

**MEDICAL STAFF BYLAWS**

**GOOD SHEPHERD HOSPITAL**  
**SHELBYVILLE, ILLINOIS**  
**an Affiliate of**  
**Hospital Sisters Health System**

**MEDICAL STAFF BYLAWS**

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## ARTICLE 1

### GENERAL

#### 1.A. DEFINITIONS

The definitions that apply to terms used in the Medical Staff documents are set forth in the Credentials Policy.

#### 1.B. TIME LIMITS

Time limits referred to in these Bylaws and related policies and manuals are advisory only and are not mandatory, unless it is expressly stated. Medical Staff leaders will strive to be fair under the circumstances.

#### 1.C. DELEGATION OF FUNCTIONS

- (1) When a function is to be carried out by a member of the Hospital Management, a Medical Staff Member, or by a Medical Staff committee, the individual, or the committee through its Chair, may delegate performance of the function to one or more designees.
- (2) When a Medical Staff Member is unavailable or unable to perform an assigned function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

#### 1.D. MEDICAL STAFF DUES

- (1) Medical Staff dues, if implemented, will be as recommended by the Medical Staff Executive Committee and may vary by category.
- (2) Dues will be payable annually upon request. Failure to pay dues will result in ineligibility for continued appointment and privileges.
- (3) Signatories to the Hospital's Medical Staff account will be the Vice President or President.

#### 1.E. INDEMNIFICATION WHEN PERFORMING CREDENTIALING AND PEER REVIEW FUNCTIONS

The Hospital will provide a legal defense for, and will indemnify, Medical Staff officers, Medical Staff committee chairs, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by law, in accordance with the Hospital's Bylaws.

## ARTICLE 2

### CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff and Advanced Practice Professional Staff set forth in the Credentials Policy are eligible to apply for appointment to one of the categories listed below.

#### 2.A. ACTIVE STAFF

##### 2.A.1. Qualifications:

The Active Staff will consist of Members of the Medical Staff who are involved in at least 24 patient contacts at the Hospital during the two-year appointment term.

##### Guidelines:

Unless an Active Staff Member can demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his/her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- \* Any Member who has fewer than 24 patient contacts during the two-year appointment term will not be eligible to request Active Staff status at the time of his/her reappointment.
- \*\* The Member must select and be transferred to another staff category that best reflects his/her relationship to the Medical Staff and the Hospital.
- \*\*\* Visiting specialists and hospital-based physicians providing services pursuant to a professional services agreement with the Hospital may be assigned to a staff category that best reflects the physician's relationship to the Medical Staff and the Hospital as appropriate.

##### 2.A.2. Prerogatives:

Active Staff Members may:

- (a) admit patients, in accordance with the Member's admitting privileges, if any;
- (b) vote in general and special meetings of the Medical Staff and applicable committee meetings;
- (c) hold office, serve on Medical Staff committees, and serve as Medical Staff committee chair; and

- (d) exercise clinical privileges granted.

### 2.A.3. Responsibilities:

- (a) Active Staff Members must assume all the responsibilities of the Active Staff, including:
  - (1) serving on committees, as requested;
  - (2) providing specialty coverage for the Emergency Department, as scheduled or as required by the Medical Staff Executive Committee, and accepting referrals from the Emergency Department for follow-up care of patients;
  - (3) participating in the professional practice evaluation and performance improvement processes;
  - (4) accepting inpatient consultations, when requested; and
  - (5) paying application fees, dues, and assessments.
- (b) Members of the Active Staff who are 65 years of age or older may request to be excused from rotational obligations, including providing specialty coverage for the Emergency Department and accepting referrals from the Emergency Department. The request will be reviewed by the Medical Staff Executive Committee. In reviewing a request, consideration should be given to need and the effect on others who serve on the Emergency Department call roster. The Medical Staff Executive Committee's recommendation will be subject to final action by the Board. A Member who is relieved of the obligation of providing coverage may be required to resume on-call duties if the Board determines, at a later date, that call coverage in the Member's specialty area is not adequate.

## 2.B. COURTESY STAFF

### 2.B.1. Qualifications:

The Courtesy Staff will consist of Members of the Medical Staff who:

- (a) are involved in fewer than 24 patient contacts during the two-year appointment term;
- (b) are Members of the Active Staff or Associate Staff at another hospital, unless their clinical specialty does not support an active inpatient practice and the Board makes an exception to this requirement; and



- (c) at each reappointment time, provide quality data and other information to assist in an appropriate assessment of current clinical competence as set forth in the Credentials Policy.

Guidelines:

Unless a Courtesy Staff Member can demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his/her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- \* Any Member who has more than 24 patient contacts during his/her two-year appointment term may be transferred to Active Staff status.

2.B.2. Prerogatives and Responsibilities:

Courtesy Staff Members:

- (a) may admit patients;
- (b) may attend and participate in Medical Staff and committee meetings (without vote);
- (c) may not hold office or serve as Medical Staff committee chair, unless waived by the Board;
- (d) may exercise such clinical privileges as are granted;
- (e) may be invited to serve on committees (without vote);
- (f) are generally excused from providing specialty coverage for the Emergency Department for unassigned patients, but will be required to provide coverage if the Medical Staff Executive Committee finds that there are insufficient Active Staff Members in a particular specialty area to perform these responsibilities;
- (g) must cooperate in the professional practice evaluation and performance improvement processes; and
- (h) must pay application fees, dues, and assessments.

2.C. CONSULTING STAFF

2.C.1. Qualifications:

The Consulting Staff will consist of Members of the Medical Staff who:

- (a) are of demonstrated professional ability and expertise and provide a service not otherwise available on the Active Staff;
- (b) provide services at the Hospital only at the request of other Members of the Medical Staff;
- (c) are Members of the Active Staff or Associate Staff at another hospital, unless their clinical specialty does not support an active inpatient practice and the Board makes an exception to this requirement; and
- (d) at each reappointment time, provide quality data and other information to assist in an appropriate assessment of current clinical competence as set forth in the Credentials Policy.

#### 2.C.2. Prerogatives and Responsibilities:

##### Consulting Staff Members:

- (a) may evaluate and treat (but not admit) patients in conjunction with other Members of the Medical Staff;
- (b) may attend meetings of the Medical Staff and applicable committee meetings (without vote);
- (c) may not receive committee assignments, hold office, or serve as Medical Staff committee chairperson, unless waived by the Medical Staff Executive Committee and the Board;
- (d) may exercise clinical privileges granted;
- (e) are generally excused from providing specialty coverage for the Emergency Department for unassigned patients, but will be required to provide specialty coverage if the Medical Staff Executive Committee finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;
- (f) must cooperate in the professional practice evaluation and performance improvement processes; and
- (g) must pay application fees, dues, and assessments.

#### 2.D. AFFILIATE STAFF

##### 2.D.1. Qualifications:

The Affiliate Staff will consist of Members of the Medical Staff who:

- (a) desire to be associated with, but who do not intend to establish a practice at, this Hospital;
- (b) are interested in pursuing professional and educational opportunities, including continuing medical education, available at the Hospital; and
- (c) satisfy the qualifications for appointment set forth in the Credentials Policy, but are exempt from the qualifications pertaining to response times, location within the geographic service area, emergency call, and coverage arrangements.

2.D.2. Prerogatives and Responsibilities:

(a) Affiliate Staff Members:

- (1) may not admit patients;
- (2) may attend meetings of the Medical Staff and applicable committees (without vote);
- (3) may not hold office or serve as committee chair, unless waived by the Board;
- (4) may be invited to serve on committees (with vote);
- (5) may attend educational activities sponsored by the Medical Staff and the Hospital;
- (6) may refer patients to members of the Medical Staff for admission and care;
- (7) are encouraged to communicate directly with members about the care of any patients referred, as well as to visit any such patients and record a courtesy progress note in the medical record containing relevant information from the patient's outpatient care;
- (8) may review the medical records and test results (via paper or electronic access) for any patients who are referred;
- (9) may perform preoperative history and physical examinations in the office and have those reports entered into the Hospital's medical records;
- (10) are not granted inpatient clinical privileges and, therefore, may not admit patients, attend patients, write orders for inpatients, perform consultations, assist in surgery, or otherwise participate in the management of clinical care to patients at the Hospital;

- (11) may refer patients to the Hospital's diagnostic facilities and order such tests;
  - (12) are encouraged to accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and
  - (13) must pay any applicable application fees, dues, and assessments.
- (b) The grant of appointment to the Active/Non-Admitting Staff is a courtesy only, which may be terminated by the Board upon recommendation of the Medical Staff Executive Committee, with no right to a hearing or appeal.

## 2.E. HONORARY STAFF

### 2.E.1. Qualifications:

- (a) The Honorary Staff will consist of Members of the Medical Staff who:
- (1) as determined by the Medical Staff Executive Committee, have a record of previous long-standing service to the Hospital, have retired from the active practice of medicine; and, in the discretion of the Medical Staff Executive Committee, are in good standing at the time of initial application for membership on the Honorary Staff; or
  - (2) are recognized for outstanding or noteworthy contributions to the medical sciences.
- (b) Once an individual is appointed to the Honorary Staff, that status is ongoing, at the continuing discretion of the Medical Staff Executive Committee. As such, there is no need for the individual to submit a reappointment application.

### 2.E.2. Prerogatives and Responsibilities:

Honorary Staff Members:

- (a) may not consult, admit, or attend to patients;
- (b) may attend Medical Staff and committee meetings when invited to do so (without vote);
- (c) may not hold office or serve as Medical Staff committee chair;
- (d) may be appointed to committees (without vote);

- (e) are entitled to attend educational programs of the Medical Staff and the Hospital; and
- (f) are not required to pay application fees, dues, or assessments.

## 2.F. ADVANCED PRACTICE PROFESSIONAL STAFF

### 2.F.1. Qualifications:

The Advanced Practice Professional Staff consists of Advanced Practice Professionals who are granted clinical privileges and are appointed to the Advanced Practice Professional Staff. The Advanced Practice Professional Staff is not a category of the Medical Staff, but is included in this Article for convenient reference.

### 2.F.2. Prerogatives and Responsibilities:

Advanced Practice Professional Staff Members:

- (a) may attend and participate in Medical Staff and committee meetings (with vote);
- (b) may not hold office or serve as Medical Staff committee chair;
- (c) may be invited to serve on committees (with vote);
- (d) must cooperate in the professional practice evaluation and performance improvement processes;
- (e) may exercise such clinical privileges or scope or practice as granted; and
- (f) must pay application fees, dues, and assessments.

## ARTICLE 3

### OFFICERS

#### 3.A. DESIGNATION

The Medical Staff will have the following officers:

- (1) President of the Medical Staff; and
- (2) Vice President of the Medical Staff.

#### 3.B. ELIGIBILITY CRITERIA

Only those Members of the Medical Staff who satisfy the following criteria initially and continuously will be eligible to serve as an officer of the Medical Staff (unless an exception is recommended by the Medical Staff Executive Committee and approved by the Board). They must:

- (1) currently be a member of the Active Staff and have served on the Active Staff for at least one year;
- (2) have no pending adverse recommendations concerning appointment or clinical privileges;
- (3) not presently be serving as a Medical staff officer, Board member, or department chair at any other hospital other than one within the HSHS system and will not so serve during their terms of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have experience in a leadership position or other involvement in performance improvement functions for at least one year;
- (6) participate in Medical Staff Leadership training as determined by the Medical Staff Executive Committee;
- (7) have demonstrated an ability to work well with others; and
- (8) not have any financial relationship (i.e., an ownership or investment interest in or compensation arrangement) with an entity that competes with the Hospital or any Affiliate. This does not apply to services provided within a practitioner's office and billed under the same provider number used by the practitioner.

Under exceptional circumstances, the Medical Staff Executive Committee may grant a waiver of one or more of the above eligibility criteria. In making a determination of whether to grant a waiver, the Medical Staff Executive Committee may consider the specific qualifications of the individual in question, input from Medical Staff leadership, the willingness of other practitioners to serve in the leadership position, and the best interests of the Hospital and the Medical Staff. No individual is entitled to a waiver or a hearing if the Medical Staff Executive Committee determines not to grant a waiver. No physician shall simultaneously hold two officer positions.

### 3.C. DUTIES

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

The President of the Medical Staff will:

- (a) act in coordination and cooperation with the Chief Executive Officer, Chief Medical Officer, and the Board in matters of mutual concern involving the care of patients in the Hospital;
- (b) represent and communicate the views, policies and needs, and report on the activities, of the Medical Staff to Chief Executive Officer and the Board;
- (c) call, preside at, and be responsible for the agenda of meetings of the Medical Staff and the Medical Staff Executive Committee;
- (d) promote adherence to the Bylaws, policies, rules and regulations of the Medical Staff and to the policies and procedures of the Hospital; and
- (e) perform functions authorized in these Bylaws and other applicable policies, including collegial intervention in the Credentials Policy.

#### 3.C.2. Vice President:

The Vice President will:

- (a) assume the duties of the President of the Medical Staff and act with full authority as President of the Medical Staff in his/her absence; and
- (b) perform other duties as are assigned by the President of the Medical Staff or the Medical Staff Executive Committee.

### 3.D. ELECTION PROCESS

#### 3.D.1. Election:

- (a) Only Active Medical Staff Members are eligible to vote.
- (b) Elections for officers will take place as scheduled by the Medical Staff Executive Committee.
- (c) The candidates receiving a majority of the votes cast will be elected, subject to Board confirmation.

### 3.E. TERM OF OFFICE, VACANCIES AND REMOVAL

#### 3.E.1. Term of Office:

- (a) Officers will assume office on the first day of the Medical Staff year.
- (b) Officers will serve an initial two-year term and may be reelected for additional successive terms.

#### 3.E.2. Vacancies:

- (a) If there is a vacancy in the office of President of the Medical Staff, the Vice President will serve until the end of the unexpired term of the President of the Medical Staff.
- (b) If there is a vacancy in the office of Vice President, the Medical Staff Executive Committee will appoint an individual, who satisfies the qualifications set forth in Section 3.B of these Bylaws, to the office until a special election can be held. The appointment will be effective upon approval by the Board.

#### 3.E.3. Removal:

- (a) Removal of an elected officer of the Medical Staff Executive Committee may be effectuated by a 66% vote of the voting members of the Medical Staff returning their ballots, or a 75% vote of the voting members of the Medical Staff Executive Committee, or by the Board for:
  - (1) failure to comply with applicable policies, Bylaws, or the Rules and Regulations;
  - (2) failure to perform the duties of the position held;
  - (3) conduct detrimental to the interests of the Medical Staff or the Hospital;



- (4) an infirmity that renders the individual incapable of fulfilling the duties of that office; or
  - (5) failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws.
- (b) Prior to scheduling a meeting to consider removal, a representative from the Medical Staff, Medical Staff Executive Committee or the Board will meet with and inform the individual of the reasons for the proposed removal proceedings.
  - (c) The individual will be given at least ten days' special notice of the date of the meeting at which removal is to be considered. The individual will be afforded an opportunity to address the Medical Staff Executive Committee, the Active Staff, or the Board, as applicable, prior to a vote on removal.
  - (d) Removal will be effective when approved by the Board.

## ARTICLE 4

### MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

#### 4.A. GENERAL

##### 4.A.1. Appointment:

- (a) This Article and the Medical Staff Organization Manual outline the committees of the Medical Staff that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.
- (b) Except as otherwise provided by these Bylaws or the Medical Staff Organization Manual, the President of the Medical Staff will appoint the members and the chair of each Medical Staff committee, in consultation with the Chief Executive Officer. Committee chairs must satisfy the criteria in Section 3.B of these Bylaws. The President of the Medical Staff will also recommend Medical Staff representatives to Hospital committees.
- (c) The Chief Executive Officer will make appointments of administrative staff to Medical Staff committees. Administrative staff will serve on Medical Staff committees without the right to vote.
- (d) Chairs and members of standing committees will be appointed for an initial term of one year, but may be reappointed for additional terms.
- (e) Chairs and members of standing committees may be removed and vacancies filled at the discretion of the person who initially appointed them.
- (f) The President of the Medical Staff will be an *ex officio* member, with vote, on all Medical Staff committees.
- (g) The Chief Executive Officer will be *ex officio* members, without vote, on all Medical Staff committees.

##### 4.A.2. Meetings, Reports and Recommendations:

Except as otherwise provided, committees will meet, as necessary, to accomplish their functions, and will maintain a permanent record of their findings, proceedings, and actions. Committees will make timely written reports to the Medical Staff Executive Committee.

## 4.B. MEDICAL STAFF EXECUTIVE COMMITTEE

### 4.B.1. Composition:

- (a) The Medical Staff Executive Committee will include the President and Vice President.
- (b) The President of the Medical Staff will serve as Chair of the Medical Staff Executive Committee, with vote.
- (c) The Chair of the Board and the Chief Executive Officer may attend meetings of the Medical Staff Executive Committee, *ex officio*, without vote.
- (d) Other individuals may be invited to Medical Staff Executive Committee meetings as guests, without vote.

### 4.B.2. Duties:

The Medical Staff Executive Committee is delegated the primary authority over activities related to the Medical Staff and to performance improvement activities. This authority may be removed or modified by amending these Bylaws and related policies. The Medical Staff Executive Committee is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between Medical Staff Executive Committee meetings);
- (b) recommending directly to the Board on at least the following:
  - (1) the Medical Staff's structure;
  - (2) the mechanism used to review credentials and to delineate individual clinical privileges;
  - (3) applicants for Medical Staff appointment and reappointment;
  - (4) delineation of clinical privileges for each eligible individual;
  - (5) participation of the Medical Staff in Hospital performance improvement activities and the quality of professional services being provided by the Medical Staff;
  - (6) the mechanism by which Medical Staff appointment may be terminated;
  - (7) hearing procedures; and

- (8) reports and recommendations from Medical Staff committees, departments, and other groups, as appropriate;
- (c) consulting with Management on quality-related aspects of contracts for patient care services;
- (d) providing oversight and guidance with respect to continuing medical education activities;
- (e) reviewing or delegating the review of quality indicators to facilitate uniformity regarding patient care services;
- (f) providing leadership in activities related to patient safety and health information management;
- (g) providing oversight in the process of analyzing and improving patient satisfaction;
- (h) providing and promoting effective liaison among the Medical Staff, Management, and the Board;
- (i) recommending services, if any, to be provided by telemedicine;
- (j) reviewing and approving all standing orders for consistency with nationally recognized and evidence-based guidelines; and
- (k) performing any other functions as are assigned to it by these Bylaws, the Credentials Policy, Organizational Manual, or other applicable policies.

#### 4.B.3. Meetings:

The Medical Staff Executive Committee will meet bi-monthly as needed, and more often if necessary, to fulfill its responsibilities and maintain a permanent record of its proceedings and actions.

#### 4.C. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in the measurement, assessment, and improvement of at least the following:
  - (a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;
  - (b) the Hospital's and individual practitioners' performance on accreditation agency and Centers for Medicare & Medicaid Services core measures;
  - (c) medical assessment and treatment of patients;

- (d) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;
- (e) the utilization of blood and blood components, including review of significant transfusion reactions;
- (f) operative and other invasive procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
- (g) appropriateness of clinical practice patterns;
- (h) significant departures from established patterns of clinical practice;
- (i) use of information about adverse privileging determinations regarding any practitioner;
- (j) the use of developed criteria for autopsies;
- (k) sentinel events, including root cause analyses and responses to unanticipated adverse events;
- (l) healthcare associated infections;
- (m) unnecessary procedures or treatment;
- (n) appropriate resource utilization;
- (o) education of patients and families;
- (p) coordination of care, treatment, and services with other practitioners and Hospital personnel;
- (q) accurate, timely, and legible completion of patients' medical records;
- (r) the required content and quality of history and physical examinations, as well as the time frames required for completion, which are set forth in Article 8 of these Bylaws;
- (s) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual's performance; and
- (t) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board.

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

#### 4.D. CREATION OF STANDING COMMITTEES AND SPECIAL TASK FORCES

- (1) In accordance with the amendment provisions in the Medical Staff Organization Manual, the Medical Staff Executive Committee may, by resolution and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. The Medical Staff Executive Committee may also dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions.
- (2) Any function required to be performed by these Bylaws which is not assigned to an individual, a standing committee, or a special task force will be performed by the Medical Staff Executive Committee.
- (3) Special task forces will be created and their members and chairs will be appointed by the President of the Medical Staff and the Medical Staff Executive Committee. Such task forces will confine their activities to the purpose for which they were appointed and will report to the Medical Staff Executive Committee.

## ARTICLE 5

### MEETINGS

#### 5.A. GENERAL

##### 5.A.1. Meetings:

- (a) The Medical Staff year is January 1 – December 31.
- (b) Except as provided in these Bylaws or the Medical Staff Organization Manual, each Medical Staff committee will meet as often as needed to perform their designated functions.

##### 5.A.2. Regular Meetings:

- (a) The President of the Medical Staff and the chair of each committee will schedule regular meetings for the year.
- (b) The Medical Staff will hold bi-monthly meetings. The annual meeting of the Medical Staff will be the last meeting before the end of the year.

##### 5.A.3. Special Meetings:

- (a) A special meeting of the Medical Staff may be called by the President of the Medical Staff, a majority of the Medical Staff Executive Committee, or by a petition signed by at least 25% of the voting members of the Medical Staff.
- (b) A special meeting of any committee may be called by the President of the Medical Staff, the relevant committee chair or by a petition signed by at least 25% of the voting members of the committee, but in no event fewer than two members.
- (c) No business will be transacted at any special meeting except that stated in the meeting notice.

#### 5.B. PROVISIONS COMMON TO ALL MEETINGS

##### 5.B.1. Prerogatives of the Presiding Officer:

- (a) The Presiding Officer of each meeting is responsible for setting the agenda for any regular or special meeting of the Medical Staff or committee.
- (b) The Presiding Officer has the discretion to conduct any meeting by telephone conference or videoconference.

- (c) The Presiding Officer shall have the authority to rule definitively on all matters of procedure. While Robert's Rules of Order may be used for reference, in the discretion of the Presiding Officer, it shall not be binding. Rather, specific provisions of these Bylaws and Medical Staff or committee custom shall prevail at all meetings and elections.

5.B.2. Notice:

- (a) Medical Staff Members will be provided with notice of regular meetings of the Medical Staff and regular meetings of committees. Notice will be provided via regular U.S. mail, e-mail, Hospital mail or by posting in a designated location at least 14 days in advance of the meeting.
- (b) When a special meeting of the Medical Staff or committee is called, the notice period will be 48 hours. Posting may not be the sole mechanism for providing notice.
- (c) Notices will state the date, time, and place of the meetings.
- (d) The attendance of any individual at any meeting will constitute a waiver of that individual's notice of the meeting.

5.B.3. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff or committee, those voting members present (but not fewer than two members) will constitute a quorum.
- (b) Once a quorum is established, the business of the meeting may continue and actions taken will be binding.
- (c) Recommendations and actions taken by the Medical Staff and committees will be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority of the voting members.
- (d) As an alternative to a formal meeting, the voting members of the Medical Staff or committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, or telephone, and their votes returned to the Presiding Officer by the method designated in the notice. Except for amendments to these Bylaws and actions by the Medical Staff Executive Committee and the Credentials Committee (as noted in (a)), a quorum for purposes of these votes will be the number of responses returned to the Presiding Officer by the date indicated. The question raised will be determined in the affirmative and will be binding if a majority of the responses returned has so indicated.
- (e) Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote.



- (f) There shall be no proxy voting.

#### 5.B.4. Minutes:

- (a) Minutes of Medical Staff and committee meetings will be prepared and signed by the Presiding Officer.
- (b) Minutes will include a record of the attendance of members and the recommendations made.
- (c) Minutes of meetings of the Medical Staff and committees will be forwarded to the Medical Staff Executive Committee and a copy will be provided to the Chief Executive Officer.
- (d) The Board will be kept apprised of and act on the recommendations of the Medical Staff.
- (e) A permanent file of the minutes of meetings will be maintained by the Hospital.

#### 5.B.5. Confidentiality:

- (a) Medical Staff business conducted by committees is considered confidential and proprietary and should be treated as such.
- (b) Members of the Medical Staff who have access to, or are the subject of, credentialing or peer review information must agree to maintain the confidentiality of the information.
- (c) Credentialing and peer review documents, and information contained in these documents, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Hospital policy.
- (d) A breach of confidentiality may result in the imposition of disciplinary action.

### 5.C. ATTENDANCE

#### 5.C.1. Regular and Special Meetings:

- (a) Members of the Medical Staff are encouraged to attend Medical Staff and applicable committee meetings.

- (b) Members of the Medical Staff Executive Committee and the Credentials Committee are required to attend at least 50% of the regular meetings. Failure to attend the required number of meetings may result in replacement of the member.

## ARTICLE 6

### BASIC STEPS

The details associated with the following Basic Steps are contained in the Credentials Policy in a more expansive form.

#### 6.A. QUALIFICATIONS FOR APPOINTMENT AND REAPPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or the Advanced Practice Professional Staff, or for the grant of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct, licensure, and ability to safely and competently perform the clinical privileges and scope of practice requested as set forth in the Credentials Policy.

#### 6.B. PROCESS FOR CREDENTIALING AND PRIVILEGING

- (1) Complete applications for appointment and privileges will be transmitted to the applicable Medical Staff Office, which will review the individual's education, training, and experience and prepare a written report stating whether the individual meets all qualifications. This report will be forwarded to the Credentials Committee.
- (2) The Credentials Committee will review the report, the application, and supporting materials and make a recommendation. The recommendation of the Credentials Committee will be forwarded to the Medical Staff Executive Committee for review and recommendation.
- (3) The Medical Staff Executive Committee may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the Medical Staff Executive Committee is to grant appointment or reappointment and privileges, it will be forwarded to the Board for final action. If the recommendation of the Medical Staff Executive Committee is unfavorable, the individual will be notified by the Chief Executive Officer of the right to request a hearing.

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

- (1) Appointment and clinical privileges may be automatically relinquished if an individual:
  - (a) fails to do any of the following:

- (i) timely complete medical records;
  - (ii) satisfy threshold eligibility criteria;
  - (iii) complete and comply with educational or training requirements;
  - (iv) provide requested information;
  - (v) attend a required meeting to discuss issues or concerns; or
  - (vi) comply with a requested fitness or practice evaluation;
- (b) is arrested, charged, indicted, convicted, or pleads guilty or no contest pertaining to any felony, or to any misdemeanor including, but not limited to, (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; (iv) violence; (v) sexual misconduct; (vi) moral turpitude; or (vii) child or elder abuse;
  - (c) makes a misstatement or omission on an application form;
  - (d) in the case of an Advanced Practice Professional, fails, for any reason, to maintain an appropriate supervision/collaborative relationship with a Supervising/Collaborating Physician as defined in the Credentials Policy; or
  - (e) remains absent on leave for longer than one year, unless an extension is granted by the Chief Executive Officer, in consultation with the President of the Medical Staff.
- (2) Automatic relinquishment will take effect immediately and will continue until the matter is resolved, if applicable.
  - (3) Any individual who is the subject of an automatic relinquishment of appointment and/or clinical privileges may request a hearing with the Medical Staff Executive Committee within three days of the notice of the automatic relinquishment.

#### 6.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

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

- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the Chief Executive Officer or the Medical Staff Executive Committee.
- (3) The individual will be provided a brief written description of the reason(s) for the precautionary suspension or restriction, including the names and medical record numbers of the patient(s) involved, if any, and may request a hearing with the Medical Staff Executive Committee within three days of the imposition of the precautionary suspension or restriction. The hearing shall be held within 15 days of the imposition of the suspension or restriction (unless the individual and the Medical Staff Executive Committee agree upon a different time frame/schedule).

#### 6.E. INDICATIONS AND PROCESS FOR PROFESSIONAL REVIEW ACTIONS

Following an investigation, the Medical Staff Executive Committee may recommend suspension or revocation of appointment or clinical privileges, based on concerns about (a) clinical competence or practice; (b) the safety or proper care being provided to patients; (c) violation of ethical standards or the Bylaws, policies, rules and regulations of the Hospital or the Medical Staff; or (d) conduct that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staff.

#### 6.F. HEARING AND APPEAL PROCESS

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three members or there will be a Hearing Officer.
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness; (d) to have representation by counsel who may be present but may not call, examine, and cross-examine witnesses or present the case; (e) to submit a written statement at the close of the hearing; and (f) to submit proposed findings, conclusions and recommendations to the Hearing Panel (or Hearing Officer).
- (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.

- (7) The Hearing Panel (or Hearing Officer) may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.
- (8) The affected individual and the Medical Staff Executive Committee may request an appeal of the recommendations of the Hearing Panel (or Hearing Officer) to the Board.

## ARTICLE 7

### AMENDMENTS

#### 7.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by a petition signed by 25% percent of the voting Members of the Medical Staff, by the Bylaws Committee, or by the Medical Staff Executive Committee.
- (2) Proposed amendments must be reviewed by the Medical Staff Executive Committee prior to a vote by the Medical Staff. The Medical Staff Executive Committee will provide notice of proposed amendments, including amendments proposed by the voting members of the Medical Staff as set forth above, to the voting staff. The Medical Staff Executive Committee may also report on any proposed amendments, either favorably or unfavorably, at the next regular meeting of the Medical Staff or at a special meeting called for such purpose.
- (3) The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting staff at the meeting.
- (4) In the alternative, the Medical Staff Executive Committee may present any proposed amendments to the voting staff by written or electronic ballot, returned to the Hospital by the date indicated by the Medical Staff Executive Committee. Along with the proposed amendments, the Medical Staff Executive Committee may, in its discretion, provide a written report on them, either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes cast.
- (5) The Medical Staff Executive Committee will have the power to adopt such amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression.
- (6) Amendments will be effective only after approval by the Board.
- (7) If the Board has determined not to accept a recommendation submitted to it by the Medical Staff Executive Committee or the Medical Staff, the Medical Staff Executive Committee may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference will be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the Chief Executive Officer within two weeks after receipt of a request.

- (8) Neither the Medical Staff Executive Committee, the Medical Staff, nor the Board can unilaterally amend these Bylaws.

#### 7.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there will be policies, procedures, and rules and regulations that are applicable to Members and other individuals who have been granted clinical privileges.
- (2) An amendment to the Credentials Policy, the Medical Staff Organization Manual, or the Medical Staff Rules and Regulations may be made by a majority vote of the Members of the Medical Staff Executive Committee present and voting at any meeting of that committee where a quorum exists. Notice of any proposed amendments to these documents will be provided to each voting member of the Medical Staff at least 14 days prior to the vote by the Medical Staff Executive Committee. Any voting member may submit written comments on the amendments to the Medical Staff Executive Committee.
- (3) Amendments to the Credentials Policy, or any other Medical Staff policy, the Medical Staff Organization Manual, or the Medical Staff Rules and Regulations may also be proposed by a petition signed by at least 25% of the voting members of the Medical Staff. Notice of any such proposed amendment to these documents will be provided to the Medical Staff Executive Committee at least 30 days prior to being voted on by the Medical Staff. Any such proposed amendments will be reviewed by the Medical Staff Executive Committee, which may comment on the amendment before it is forwarded to the Medical Staff for vote.
- (4) Other policies of the Medical Staff may be adopted and amended by a majority vote of the Medical Staff Executive Committee. No prior notice is required.
- (5) The Medical Staff Executive Committee and the Board will have the power to provisionally adopt urgent amendments to the rules and regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of provisionally adopted amendments will be provided to each Member of the Medical Staff as soon as possible. The Medical Staff will have 30 days to review and provide comments on the provisional amendments to the Medical Staff Executive Committee. If there is no conflict between the Medical Staff and the Medical Staff Executive Committee, the provisional amendments will stand. If there is conflict over the provisional amendments, the process for resolving conflicts set forth below will be implemented.
- (6) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.



- (7) Amendments to Medical Staff policies are to be distributed or otherwise made available to Medical Staff Members and those otherwise holding clinical privileges, in a timely and effective manner.

#### 7.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the Medical Staff Executive Committee, supported by a petition signed by 25% of the voting staff, with regard to:
  - (a) a new Medical Staff Rule and Regulation proposed by the Medical Staff Executive Committee or an amendment to an existing Rule and Regulation;  
or
  - (b) a new Medical Staff policy proposed by the Medical Staff Executive Committee or an amendment to an existing policy,

a special meeting of the Medical Staff to discuss the conflict will be called. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the Rules and Regulations or policy at issue.

- (2) If the differences cannot be resolved at the meeting, the Medical Staff Executive Committee will forward its recommendations, along with the proposed recommendations pertaining to the Medical Staff Rules and Regulations or policies offered by the voting Members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual Members of the Medical Staff.
- (4) Nothing in this section is intended to prevent individual Medical Staff Members from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Rules and Regulations or other Medical Staff policies directly to the Board. Communication from Medical Staff Members to the Board will be directed through the Chief Executive Officer, who will forward the request for communication to the Board Chairperson. The Chief Executive Officer will also provide notification to the Medical Staff Executive Committee by informing the President of the Medical Staff of such exchanges. The Board Chair will determine the manner and method of the Board's response to the Medical Staff Member(s).

## ARTICLE 8

### HISTORY AND PHYSICAL

#### (a) General Documentation Requirements

- (1) A complete medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services) by an individual who has been granted privileges by the Hospital to perform histories and physicals.
- (2) The scope of the medical history and physical examination will include, as pertinent:
  - (a) patient identification;
  - (b) chief complaint;
  - (c) history of present illness;
  - (d) review of systems, to include at a minimum:
    - cardiovascular;
    - respiratory;
    - gastrointestinal;
    - neuromusculoskeletal; and
    - skin;
  - (e) personal medical history, including medications and allergies;
  - (f) family medical history;
  - (g) social history, including any abuse or neglect;
  - (h) physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses;
  - (i) data reviewed;
  - (j) assessments, including problem list;
  - (k) plan of treatment; and

- (1) if applicable, signs of abuse, neglect, addiction or emotional/behavioral disorder, which will be specifically documented in the physical examination, and any need for restraint or seclusion will be documented in the plan of treatment.

In the case of a pediatric patient, the history and physical examination report must also include: (i) developmental age; (ii) length or height; (iii) weight; (iv) head circumference (if appropriate); and (v) immunization status.

(b) H&Ps Performed Prior to Admission

- (1) Any history and physical performed more than 30 days prior to an admission or registration is invalid and may not be entered into the medical record.
- (2) If a medical history and physical examination has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record. However, in these circumstances, the patient must also be evaluated within 24 hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first, and an update recorded in the medical record.
- (3) The update of the history and physical examination will be based upon an examination of the patient and must (i) reflect any changes in the patient's condition since the date of the original history and physical that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition.
- (4) In the case of readmission of a patient, previous records will be made available by the Hospital for review and use by the attending physician.

(c) Cancellations, Delays, and Emergency Situations

- (1) When the history and physical examination is not recorded in the medical record before a surgical or other invasive procedure (including, but not limited to, procedures performed in the operating suites, endoscopy, colonoscopy, bronchoscopy, cardiac catheterizations, radiological procedures with sedation, and procedures performed in the Emergency Room), the operation or procedure will be canceled or delayed until an appropriate history and physical examination is recorded in the medical record, unless the attending physician states in writing that an emergency situation exists.
- (2) In an emergency situation, when there is no time to record either a complete or a Short Stay history and physical, the attending physician will record an admission or progress note immediately prior to the procedure. The admission or progress note will document, at a minimum, an assessment of the patient's heart rate, respiratory rate, and blood pressure. Immediately following the emergency

procedure, the attending physician is then required to complete and document a complete history and physical examination.

(d) Short Stay Documentation Requirements

A Short Stay History and Physical Form, approved by the Medical Staff Executive Committee, may be utilized for (i) ambulatory or same day procedures, or (ii) short stay observations which do not meet inpatient criteria. These forms will document the chief complaint or reason for the procedure, the relevant history of the present illness or injury, and the patient's current clinical condition/physical findings.

ARTICLE 9

ADOPTION

These Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any previous Medical Staff Bylaws, Rules and Regulations, policies, manuals or Hospital policies pertaining to the subject matter contained herein.

Adopted by the Medical Staff on:

Date: May 4, 2021

S/ Suzanne Clarke, MD  
President of the Medical Staff

Approved by the Board:

Date: May 17, 2021

S/ Josh Shallenberger  
Chair, Board of Directors