# MEDICAL STAFF BYLAWS

# St. Joseph's Hospital
# Highland, Illinois
# an Affiliate of
# Hospital Sisters Health System

***Horty, Springer & Mattern, P.C.***

**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 Administration, by a Medical Staff leader, 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 or Allied Health 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 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) Signatory to the Medical Staff account will be Secretary-Treasurer and Vice President or President.

## 1.E. INDEMNIFICATION

The Hospital will provide a legal defense for, and will indemnify, Medical Staff officers, 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 Allied Health Staff set forth in the Credentials Policy are eligible to apply for appointment to one of the categories listed below. Categories, with the respective prerogatives and responsibilities, are summarized in the chart attached as Appendix A to these Bylaws.

## 2.A. ACTIVE STAFF

### 2.A.1. Qualifications:

The Active Staff will consist of physicians, dentists and podiatrists who:

(a) are involved in at least 24 patient contacts at the Hospital during the two-year appointment term; and/or

(b) have completed the one-year mandatory period on the Associate Staff.

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 transfer to another staff category that best reflects his/her relationship to the Medical Staff and the Hospital.

### 2.A.2. Prerogatives:

Active Staff members:

(a) may admit patients without limitation, in accordance with the Member's admitting privileges, if any;

(b) may vote in general and special meetings of the Medical Staff and applicable committee meetings;

(c) may hold office, serve on Medical Staff committees, and serve as committee chair; and

(d) may exercise such clinical privileges as are granted to them.

2.A.3. Responsibilities:

(a) Active Staff members must assume all the responsibilities of Active Staff membership, including:

(1) serving on committees, as requested;*

(2) providing specialty coverage for the Emergency Department and accepting referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department;

(3) participating in the professional practice evaluation and performance improvement processes (including constructive participation in the development of clinical practice protocols and guidelines pertinent to their medical specialties);

(4) accepting inpatient consultations, when requested;

(5) providing care for unassigned patients;

(6) paying application fees, dues, and assessments; and

(7) performing assigned duties.

(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 committee chair, and a recommendation made to 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.

* Those members who have maintained Active Staff status for 30 consecutive years will not be required to serve on committees.

## 2.B. ACTIVE/NON-ADMITTING STAFF

### 2.B.1. Qualifications:

The Active/Non-Admitting 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.B.2. Prerogatives and Responsibilities:

(a) Active/Non-Admitting Staff Members:

(1) may not admit patients;

(2) may attend meetings of the Medical Staff and applicable department (with vote);

(3) may hold office or serve as department chair;

(4) may be invited to serve on committees (with vote), including serving as committee chair;

(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 or outpatient 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.C. ASSOCIATE STAFF

### 2.C.1. Qualifications:

The Associate Staff will consist of members who are in their initial term of appointment to the Medical Staff.

### 2.C.2. Prerogatives:

Associate Staff members:

(a) may admit patients;

(b) may vote in applicable committee meetings;

(c) may serve on Medical Staff committees;

(d) will not vote in general or special Medical Staff meetings;

(e) will not hold office or serve as committee chairs; and

(f) may exercise such clinical privileges as are granted to them.

### 2.C.3. Responsibilities:

Associate Staff members must assume all the responsibilities of the Associate Staff membership, including:

(a) serving on committees, as requested;

(b) providing specialty coverage for the Emergency Department and accepting referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department;

(c) providing care for unassigned patients;

(d) participating in the professional practice evaluation and performance improvement processes;

(e) accepting inpatient consultations, when requested;

(f) paying application fees, dues, and assessments; and

(g) performing assigned duties.

2.C.4. Advancement to the Active Staff:

Associate Staff members who have been appointed to the Medical Staff for at least six months may request advancement to the Active Staff, but advancement will not be effective until the member has completed one year on the Associate Staff and the request for advancement has been approved by the Medical Staff Executive Committee. Request for advancement to the Active Staff will be made to the Credentials Committee, which will make a recommendation to the Medical Staff Executive Committee regarding the request.

## 2.D. COURTESY STAFF

### 2.D.1. Qualifications:

The Courtesy Staff will consist of physicians, dentists and podiatrists 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;

(c) at each reappointment time, provide quality data and other information as may be requested 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 24 or more patient contacts during his/her two-year appointment term will be transferred to Active Staff status.

2.D.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 committee chairs, unless waived by the Board;

(d) may serve on staff committees (with vote);

(e) may exercise such clinical privileges as are granted to them;

(f) are generally excused from providing specialty coverage for the Emergency Department for unassigned patients, but may be required to provide coverage if the Medical Staff Executive Committee finds that there are insufficient Active and Associate 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.E. CONSULTING STAFF

2.E.1. Qualifications:

The Consulting Staff will consist of members 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 as may be requested to assist in an appropriate assessment of current clinical competence as set forth in the Credentials Policy.

2.E.2. Prerogatives and Responsibilities:

Consulting Staff members:

(a) are not eligible to admit patients to the Hospital;

(b) may evaluate and treat patients in conjunction with other members of the Medical Staff;

(c) may attend meetings of the Medical Staff and applicable committee meetings (without vote);

(d) may not hold office or serve as committee chairs, unless waived by the Medical Staff Executive Committee and the Board;

(e) may exercise such clinical privileges as are granted to them;

(f) may be excused from providing specialty coverage for the Emergency Department for unassigned patients;

(g) must cooperate in the professional practice evaluation and performance improvement processes; and

(h) must pay application fees, dues, and assessments.

2.F. HONORARY STAFF

2.F.1. Qualifications:

(a) The Honorary Staff shall consist of members of the Medical Staff who have retired from the practice of medicine in this Hospital and whom the Medical Staff wishes to honor in recognition of long-standing service or other noteworthy contributions to the Hospital.

(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 or request to renew clinical privileges.

(c) The grant of appointment to the Honorary Staff is a courtesy only. Individuals may be removed from the Honorary Staff in the discretion of the Medical Staff Executive Committee with no right to a hearing or appeal.

2.F.2. Prerogatives and Responsibilities:

Honorary Staff members:

(a) may not consult, admit, or attend to patients;

(b) may attend Medical Staff meetings (without vote);

(c) may not hold office or serve on committees or as committee chairs;

(d) may attend educational programs of the Medical Staff and the Hospital; and

(e) are not required to pay application fees, dues, or assessments.

## 2.G. ALLIED HEALTH STAFF

2.G.1. Qualifications:

The Allied Health Staff consists of allied health professionals who are granted clinical privileges and are appointed to the Allied Health Staff. The Allied Health Staff is not a category of the Medical Staff, but is included in this Article for convenient reference.

2.G.2. Prerogatives and Responsibilities:

Allied Health Staff members:

(a) may attend and participate in Medical Staff and committee meetings (without vote);

(b) may not hold office or serve as committee chairs;

(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 to them; 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;

(2) Vice President of the Medical Staff;

(3) Secretary-Treasurer; and

(4) Immediate Past President.

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 be serving as a Medical Staff officer, or Board member 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. The President of the Medical Staff may not simultaneously hold a clinical department chair position. 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 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 the 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 these Bylaws, policies, rules and regulations of the Medical Staff, and to the policies and procedures of the Hospital;

(e) perform functions authorized in these Bylaws and other applicable policies, including collegial intervention in the Credentials Policy; and

(f) be accountable to the Board, in conjunction with the Medical Staff Executive Committee, for the quality and efficiency of clinical care and performance, and for the effectiveness of quality review and performance improvement activities.

### 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.C.3. Secretary-Treasurer:

The Secretary-Treasurer will:

(a) cause to be kept accurate and complete minutes of meetings of the Medical Staff Executive Committee and Medical Staff;

(b) oversee the collection of and accounting for any Medical Staff funds and make disbursements authorized by the Medical Staff Executive Committee; and

(c) perform other duties as are assigned by the President of the Medical Staff or the Medical Staff Executive Committee.

3.C.4. Immediate Past President:

The Immediate Past President will:

(a) serve as an advisor to other Medical Staff leaders; and

(b) perform other duties as are assigned by the President of the Medical Staff or the Medical Staff Executive Committee.

3.D. NOMINATION AND ELECTION PROCESS

3.D.1. Nominating Committee:

The Credentials Committee will serve as the Nominating Committee. The President of the Medical Staff will be an *ex officio* member, without vote, on the Nominating Committee.

3.D.2. Nominating Process:

(a) Not less than 30 days prior to the annual meeting of the Medical Staff in each even numbered year, the Nominating Committee will prepare a slate of qualified nominees for each Medical Staff office and submit the slate to the Medical Staff Secretary, who will report the nominees to the voting members of the Medical Staff. Notice of the nominees will be provided to the Medical Staff at least 15 days prior to the election.

(b) Additional nominations may be submitted, in writing, by a petition signed by at least 10% of the voting members of the Medical Staff. The petition must be presented to the Chair of the Nominating Committee at least ten days prior to the annual meeting in each even numbered years.

(c) In order for a nominee to be placed on the ballot, the candidate must be willing to serve and must, in the judgment of the Nominating Committee, satisfy the qualifications in Section 3.B of these Bylaws.

(d) Nominations from the floor will not be accepted.

3.D.3. Election:

(a) Except as provided below, the election will take place at a meeting of the Medical Staff. If there are two or more candidates for any office or position, the vote will be by written ballot.

(b) If any voting member of the Medical Staff is unable to attend the meeting, the member may vote by absentee ballot. The absentee ballots must be returned as directed on the ballot to the chair of the Nominating Committee by noon on the date of the annual meeting. The absentee ballots will be counted prior to the meeting and will be included in the vote at the meeting.

(c) In the alternative, the Medical Staff Executive Committee may determine that the election will be held by written ballot returned as directed on the ballot. Ballots may be returned in person or by mail, facsimile, or e-mail. All ballots must be received by the day of the election.

(d) The candidates receiving a majority of the votes cast will be elected, subject to Board confirmation.

(e) If no candidate receives a majority vote on the first ballot, a run-off election will be held promptly between the two candidates receiving the highest number of votes.

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, following their election.

(b) Officers will serve a two-year term.

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 or Secretary-Treasurer, the Medical Staff Executive Committee will appoint an individual, who satisfies the qualifications set forth in Section 3.B of these Bylaws, to serve until the end of the unexpired term. 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 two-thirds vote of the voting members of the Medical Staff returning their ballots, or a three-fourths 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.

3.E.4. Resignation:

Any Medical Staff officer may resign at any time by giving written notice to the Medical Staff Executive Committee. Such resignation, which may or may not be made contingent on formal acceptance, will take effect on the date of receipt of the written notice or at a later time specified in it.

# ARTICLE 4

# CLINICAL DEPARTMENTS

## 4.A. ORGANIZATION

### 4.A.1. Organization of Departments:

The Medical Staff may be organized by the clinical departments and service lines as listed in the Medical Staff Organization Manual.

### 4.A.2. Assignment to Departments:

(a) Upon initial appointment to the Medical Staff, each Member will be assigned to a clinical department. Assignment to a particular department does not preclude an individual from seeking and being granted clinical privileges typically associated with another department.

(b) An individual may request a change in department assignment to reflect a change in the individual's clinical practice.

### 4.A.3. Functions of Departments:

The departments are organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the department; (ii) to monitor the practice of individuals with clinical privileges in a given department; and (iii) to provide appropriate specialty coverage in the Emergency Department, consistent with the provisions in these Bylaws and related documents.

## 4.B. DEPARTMENT CHAIRS AND VICE CHAIRS

### 4.B.1. Qualifications:

Each chair (and vice chair) will:

(a) be an Active Staff Member;

(b) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and

(c) satisfy the eligibility criteria in Section 3.B.

4.B.2. Selection and Term of Chairs:

(a) Except as otherwise provided by contract, when there is a vacancy in a chairperson position, or a new department is created, the Medical Staff Executive Committee will recommend the name(s) of individual(s) eligible to serve as chairperson. The recommendation of the Medical Staff Executive Committee will be presented to the department for vote. The election of a chairperson by the department will be forwarded to the Board for final action.

(b) Elected chairs will serve a term of one year and be elected for up to two additional one-year terms.

4.B.3. Removal of Chairs and Vice Chairs:

(a) Removal of a chair or vice chair may be effectuated by a 75% vote of the Medical Staff Executive Committee, the department, or by the Board for:

(1) failure to comply with the Bylaws or applicable policies, or 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 department, Medical Staff Executive Committee, or 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 department, the Medical Staff Executive Committee, or the Board, as applicable, prior to a vote on removal.

(d) Removal will be effective when approved by the Board.

4.B.4. Duties of Chairs:

Each chair assists and oversees the following functions, either individually or in collaboration with Hospital personnel:

(a) all clinically-related activities of the department;

(b) all administratively-related activities of the department, unless otherwise provided for by the Hospital;

(c) continuing surveillance of the professional performance of individuals in the department who have delineated clinical privileges, including performing ongoing and focused professional practice evaluations;

(d) recommending criteria for clinical privileges that are relevant to the care provided in the department;

(e) evaluating requests for clinical privileges for each Member of the department;

(f) assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the department or the Hospital;

(g) the integration of the department into the primary functions of the Hospital;

(h) the coordination and integration of inter-department and intra-department services;

(i) the development and implementation of policies and procedures that advance quality and that guide and support the provision of care, treatment, and services;

(j) recommendations for a sufficient number of qualified and competent individuals to provide care, treatment, and services;

(k) determination of the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;

(l) continuous assessment and improvement of the quality of care, treatment, and services provided;

(m) maintenance of quality monitoring programs, as appropriate;

(n) the orientation and continuing education of Members in the department;

(o) recommendations for space and other resources needed by the department; and

(p) performing functions authorized in the Credentials Policy, including collegial intervention efforts.

# MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

## 5.A. GENERAL

### 5.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. 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. Non-Medical Staff appointees to committees are subject to the approval of the Chief Executive Officer.

(d) Chairs and members of standing committees will be appointed for an initial term of two years, 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 an *ex officio* member, without vote, on all Medical Staff committees.

### 5.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.

## 5.B. MEDICAL STAFF EXECUTIVE COMMITTEE

### 5.B.1. Composition:

a) The Medical Staff Executive Committee will include:

(1) President, Vice President, and Secretary/Treasurer;

(2) the clinical department chairs;

(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.

### 5.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 departments, 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.

5.B.3. Meetings:

The Medical Staff Executive Committee will meet at least 10 times a year and more often if necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and actions.

5.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 Joint Commission 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 concerning 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 Appendix B 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 leaders 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.

## 5.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 upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. The Medical Staff Executive Committee may also dissolve, merge, or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions, or assign functions to Medical Staff members as part of their participation on an interdisciplinary Hospital committee.

(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 may 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 6

# MEETINGS

## 6.A. GENERAL

### 6.A.1. Meetings:

(a) The Medical Staff year is July 1 to June 30.

(b) Except as provided in these Bylaws or the Medical Staff Organization Manual, each committee will meet as often as needed to perform its designated functions.

### 6.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 annual meeting of the Medical Staff will be the last meeting before the end of the Medical Staff year.

### 6.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, the Chief Executive Officer, the Chair of the Board, 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.

## 6.B. PROVISIONS COMMON TO ALL MEETINGS

### 6.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 will 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 will not be binding. Rather, specific provisions of these Bylaws and Medical Staff or committee custom will prevail at all meetings and elections.

6.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 prior to the meeting. 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.

6.B.3. Quorum and Voting:

(a) The presence of 25% of the qualified voting members of the Medical Staff Executive Committee at any regular or special meeting constitutes a quorum for the transaction of any business under these Bylaws.

(b) 50% of the qualified voting members of the Medicine and Surgery Committee, but not less than two members, constitutes a quorum at committee meetings.

(c) Once a quorum is established, the business of the meeting may continue and action taken will be binding.

(d) 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 present and voting.

(e) As an alternative to a formal meeting, the voting members of the Medical Staff or committee may 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.

(f) Any individual who, by virtue of position, attends a meeting in more than one capacity will be entitled to only one vote.

(g) A voting member of any Medical Staff committee may elect a voter by proxy with written notice to the Medical Staff President no later than one week prior to the scheduled meeting date. A standing proxy voter may be approved by the Medical Executive Committee with a written request from the elected committee member and acknowledgement of responsibility from the proxy candidate. When voting by proxy, the proxied individual must meet voting eligibility requirements set forth in Article 2 of the Medical Staff Bylaws.

6.B.4. Minutes:

(a) Minutes of Medical Staff and committee meetings will be prepared by the secretary of the meeting, signed by the Presiding Officer, forwarded to the Medical Staff Executive Committee and made available to any member of the Medical Staff upon request.

(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.

6.B.5. Confidentiality:

(a) Medical Staff business conducted by committees and departments 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.

6.C. ATTENDANCE

6.C.1. Regular and Special Meetings:

(a) Members of the Medical Staff are encouraged to attend Medical Staff and applicable department and 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 7

## BASIC STEPS

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

7.A. QUALIFICATIONS FOR APPOINTMENT AND REAPPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or the Allied Health 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.

7.B. PROCESS FOR CREDENTIALING AND PRIVILEGING

(1) Complete applications for appointment and privileges will be transmitted to the Credentials Committee, which will review 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.

(2) 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.

7.C. DISASTER PRIVILEGES

When the disaster plan has been implemented, the Chief Executive Officer or the President of the Medical Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

## 7.D. 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 involving (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, misrepresentation or omission on an application form;

(d) in the case of an allied health 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.

(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.

## 7.E. 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 chair 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 will 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).

## 7.F. 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.

## 7.G. 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.

(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 8

## AMENDMENTS

### 8.A. MEDICAL STAFF BYLAWS

(1) Amendments to these Bylaws may be proposed by a petition signed by 25% 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, 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 of the Medical Staff 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 Medical Staff Office 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 by the voting members of the Medical Staff.

(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 will unilaterally amend these Bylaws.

## 8.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.

## 8.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 leaders 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 Chair. 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 9

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

(l) 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.

(e) Prenatal Records

The current obstetrical record will include a complete prenatal record. The prenatal record may be a legible copy of the admitting physician's office record transferred to the Hospital before admission. An interval admission note must be written that includes pertinent additions to the history and any subsequent changes in the physical findings.

ARTICLE 10

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: _____

_____
President of the Medical Staff

Approved by the Board:

Date: _____

_____
Chair, Board of Directors

APPENDIX A

*THIS CHART WILL BE COMPLETED ONCE THE PROPOSED STAFF CATEGORIES HAVE BEEN REVIEWED*

Medical Staff Categories Summary

| | | | | | |
|---|---|---|---|---|---|
| Basic Requirements | | | | | |
| Number of Hospital contacts/2-year | | | | | |
| Rights | | | | | |
| Admit | | | | | |
| Exercise clinical privileges Or | | | | | |
| May attend meetings | | | | | |
| Voting privileges | | | | | |
| Hold office | | | | | |
| Responsibilities | | | | | |
| Serve on committees | | | | | |
| Emergency call coverage | | | | | |
| Meeting requirements | | | | | |
| Dues | | | | | |
| Comply w/guidelines | | | | | |

Y = Yes
N = No
P = Partial (with respect to voting, only when appointed to a committee)