amendments and report on that recommendation at the next regular meeting of the medical staff, or at a special meeting called for such purpose.
- c. Amendments, changes, corrections, alterations or rewrites shall be voted upon at that meeting provided that copies of proposed deletions, changes or additions are given to each active staff member at least 14 days prior to the meeting.
- d. To be adopted, an amendment must receive the approval of a majority of the active medical staff, either voting at the meeting or by absentee ballot.
- e. The Medical Staff may propose, with two-thirds majority of all voting members, an amendment to the bylaws directly to the Governing Body without Executive Staff or Bylaws Committee approval.
- f. Amendments, changes, corrections, alterations or rewrites so adopted shall be effective when approved by the Governing Body.

4) Executive Committee Amendments

- a. The Executive Committee shall have the power to adopt such amendments to the bylaws as are, in the Committee's judgment, technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression.
- b. Such amendments shall be effective immediately after notification is given to the medical staff as provided below, and shall be permanent if not disapproved by the medical staff or the Governing Body within 60 days of adoption by the Executive Committee.
- c. The action to amend may be taken by a motion acted upon in the same manner as any other motion before the Executive Committee.
- d. Immediately upon adoption, such amendments shall be sent to the CEO and distributed to the entire medical staff.
- e. If any recommendation made by the Executive Committee is disputed by any member of the medical staff, then the conflict resolution process will be followed as described in Article 7: Conflict Resolution.

Section 4.6: Creation of Standing Medical Staff Committees

The Executive Committee of the Medical Staff may, by resolution and upon approval of the Governing Body, without amendment of these bylaws, establish additional committees to perform one or more staff functions. Committees established in these bylaws may not be altered without a two-thirds vote of the voting medical staff members followed by Governing Body approval. Any function required to be performed by these bylaws which are not assigned to a standing or special committee shall be performed by the Executive Committee.

Section 4.7: Membership on Hospital Committees

In order to further carry out the function of the medical staff and to provide medical staff input where appropriate, the President of the Medical Staff may appoint members to hospital committees which may include, but are not limited to: Infection Control, Pharmacy and Therapeutics, Lab/Blood Utilization, Health Information Services (Medical Records), Utilization Review, or other ad hoc committees of the hospital as appropriate and after consultation with the CEO.

Section 4.8: Special Committees

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

Article 5: Clinical Services of the Medical Staff

Section 5.1: The Clinical Service

- 1) The Clinical Services are:

- a. **Medical Service**
 - b. **Surgical Service**
 - c. **Family Birth Center Service**
 - d. **Emergency Service**
- 2) Sub-specialties may be organized as a section of a Clinical Service and must be directly responsible to the Clinical Service within which it functions.
 - 3) The Medical Staff and the Governing Body by their joint action, at such time as deemed appropriate, may divide, combine, and/or delete clinical service(s) and/or sections.

Section 5.2: Common Characteristics of Clinical Service Meetings

Clinical Service meeting times, appointment of committee members, urgent issues, conflict of interest, minutes, special meetings, voting, and ex-officio members shall follow the guidelines of Common Characteristics of Committee meetings referenced in Section 4.2. The only exception is that findings of the Clinical Service meetings shall be forwarded to the MCEC for routine matters and directly to the Medical Staff Executive Committee only for matters of urgency.

Since Clinical Service responsibilities are a daily and ongoing process, the physician in charge of each service is designated as a “director” of that service and also serves as the chairperson of any meetings of the service.

Section 5.3: Functions of Clinical Services

- 1) Guidelines for Delineation of Clinical Privileges:
 - a. Each clinical service director shall recommend to the Credentials Committee guidelines for the assignment of clinical privileges within the clinical service.
 - b. Such guidelines shall be consistent with, and subject to, the bylaws, policies of the medical staff and the hospital as well as any applicable state, federal and local law.
 - c. These guidelines shall become effective when approved by the Governing Body upon recommendation by the Executive Committee. Clinical privileges shall be approved based upon training, experience and demonstrated capability and competence within the specialty covered by the service.
- 2) Quality Review Functions:
 - a. Each service shall monitor and evaluate medical care in all major clinical activities of the service. This monitoring and evaluation shall include:
 - i. the routine collection of information about important aspects of patient care provided in the service and about the clinical performance of its members; and
 - ii. the periodic assessment of this information to identify opportunities to improve care and to identify important problems in patient care.
 - b. Each clinical service shall recommend, subject to approval and adoption by the Executive Committee and Governing Body, objective criteria that shall be used by each service or by the hospital's performance improvement program in the

monitoring and evaluation of patient care. When problems in patient care, clinical performance or opportunities to improve patient care are identified, each service shall document the actions taken and evaluate the effectiveness of such actions.

- 3) Reports:
 - a. In discharging these functions, each Clinical Service shall report to the Medical Care Evaluation Committee its analysis of patient care and recommendations for improvement as well as any evaluation or recommended action involving any individual member of the service.
 - b. Copies of these reports shall be filed with the Chief Executive Officer and shall be considered at the time of reappointment.

Section 5.4: Service Director Appointment and Terms

- 1) The director of each service shall be a member of the Active Staff who is qualified by training, experience, demonstrated capability and administrative ability for the position.
- 2) The director of each service shall be appointed by the President after consultation with the CEO and approval by the majority vote of the Executive Committee. Appointment of a chairperson shall be made for a period of two (2) years.
- 3) Removal of a chairperson during his term of office will be by a majority vote of the Executive Committee. Another chairperson will be appointed from the members of the Active Staff by the President of the Medical Staff to serve the remainder of the term.
- 4) Removal of a director can be contested by any member of the Active Staff in accordance with procedures found in the Article 7: Conflict Resolution.

Section 5.5: Service Director Responsibilities

The Clinical Service Director shall:

- 1) be responsible for administrative activities within the service and its integration into the hospital's primary function;
- 2) maintain continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the service, and report to the Credentials Committee as part of the reappointment process his or her recommendations regarding the assignment of clinical privileges in that service;
- 3) recommend to the Credentials Committee, criteria for clinical privileges in the service and report on members who fulfill the criteria for privileges;
- 4) be responsible for development, implementation, and enforcement, within the service, of the hospital policies, directives and the medical staff bylaws, and policies;
- 5) be responsible for implementation, within the service, of actions taken by the Governing Body and the Executive Committee;
- 6) recommend to the Credentials Committee the appointment, reappointment, and delineation of clinical privileges for all applicants seeking privileges in the service;
- 7) coordinate teaching, education and research programs in the service;

- 8) report and recommend to hospital management, when necessary, with respect to matters affecting patient care in the service, including personnel, staffing, supplies, space requirements, special regulations, standing orders, and other needed resources;
- 9) assume responsibility for the corresponding service leadership, meeting agenda, and accomplishment of the service duties as defined in the bylaws;
- 10) assist the hospital management in the preparation of annual reports and such budget planning pertaining to the service; and
- 11) establish policies under which consultation by a qualified specialist is required;

Section 5.6: Clinical Service Meetings

- 1) Clinical Services meetings shall occur at least four times per year at a time set by the service director to review and evaluate the clinical work of the service, to consider the findings of ongoing quality management and safety activities, and to discuss any other matters concerning the service. The agenda for the meeting and its general conduct shall be set by the service director who shall also serve as the meeting chairperson.
- 2) When issues of individual physician performance are concerned, the Clinical Service Director shall call an executive session and shall excuse all but the medical staff members so that peer review can be conducted. The CEO or his designee may attend this meeting.
- 3) If an issue of concern is identified at this executive session, as a sitting member of the Medical Care Evaluation Committee, the service director shall bring the issue to that committee for its consideration and recommendation.
- 4) The minutes of the full service committee will reflect that a case, identified by number, was discussed by the medical staff members in attendance. Hospital staff with the exception of the CEO, or his designate, shall not be in attendance at this specific subcommittee meeting of medical staff members held for the express purpose of peer review. The case will be reviewed by the multispecialty members of the Medical Care Evaluation Committee at their next scheduled meeting.

Article 6: Policies, Rules and Regulations of the Medical Staff

Section 6.1: Rules and Regulations

- 1) Medical staff policies, rules, and regulations as may be necessary to implement more specifically the general principles of conduct found in these bylaws shall be adopted in accordance with this Article. Medical Staff Policies shall have the same force and effect as these bylaws but are considered separate and distinct from these bylaws.
- 2) Rules and regulations may also be adopted, amended, repealed or added by a majority of the Medical Staff Executive Committee at a regular meeting (or special meeting called for that purpose) where a quorum exists following 14 days notice. All such changes shall become effective when approved by the Governing Body.

Section 6.2: Policies

- 1) Medical staff policies may be adopted as needed for implementation of the procedures contained within these bylaws. These policies shall set the medical appropriateness guidelines that are to be required of each individual exercising clinical privileges in the hospital and shall act as an aid to evaluating performance under, and compliance with these standards.
- 2) Policies may be adopted, amended or repealed by majority vote of the members of the Executive Committee present and voting at any meeting of that committee where a quorum exists.
- 3) Medical Staff disputes with the decision of the Executive Committee regarding a rule and/or regulation shall be resolved in accordance with procedures found in Article 7: Conflict Resolution.

Article 7: Conflict Resolution Process

Section 7.1: Purpose

The purpose of this section is to define the process whereby a disagreement between the organized Medical Staff and a medical staff committee can be resolved by the voting members of the medical staff. The Executive Committee, MCEC, Credentials Committee, and Bylaws Committee, while acting on behalf of the Medical Staff, cannot propose bylaws, rules, regulations, etc. that are in conflict with the wishes of the Medical Staff as a whole.

Section 7.2: Process

- 1) The committees of the Medical Staff shall represent the will of the Medical Staff as a whole and shall consider any rule, regulation, bylaw or bylaw change, submitted by any member of the Medical Staff. If that decision to accept or reject the proposal is in dispute, then a special meeting of the Medical Staff as a whole shall be called by the President of the Medical Staff providing 20% of the voting members have signed a petition asking for such a meeting.
- 2) Notification of this meeting shall be communicated to the voting members of the Medical Staff by correspondence or electronic media at least 14 days prior to the meeting.
- 3) Only the matter in dispute shall be discussed at this meeting and no other business transacted or decisions made.
- 4) After appropriate discussion, a vote will be taken of all voting members of the medical staff whether present or absent. Voting shall be by attendance at the meeting, correspondence, or electronic media. Two-thirds of the voting members shall decide whether the matter at hand shall be passed and sent to the Governing Body if appropriate. The decision of the Medical Staff shall take priority over any committee decision regarding these bylaws, changes, amendments or approval and enforcement of Medical Staff Policies.

- 5) Approval or disapproval of the matter at hand will be directly conveyed to the CEO and the hospital Governing Body by the President without the need for further Executive Staff, MCEC, Bylaws Committee, or Credentials Committee approval.