BYLAWS OF THE MEDICAL STAFF OF
NORTHWEST COMMUNITY HOSPITAL

FORWARD

NORTHWEST COMMUNITY HOSPITAL (the “hospital, located in Arlington Heights, Illinois, is a non-profit corporation organized under the laws of the State of Illinois.)

PREAMBLE

The bylaws are adopted in order to provide for the organization of the medical staff of Northwest Community Hospital and to provide a framework for self-governance in order to permit the medical staff to discharge its responsibilities in matters involving the quality of medical care, and to govern the orderly resolution of those purposes. These bylaws provide the professional and legal structure for medical staff operations, organized medical staff relations with the Board of Directors, and relations with applicants to and members of the medical staff.

For the purposes of these bylaws, pronouns which refer to a gender shall apply to both male and female.
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## Medical Staff Bylaws

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DEFINITIONS AND GENERAL PROVISIONS

Except as provided in these bylaws, the following definitions and general provisions shall apply in interpreting these bylaws:

1. **ADVERSE DECISION** – shall mean a decision reducing, restricting, suspending, revoking, denying, or not renewing medical staff membership or clinical privileges.

2. **BOARD** – the Board of Directors of the hospital.

3. **CHIEF** – the head of a clinical or service department

4. **CHIEF EXECUTIVE OFFICER** – for purposes of these bylaws only, means the individual appointed and elected by the Board to carry out its policies in the overall management of the hospital.

5. **CLINICAL PRIVILEGES** – permission granted through medical staff to provide patient care, including unrestricted access to those hospital resources (including equipment, facilities and hospital personnel) which are necessary to effectively exercise those privileges.


7. **ECONOMIC FACTOR** – shall mean any information or reasons for decisions unrelated to quality of care or professional competency.

8. **MEDICAL EXECUTIVE COMMITTEE** – the executive committee of the medical staff unless specific reference is made to the executive committee of the board.

9. **MEDICAL STAFF** – all physicians, dentists, Oral maxillofacial surgeons, podiatrists duly appointed to staff membership in accordance with these bylaws.

10. (Any) **NOTICE for MEETINGS of the Medical Staff** (general, special, departmental, sectional and committee) - required or provided for by these bylaws shall be in writing and may be sent 1) to e-mail addresses registered with the Medical Staff Services office; 2) delivered in person; 3) deposited in that person’s hospital mailbox, if any, or; 4) mailed to the person’s last known address. Notice is deemed to have been given upon sending of the e-mail, personal delivery, placement in the hospital mailbox or 96 hours after placement in the U.S. Mail.

   Notices (by e-mail or otherwise) regarding proposed amendments to the Medical Staff Bylaws or General Rules and Regulations may refer the member to more complete information posted on the Medical Staff website.

   (Any) **NOTICE, REPORT or REQUEST** - required or provided for by these bylaws to be given, made or delivered, to any person for communications with members where individual rights are involved, such as appointments, reappointments, clinical privileges, leaves of absence, investigations, hearings or appeals, shall be in writing and shall be deemed to have been given,
made, received, or delivered when (1) delivered in person, (2) deposited in that person’s hospital
mailbox, if any, or (3) a period of 96 hours has elapsed from the time it is placed in the United
States mail, postage prepaid, addressed to the person at (a) the hospital, if the notice, report or
request is to be given, made or delivered to the person in his official capacity, or (b) his last known
post office address in all other cases.

11. PHYSICIAN – a doctor of medicine or osteopathy duly licensed to practice all branches of
medicine and surgery in Illinois, a podiatrist licensed to practice podiatric medicine and podiatric
surgery in Illinois, dentist, and an oral and maxillofacial surgeon licensed to practice oral or
maxillofacial surgery in Illinois.

12. PRACTITIONER – a doctor of medicine or osteopathy duly licensed to practice all branches of
medicine and surgery in Illinois, a podiatrist licensed to practice podiatric medicine and podiatric
surgery in Illinois, dentist, and an oral and maxillofacial surgeon licensed to practice oral or
maxillofacial surgery in Illinois.

13. PRIVILEGE shall mean permission to provide medical or other patient care services and
permission to use hospital resources, including equipment, facilities and personnel that are
necessary to effectively provide medical or patient care services.

14. NEW APPLICANT for membership - A practitioner who has not previously had membership or
privileges on staff or whose privileges or membership have lapsed for more than two years.

15. CLINICAL PSYCHOLOGY – “Clinical psychology” means the independent evaluation,
classification and treatment of mental, emotional, behavioral or nervous disorders or conditions,
developmental disabilities, alcoholism and substance abuse, disorders of habit or conduct, the
psychological aspects of physical illness. The practice of clinical psychology includes
psychoeducational evaluation, therapy, remediation and consultation, the use of psychological and
neuropsychological testing, assessment, psychotherapy, psychoanalysis, hypnosis, biofeedback,
and behavioral modification when any of these are used for the purpose of preventing or
eliminating psychopathology, or for the amelioration of psychological disorders of individuals or
groups.

16. NCH—Northwest Community Hospital
ARTICLE I

NAME

The name of this organization shall be the NORTHWEST COMMUNITY HOSPITAL MEDICAL STAFF ("medical staff").

ARTICLE II

PURPOSES

The purposes of this organization are to:

1. Assure all patients admitted to or treated in any of the facilities, divisions, or services of the hospital with quality care.

2. Assure a high level of professional performance of all members of the medical staff through the appropriate delineation of privileges to practice in the hospital and continual review and evaluation of the activities of all individuals granted clinical privileges in the hospital.

3. Assure education and maintain high scientific and educational standards and an atmosphere to continuous progress of all members of the medical staff in professional knowledge and skill.

4. Initiate and maintain rules and regulations for medical staff self-governance, consistent with the Preamble to the Bylaws.

5. Review appropriate programs associated with the fulfillment of the purposes of the hospital and make recommendations to the Board.

6. Assure a means whereby issues concerning the medical staff and the hospital may be discussed by the medical staff and its members and by the medical staff with the Board and the chief executive officer, and a means for reporting to the Board on the activities of the medical staff and on the quality of the medical care.

7. Achieve cooperation between the various departments of the medical staff and personnel of the hospital.
ARTICLE III

MEMBERSHIP OF THE MEDICAL STAFF

Section 1. Membership:

Membership on the medical staff is a privilege which shall be extended only to those individuals who continue to meet the standards and requirements set forth in these bylaws. A member may be appointed to only one clinical or service department but may be granted privileges in more than one department. At the time of the effective date of the appointment an applicant need give demonstrable qualifications commensurate with his request for membership and/or privileges. Members of Medical Staff who were Board Certified as of November 1, 1998 must show evidence of current Board Certification even if they joined the Medical Staff prior to November 1, 1998. Any physician who has joined NCH Medical Staff or applied for privileges after November 1, 1998 must show evidence of current Board Certification at the time of reappointment. If a physician's recertification lapses and is not current at the time of reappointment, a grace period of one year or one examination interval (whichever is longer) will be allowed to fulfill the requirement of current Board Certification.

For a new applicant for membership or privileges, the practitioner must meet the following requirements based on his profession:

(a) A physician with MD or DO credentials must at the time of appointment be (i) board certified or (ii) have completed the educational requirements for board certification in his specialty and/or subspecialty in which clinical privileges are sought and become board certified prior to the sixth anniversary of completion of such educational requirements or shorter period as required by the department or section. Board certification is by the American Board of Medical Specialists, or the equivalent board certification by the Royal College of Physicians and Surgeons of Canada or the Canadian College of Family Physicians that has reciprocity with the American Board of Medical Specialties, or the American Osteopathic Association.

(b) A podiatrist must be a graduate of a College of Podiatric Medicine accredited by the Council on Podiatric Medical Education of the American Association of Colleges of Podiatric Medicine, have completed a two-year surgical residency program approved by the Council of Podiatric Medical Education and the American Podiatric Medical Association and be (i) board certified by the American Board of Podiatric Surgery, or (ii) have completed the educational requirements for board certification and become board certified prior to the sixth anniversary of completion of such educational requirements or shorter period as required by the section.

(c) A dentist must be a graduate of a Dental School accredited by the American Dental Association Council on Dental Education and have completed a dental school program that confers the degree D.D.S. or D.M.D.

As a condition of continued membership on or reappointment to the medical staff, each member of the medical staff signifies his continuing acceptance of items (2), (3), (4), (5), (6), (7) of Section 4(c) of ARTICLE V to the same extent as though he were an applicant for membership on the medical staff.
Each member of the staff or anyone holding privileges through medical staff shall within two business days notify the president of the medical staff of the revocation, suspension, or any change in the status of his professional license by any state, the revocation, suspension, or any change in the status of his professional liability insurance, conviction of any criminal offense (felony), or the revocation or suspension of his drug enforcement agency (DEA) registration license. Failure to notify will be grounds for the president of the medical staff automatically to suspend or terminate staff membership.

If member of the medical staff wishes to change his appointment to another department he will have to apply to the other department for appointment and privileges.

Section 2. Qualifications:

a) Professional

i) Whose offices are located close enough to the hospital to provide continuous care to their patients.

ii) Who demonstrate current state licensure in good standing and, for those prescribing controlled substances, a current DEA registration.

iii) Who maintain professional malpractice insurance in the amount of $1 Million, each person, $3 Million aggregate, or the equivalency of aggregate as documented by the insurance company and approved by the Medical Executive Committee and the Board of Directors; may qualify to apply for membership on or to serve on the medical staff.

iv) Privileges without membership may when in the best interests of NCH and medical staff be granted to those who meet Article III Section 2 excluding Section 2 (a) i

b) Ethical: By accepting membership and/or privileges through the medical staff, a practitioner specifically agrees to abide by the Principles of Ethics of the appropriate professional organization. For those who have practiced elsewhere prior to application to this hospital, antecedent adherence to these professional ethics shall be an expressed condition precedent to staff membership.

c) Non-Discrimination: Sex, age, race, creed disability and/or national origin are not used in making credentials decisions.

d) Compliance: Members of the medical staff and those granted privileges by medical staff shall comply with all state and federal law, medical staff bylaws, rules and regulations and policies.

Section 3. Members’ Rights

a) Meeting with Medical Executive Committee: Each Active, Non Clinical Affiliate, or Courtesy member has the right to request an audience with the medical executive committee. In the event a member is unable to resolve a difficulty working with his respective department chief, that member may, upon two weeks written notice, meet with the medical executive committee to discuss the
issue upon agreement of the president of the medical staff or the members of the medical executive committee.

b) **Recall Election:** Each Active and Courtesy member of the medical staff has the right to initiate a recall election of a medical staff officer and/or department chief through the submission of a petition for such recall signed by at least 15% of the members of the attending medical staff, or in the case of a department by 15% of the department members. When the president of the medical staff, as a representative of the medical executive committee, receives the petition, the medical executive committee shall schedule a special general staff meeting for the purpose of discussing the matter(s) presented by the petition and, upon motion, entertain a no confidence vote. At such general staff meeting, the only matter(s) which may be presented for discussion and transaction shall be the matter(s) presented by the petition. The notice provisions for a special staff meeting shall apply.

c) **Special Medical Staff Meeting:** Each Active or Courtesy member of the attending medical staff has the right to call a special staff meeting, through the submission of a petition containing an agenda for such meeting, signed by 15% of the members of the Active and Courtesy medical staff. When the president of the medical staff, as a representative of the medical executive committee, receives the petition, the medical executive committee shall schedule a special staff meeting for the specific purpose outlined in the meeting agenda. At such general staff meeting, the only matter(s) which may be presented by the petition. The notice provisions for a special meeting shall apply.

d) **Challenge to Rule or Policy:** Each Active or Courtesy member of the medical staff has the right to raise a challenge to any rule or policy established by the medical executive committee through the submission of a petition signed by 15% of the members of the attending medical staff. When the president of the medical staff, as a representative of the medical executive committee, receives such petition, the medical executive committee shall: provide the petitioners with information clarifying the intent of such rule, regulations or policy and/or schedule a meeting with the petitioners to discuss the issue.

e) **Department Meeting:** Each Active or Courtesy member of a section or subspecialty has the right to request a department meeting when a majority of the members/sub specialists believe that the department has not acted in an appropriate manner.

f) **Limitation:** The member rights above specified in (a) – (e) of this Section do not pertain to issues involving disciplinary action, denial of request for appointment or clinical privileges or any other matter relating to individual “credentialing” actions. ARTICLE VIII provides recourse in these matters.

g) **Hearing:** Each member has a right to a hearing/appeal pursuant to the fair hearing process, as specified in ARTICLE VIII.
ARTICLE IV

CATEGORIES OF THE MEDICAL STAFF

Section 1. Designation of Categories: The medical staff is divided into Active, Courtesy, Non Clinical Affiliate and emeritus staff. Certain practitioners and other affiliated clinicians may receive privileges through medical staff but will not be eligible for medical staff membership. There will be an initial appointment for one year for active and courtesy membership. Performance for practitioners or other clinicians with privileges other than refer and follow will be evaluated at least six months to eight months from the anniversary date of the appointment or more often for those with initial appointments and the evaluation shall be made known to the individual.

Section 2. Active Medical Staff:

a) Qualifications: Eligibility for membership on the Active medical staff is extended to practitioners who:

1) Meet the qualifications of ARTICLE III, Section 2

2) Meet the criteria established by the physician’s appointed department.

3) Show evidence that the preponderance of inpatient care or outpatient referrals are to NCH. For new members in their first two years of membership, show evidence of intent that the preponderance of inpatient care or outpatient referrals are to NCH.

4) Qualify as a physician or practitioner as defined in the Medical Staff Bylaws

b) Existing Members: Practitioners who are members of the attending medical staff at the effective date of these bylaws shall be converted to Active member status and governed by the eligibility provisions of the bylaws in force immediately prior to that date for one complete credentialing cycle. Future membership will be based on their eligibility at the time of the next reappointment.

c) Except as provided in these bylaws, any member of the Active medical staff may:

1) Vote on any matter coming before any meeting of the medical staff or of any department, section or committee of which he is a member.

2) Access their patients’ NCH health information.

3) In special circumstances with the approval of MEC may serve as department or section chair even if the usual two year requirement cannot be met. One example of special circumstances would be a department or section that would not be able to find a physician able to serve due to no suitable member available with two years consecutive active membership.
Members of active medical staff for two consecutive years or more may in addition to above:

1) Serve as an officer of the medical staff or of any department or section of which he has been a member for at least two consecutive years.

2) Serve on any committees of the medical staff.

d) **Duties:** Each member of the Active medical staff shall:

   (1) Perform all duties incident to elective or appointed offices when elected or appointed.

   (2) Perform all reasonable duties, including outpatient services and emergency and disaster plan duties, when specifically assigned by the medical executive committee.

   (3) Pay all dues and special assessments levied by the medical staff prior to April 1st of each calendar year.

   (4) Serve when elected or appointed to one committee (may refuse second committee assignment of any given year.)

**Section 3. Courtesy Medical Staff**

a) **Qualifications:** Eligibility for membership on the Courtesy medical staff is extended to practitioners who:

   (1) Meet the qualifications of ARTICLE III, Section 2

   (2) Meet the criteria established by the physician’s appointed department.

   (3) Qualify as a physician or practitioner as defined in the Medical Staff Bylaws

b) Except as provided in these bylaws, any member of the Courtesy medical staff may:

   (1) Vote on any matter coming before any meeting of the medical staff or of any department, section or committee of which he is a member.

   (2) Access their patients’ NCH health information

   (3) Members of Courtesy medical staff for two consecutive years or more may in addition to above.

   (4) Serve on any committees of the medical staff

c) **Duties.** Each member of the Courtesy medical staff shall:
(1) Perform all duties incident to elective or appointed offices when elected or appointed when elected or appointed.

(2) Perform all reasonable duties, including outpatient services and emergency and disaster plan duties, when specifically assigned by the medical executive committee.

(3) Pay all dues and special assessments levied by the medical staff prior to April 1st of each calendar year.

(4) Serve when elected or appointed to one committee (may refuse second committee assignment of any given year.)

Section 4. Senior Attending Medical Staff

a) Qualifications:

(1) Status can be attained by any staff member who has achieved twenty (20) years of accumulated attending staff status.

(2) Attending staff member may apply and qualify for such status in special cases such as advanced age (over sixty-five (65) or for reasons of poor health, upon recommendation of the department and the medical executive committee.

(3) Meet the criteria established by the department in which privileges have been granted.

b) Existing Members. Practitioners who are members of the senior attending staff at the effective date of these bylaws shall be governed by the eligibility provisions of the bylaws in force immediately prior to that date for one complete credentialing cycle.

c) Membership Privileges. Each member of the senior attending staff has the same membership privileges as a member of the attending staff.

d) Duties: Each member of the senior attending staff shall:

(1) Perform all duties incident to assignment or election to any office or committee if he accepts such assignment or election, although he may initially refuse such election or appointment.

(2) Perform all reasonable duties assigned by the medical executive committee, but may refuse assignment to the emergency room call roster.

(3) Pay all dues and special assessments levied by the medical staff prior to April 1st of each calendar year.

At the time of reappointment, a voting senior attending member may be demoted to non-voting senior attending if he has met the required number of patient contacts but not the meeting attendance requirement. A voting senior attending member who meets the meeting attendance requirement but not the patient contact requirement will remain voting senior attending.
Section 5 Emeritus Medical Staff

a) Qualifications: Practitioners in good standing who are no longer in active practice and who continue to abide by the general principles of the medical staff. Their knowledge and experience would be helpful in furthering objectives of the medical staff. Emeritus Staff Status will be considered for all members who are in good standing and have been on the staff for a minimum of ten years. At the request of the member, the Medical Executive Committee may, in its discretion, on a case-by-case basis, consider Emeritus Staff status for less than ten years when there is a chronic disease or disability permanently preventing the member from practicing.

b) Duties. None. No membership dues are required. No liability insurance required.

c) Membership Privileges: Members of the emeritus medical staff may serve on committees. Members of the emeritus medical staff shall have no voting rights, and may not hold office for any committee. Members of the emeritus medical staff may attend medical staff dinner meetings and social functions, receive medical staff publications, use the medical staff library, attend meetings of the department with which they are associated, and maintain parking privileges.

Section 6 Non Clinical Affiliate Medical Staff

a) Qualifications: Practitioners who desire medical staff appointment in order to be associated with the medical staff through membership for the purpose of continuing medical education, collegial association, access to their patient’s health information in the NCH system, establishing a referral network, or to otherwise participate in some reasonable purpose/objective as approved by the Board may be appointed to the Non Clinical Affiliate Medical Staff category. These practitioners do not have active privileges for their patients in the hospital, except for “refer and follow” if requested and as allowed by their department. Eligibility for membership on the Non Clinical Affiliate Medical Staff is extended to practitioners who:

1) Meet the qualifications of ARTICLE III, Sections 1 and 2.

2) Meet the criteria as established by the appointed department.

b) Membership Privileges: Except as provided in these bylaws, any member of the Non Clinical Affiliate Medical Staff:

1) may attend meetings of the medical staff and the department/section with which they are associated;

2) may not vote, or make motions at any meetings of the medical staff, committees, or departments/sections;

3) may not hold medical staff office, serve as clinical department, or staff committee chairperson, or serve on medical staff committees; and
4) may receive medical staff publications, use the medical staff library, and attend educational programs and social functions sponsored by the hospital and/or its medical staff.

5) Access the NCH records to review their patient’s information.

6) May “refer and follow” if requested by the member and allowed by their department. This allows the physician to refer their patient to NCH for ongoing care and request status updates from clinicians involved in the care. This does not allow for the courtesy member to give orders on the patient or to record in the medical record.

c) **Duties:** Each member of the Non Clinical Affiliate Medical Staff shall:

1) have no medical staff duties; and

2) pay all dues and special assessments levied by the medical staff prior to April 1\textsuperscript{st} of each calendar year
ARTICLE V

MEDICAL STAFF MEMBERSHIP and PRIVILEGING

Section 1. Role of the Medical Staff and the Board

Initial appointments and reappointments to the medical staff membership and privileging shall be made by the Board. The Board shall act on appointments and reappointments only after the procedures specified in paragraphs (a) through (g) of Section 6 of this ARTICLE or paragraphs (a) through (i) of Section 7 of this ARTICLE have been completed within the time limits as required by the provisions of this ARTICLE. The Board may act without such recommendation on the basis of evidence of the applicant’s or staff member's professional and ethical qualifications obtained from reliable sources, only after consultation with the president of the medical staff in which all evidence relied on by the Board is shared.

Section 2. Terms of Medical Staff Membership Appointments and Reappointments

Initial appointments shall be to a status Active membership, Courtesy membership or for privileges without membership for one year. Emeritus and Non Clinical Affiliate Membership will commence with the usual two year term.

Section 3. Assignment of Initial Appointees to Department

Practitioners initially appointed to the medical staff or requesting privileges without membership shall be assigned to a department in accordance with the board certification or clinical privileges conferred upon them.

Section 4. Application for Appointment or Privileges without Membership

a) Forms and Contents

1) All applications for appointment to the medical staff or for privileges without membership shall be in writing in a form approved by the hospital and shall state in detail the professional qualifications of the applicant and clinical privileges sought by him.

2) The burden of establishing the applicant’s legal right to practice in the State of Illinois, his professional competence and character and his potential contribution to the accomplishment and fulfillment of the purposes of the hospital as a member of the medical staff shall be upon the applicant.

3) The applicant shall provide a list of at least three references pertaining to his professional competence and character. The references should be from individuals who have had extensive experience in observing and working with him.

4) The application shall also include current information as to whether, at any other hospital or institution, the applicant has ever been denied membership on the medical staff or clinical
privileges have ever been revoked, suspended, reduced or not renewed, or voluntarily surrendered, and as to whether his membership in local, state or national medical societies or his license to practice his profession in any jurisdiction, has ever been suspended, revoked or voluntary suspended.

5) The applicant shall provide information regarding any final judgments or settlements of professional liability action in which malpractice has been involved.

6) The applicant shall provide information regarding health status and shall submit any reasonable evidence of current health status that may be requested by the medical executive committee.

7) Providing false information will automatically void an application. Determination after appointment or privileges were granted that false information had been provided in the application will be grounds for summary suspension and/or dismissal from the staff.

8) The application form shall fully notify the applicant of the scope of the authorization, release and consent provisions of paragraph (c) of Section 5, ARTICLE V.

b) Submissions of Applications: The completed application shall be submitted to the chief executive officer. After collecting the references and other materials deemed pertinent, the chief executive officer shall transmit the application and all supporting materials to the chief of the department in which the applicant seeks clinical privileges and to the credentials committee.

c) Effect of Submission of Applications: By signing and submitting his application for appointment, each applicant, in connection with his original application and also with respect to matters of reappointment and review of clinical privileges, thereby:

1) Signifies his willingness to appear for interviews in regard to his application.

2) Authorizes the hospital to:

   i. Consult with members of the medical and administrative staffs of other hospitals with which the applicant has been associated and with others who may have information bearing on his competence and character.

   ii. Inspect all records and documents (other than the applicant’s personal office and patient (records) which bear upon his competence and character.

3) Releases from any liability the hospital and all individuals and organizations who provide information, in good faith and without malice concerning:

   i. The applicant’s qualifications for staff appointment, reappointment, continuance of membership on the medical staff and clinical privileges.

   ii. Any review of the applicant’s professional qualifications and performance.
4) Acknowledges that he has received and read the applicable medical staff bylaws, rules and regulations.

5) Agrees that:
   i. He will be bound by all of the terms thereof if he is granted membership and clinical privileges, whether or not he is granted either.
   ii. Any act, communication, report recommendation or disclosure, with respect to any applicant, performed or made in good faith and without malice and at the request of an authorized representative of the hospital for the purpose of achieving and maintaining quality patient care in the hospital, shall, except as required by law, be kept confidential.
   iii. He will provide continuous care for his patients.

6) Swears or affirms that the information furnished by him in connection with his application is true. The term “hospital” as used in this Section is intended to include the Board, the chief executive officer, all members of the medical staff and hospital personnel who have responsibility for the investigation and evaluation of the applicant’s credentials.

**Section 5. Appointment Process**

a) **Department.**
   1) Every department in which the applicant seeks clinical privileges shall examine, through its credentials committee and/or chief, the professional competence and character of the applicant and shall determine, through information provided by the applicants and from other sources available to the department credentials committee and/or chief, whether the applicant has established and meets qualifications.

   2) For staff membership and/or the clinical privileges requested by him. All applicants shall meet with the appropriate department credentials committee and/or chief. The department shall, through its credentials committee and/or chief, submit a report on the applicant to the chairman of the credentials committee for presentation to the credentials committee no later than sixty (60) days following receipt by the department of the completed application for membership.

Each report of the department, whether positive or negative, shall include:

1) The application

2) All information accompanying the application.

3) All other information considered by the department received from any source.

4) Its recommendation and rationale that the applicant be either accepted or rejected.

5) Its recommendations and rationale concerning the delineation of clinical privileges.
b) **Credentials Committee.** The staff credentials committee shall:

1) Examine the professional competence and character of the applicant.

2) Interview the applicant, or if appropriate, the applicant may be interviewed by the committee chairman.

3) Determine, through information provided by the applicant and from other sources available to the committee, whether the applicant meets the qualifications for staff membership and/or the clinical privileges requested. The credentials committee shall submit a report on the application to the president of the medical staff for presentation to the medical executive committee.

Each report of the credentials committee, whether positive or negative, shall include:

1) The application

2) All information accompanying the application

3) All other information considered by the credentials committee received from any source.

4) The reports from all departments in which the applicant seeks clinical privileges.

5) Its recommendations and rationale that the applicant can be either accepted or rejected.

6) Its recommendation and rationale concerning the delineating of clinical privileges.

c) **Medical Executive Committee.** The medical executive committee, at its next regular meeting following presentation of all applicable departmental and credentials committee reports shall:

1) Consider the reports

2) Consider any other information received from any source, or request, at its option, additional information or a personal interview with the applicant.

3) Submit a report to the medical staff president for presentation to the hospital/medical affairs committee, as constituted under ARTICLE XI, at its next regular meeting.

d) **Contents of Medical Executive Committee Reports.** Every report of the medical executive committee shall include:

1) The report or reports of any department

2) The report or reports of the credentials committee

3) All other information considered by the medical executive committee
4) Its recommendation and rational concerning medical staff membership

5) Its recommendation and rationale concerning the delineation of clinical privileges

e) Quality Committee: At the meeting of the Quality Committee at which the report of the medical executive committee is presented, the Quality Committee shall consider the report of the medical executive committee, may consider any other information received from any other source, and shall either:

1) Adopt the report of the medical executive committee and recommend to the Board, medical staff appointment and delineation of clinical privileges for the applicant consistent with the medical executive committee’s report;

2) Reject the medical executive committee’s report and recommend to the Board medical staff membership status or clinical privileges delineation which differs from that recommended by the medical executive committee.

f) Board. At the next meeting of the Board the recommendations of the Quality Committee shall be presented and the Board shall ratify such recommendations unless:

1) The recommendations or the process by which the recommendations were reached is contrary to these bylaws, medical staff rules and regulations, accreditation standards or current law;

2) The recommendations support granting clinical privileges which are beyond the legal scope of practice of the applicant; or

3) The recommendations are not supported by reliable probative or substantial evidence.

If the Board ratifies the recommendations of the Quality Committee, the decision of the Board shall be deemed final. If the Board fails to ratify the recommendations of the Quality Committee, the Board shall remand the matter to the Quality Committee with a written explanation identifying which of the above sections of this subsection (f) was violated by the Quality Committee. The Quality Committee shall review its decision and submit a response, along with new recommendations, if necessary, to the Board within thirty (30) days of remand by the Board.

g) Notice of Action of Board. The Board shall, through the chief executive officer, promptly notify the following of its action:

1) The president and the secretary of the medical staff.

2) The chief of each department in which the applicant seeks privileges.

3) The applicant, provided that if the Board decides to reject the appointment of the applicant following remand to the Quality Committee, if necessary, notice to the applicant shall, within twenty (20) days following the meeting of the Board, be sent to the applicant by certified mail, return receipt requested, and shall inform the applicant of the initial decision, the basis therefore, and that he may not reapply for staff privileges for at least six (6) months.
Section 6. Procedure for Reappointment

a) Each member of the medical staff shall be reappointed for a period of up to two years on alternate years. The year of reappointment will be determined by the member’s original appointment to the medical staff.

b) Relationship of Reappointment to Medical Staff Categories

i. Active and Courtesy medical staff member will be notified if reappointment standards are not met within one year and given the following year to fulfill the two year reappointment standards. If reappointment standards are not met at end of two year reappointment period, such member shall be changed to Non Clinical Affiliate medical staff status. If reappointment standards are not met, such member will be dropped from the staff; provided, however, that such action shall not be deemed a “professional review action” within the meaning of the Health Care Quality Improvement Act of 1986 and shall not occasion the necessity of a report to the National Practitioners Data Bank thereunder. Such member must wait for a least six months before being eligible to reapply for staff membership.

c) Departments: On a quarterly basis each year, each department, through its chief, shall submit a report to the chairman of the credentials committee for presentation to the credentials committee with respect to the reappointment of approximately one-eighth to the department and their delineation of their clinical privileges. The report of the department shall include its recommendation and rationale relating to an appointee’s:

1) Reappointment of the medical staff

2) Category of membership or delineation of privileges with no membership

3) Delineation of clinical privileges for the following appointment period

d) Credentials Committee: On a quarterly basis each year, the credentials committee shall submit a report to the medical executive committee with respect to the reappointment of approximately one-eighth of the medical staff, one eighth of clinicians with privileges but no membership, and the delineation of their clinical privileges. The report of the credentials committee shall include the departmental reports and the recommendation and rationale of the credentials committee relating to an individual appointee’s:

1) Reappointment to the medical staff

2) Category of membership or delineation of privileges with no membership

3) Delineation of clinical privileges for the following appointment period with respect to all members of the medical staff
e) **Medical Executive Committee:** The medical executive committee at its next regular meeting following presentation of the departmental and credentials committee reports shall:

1) Consider the reports

2) Consider any other information received from any source

3) Submit a report to the chief executive officer for presentation to the Quality Committee at its next meeting

f) **Factors Considered by Departments, Credentials Committee and Medical Executive Committee:** The reports of departments and the credentials committee as to any member of the medical staff shall be made only after full consideration of all available information concerning that member’s professional competence and character, including:

1) His clinical judgment in the treatment of patients

2) His ethics and conduct affecting quality of care

3) His compliance with the medical staff bylaws, rules and regulations

4) His use of the hospital facilities relating to his quality of care and volume

5) Participation in continuing education

g) **Contents of Medical Executive Committee Reports.** Every report of the medical executive committee shall include:

1) The report or reports of any department

2) The report or reports of the credentials committee

3) All other information considered by the medical executive committee

4) Its recommendation and rationale that the member be reappointed or rejected

5) Its recommendation concerning the delineation of clinical privileges

h) **Quality Committee:** At the meeting of the Quality Committee at which the report of the medical executive committee is presented, the Quality may consider any other information received from any other source and shall either:

1) Adopt the report of the medical executive committee and recommend to the Board medical staff appointment and delineation of clinical privileges for the applicant consistent with the medical executive committee’s report.
2) Reject the medical executive committee's report and recommend medical staff membership status or clinical privileges delineation which differ from that recommended by the medical executive committee.

i) Board: At the next meeting of the Board the recommendations of the Quality Committee shall be presented and the Board shall ratify such recommendations unless:

1) The recommendation or the process by which the recommendation was reached is contrary to these bylaws, medical staff rules and regulations, accreditation standards or current law;

2) The recommendation supports granting clinical privileges which are beyond the legal scope of practice of the applicant; or

3) The recommendation is not supported by reliable probative or substantial evidence.

If the Board ratifies the recommendations of the Quality Committee, the recommendations of the Board shall be deemed final. If the Board fails to ratify the decision of the Quality Committee, the Board shall remand the matter to the hospital/medical affairs committee with a written explanation identifying which of the above sections of this subsection (i) was violated by the quality committee (formerly) hospital/medical staff affairs committee. The Quality Committee shall review its decision and submit a response, along with new recommendations, if necessary, to the Board within thirty (30) days of remand by the Board.

j) Notice of Reappointment, Rejection or Deferral of Action: The Board shall, through the chief executive officer, promptly notify:

1) The president and the secretary of the medical staff of all actions or deferrals of action with respect to reappointment and the delineation of clinical privileges.

2) The chief of each department of such actions or deferrals relating to members of his department.

3) Each member of the medical staff who is reappointed without any reduction in his clinical privileges, of his reappointment and the category of the medical staff to which he has been reappointed.

4) Each member of the medical staff of any deferral of action with respect to his reappointment of the delineation of his clinical privileges

k) Notice of Initial Decisions to Reject or Reduce Privileges: If the Board initially decides to reject the reappointment of any member of the medical staff or to reappointment the member to the medical staff, but with an initial decision to reduce his clinical privileges, the Board, within twenty (20) days following its meeting, shall through the chief executive officer, notify the member of the medical staff, by certified mail, return receipt requested, of the initial decision and the basis therefore.

l) Emeritus Medical Staff. Anything in this Section 7 to the contrary notwithstanding, the appointment of a member of the emeritus medical staff shall be automatic unless the Board, after consultation
with the medical executive committee, refuses to reappoint or withdraws the appointment of the member.

Section 8. Leave of Absence

a) Request for Leave of Absence. Upon written request to the department of which he is a member and to the credentials committee, any member of the medical staff who is in good standing at the time of his request may request a leave of absence for a maximum of one year. The request shall state the purpose of and the period of leave desired. The department and credentials committee shall then make recommendations to the medical executive committee for approval by the Board. An increase of one year or decrease in the length of a leave of absence may be permitted when requested, in writing, for similar approval.

b) Reinstatement. For a physician requesting reinstatement within the same re-credentialing cycle of his leave, or at any earlier time:

1) The staff member must, at least thirty (30) days prior to termination of a leave, or at any earlier time, submit written notice requesting reinstatement to the appropriate department/section chief.

2) The staff member must submit a written summary of relevant professional activities completed during his leave to the appropriate department/section chief.

3) The appropriate department/section chief shall then make a recommendation to the medical executive committee which shall then make a recommendation to the Board.

Members requesting termination of leave of absence after expiration of their current reappointment cycle may make a written request to the department of which he was a member and to the credentials committee for reinstatement to active membership. Determining current competency of the member will be at the discretion of the appropriate department chief. The department and the credentials committee shall then make a recommendation to the medical executive committee, which shall make a recommendation to the Board. If a member requests active status after a two-year period of leave he must reapply as a new member of the medical staff. Upon reinstatement to active membership the member shall be credited for all past active services and be reinstated to membership in the category of the medical staff of which he was a member at the time the leave of absence was granted.

The chief executive officer or his designated representative may grant temporary privileges for applicants for termination of leave of absence, with the concurrence of the chief of the department concerned. Temporary privileges shall be granted on the basis of information given to the chief executive officer as to the competence and character of the applicant and shall continue until action on the application is taken following the routine procedures listed in Article V Section 8 paragraph (b) are completed. The period of temporary privileges shall not exceed one hundred and twenty days.

c) Requests for Change in Clinical Department on Reinstatement: In the event that a member on leave of absence status requests a return to active membership in a clinical department other than the department of which he was a member, he shall be required to make a new application for membership on the medical staff. He shall, however, if appointed, be credited for all past service...
and be returned to membership in the category of the medical staff of which he was a member at the time the leave of absence was granted.

d) Relief from Duties While on Leave: During the leave of absence, the member is relieved of all medical staff duties and forfeits all medical staff rights and privileges. During this leave he need not pay any dues or special assessments.

e) Notice of Initial Decisions to Refuse Reinstatement or Reduce Privileges: If the Board initially decides to reject the reinstatement of any member of the medical staff following a leave of absence or to reinstate the member to the medical staff but with an initial decision to reduce his clinical privileges, the Board, within twenty (20) days following the meeting, shall through the chief executive officer, notify the member of the medical staff, by registered or certified mail, return receipt requested, of the initial decision and the basis thereof.
ARTICLE VI
CLINICAL PRIVILEGES

Section 1. Delineation of Clinical Privileges

a) Exercise of Privileges: A physician or affiliated clinician providing clinical services at the hospital shall be entitled to exercise only those clinical privileges granted pursuant to and consistent with these bylaws. The privileges granted must be specific, within the scope of any license, certificate or other legal credential authorizing practice in Illinois and consistent with any restrictions thereon. Said privileges shall be specified in the notice of appointment or reappointment and shall be subject to the rules and regulations of the clinical department and the authority of the department chair and medical staff. Medical staff privileges may be granted, continued, modified or terminated by the governing body of this hospital only for reasons directly related to patient quality of care and other provisions of bylaws, and only following procedures provided for in these bylaws.

b) Applications: Applicant shall transmit the applications for clinical privileges to the chairman of the department in which the applicant seeks privileges. The burden of establishing qualifications shall be on the applicant. Every initial application for staff appointment must contain a request for the specific clinical privileges desired by the applicant. A request by a physician or affiliated clinician for a modification of clinical privileges may be made at any time. Such requests for modifications must be supported by documentation of training and/or experience supportive of the request.

c) Evaluation of Requests: Evaluation of such requests shall be based upon the applicant’s education, training, experience, demonstrated competence and judgment, clinical performance, documented results of patient care, other appropriate quality review and monitoring, and other relevant information, including the applicable department’s specific recommendation to the credentials committee. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and healthcare settings. Applicants, must disclose evidence of current licensure and health status; information regarding previously successful or currently pending challenges to any licensure or registration or the voluntary relinquishment of such licensure or registration; information regarding voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges at another hospital; and any professional liability actions involving practitioner, including at a minimum final judgments or settlement.

d) Dentists: Privileges granted to dentists shall be based on their training, experience and demonstrated competence and judgment. The scope and extent of surgical procedures which each dentist may perform must be specifically defined and recommended in the same manner as all other surgical privileges. Surgical procedures performed by dentists shall be under the overall supervision of the chief of the department of surgery or the chief of the department of surgery’s designee.

e) Renewal: Clinical privileges shall be renewed at the time of staff appointment or renewal, but at a frequency no less than every two years, and their increase or curtailment shall be based upon the direct observation of performance and professional competence in care provided, review of the records of the medical staff which document the evaluation of the members participation in the delivery of medical care.
f) **Interim Increase of Privileges:** In the interim between meetings of the Board at which reappointments to the medical staff are regularly considered as provided in Section 7 of ARTICLE V, the president of the medical staff or the chief of any clinical department may recommend to the credentials committee that the clinical privileges of any practitioner be increased. The credentials committee shall promptly submit a report concerning any such recommendation to the medical executive committee and thereafter the procedures specified in paragraphs (d) through (i) of Section 7 of ARTICLE V as these relate to clinical privileges shall be followed except that the times there specified with respect to meetings of the medical executive committee and the Board shall not be controlling and action shall be taken by the medical executive committee and the Board as soon as is feasible under the circumstances.

g) **Continuing Education:** All of those granted privileges shall participate in continuing education that relates to the privileges granted.

**Section 2. Proctoring.**

a) **General Provisions:** Except as otherwise determined by the medical executive committee, all applicants for new clinical privileges, including initial appointees to the medical staff and all existing members, shall be subject to a period of proctoring. Each recipient of new clinical privileges shall be assigned by the medical executive committee to a department where performance on an appropriate number of cases as established by the medical executive committee, or the department as designee of the medical executive committee, shall be observed by the chair of the department, or the chair’s designee, during the period of proctoring specified in the department’s rules and regulations to determine suitability to continue to exercise the clinical privileges granted in that department. The exercise of clinical privileges in any other department shall also be subject to direct observation by that department’s chair or his designee. The member shall remain subject to such proctoring until the medical executive committee has been furnished with:

1) a report signed by the chair of the department(s) to which the member is assigned describing the types and numbers of cases observed and the evaluation of the applicant’s performance, a statement that the applicant appears to meet all of the qualifications for unsupervised practice in that department, has discharged all of the responsibilities of staff membership, and has not exceeded or abused the prerogatives of the category to which the appointment was made; and

2) a report signed by the chair of the other department(s) to which the appointee may exercise clinical privileges, describing the types and number of cases observed and the evaluation of the applicant’s performance and a statement that the member has satisfactorily demonstrated the ability to exercise the clinical privileges initially granted to those departments.

b) **Failure to Obtain Certification:** If an initial appointee fails within the time of provisional membership to furnish the certification required, or if a member exercising new clinical privileges fails to furnish such certification within the time allowed by the department, those specific clinical privileges shall be deemed to be voluntarily withdrawn and, so long as such member is not at the time under investigation for reasons of professional competence and/or professional conduct, such voluntary
withdrawal, consistent with Health Care Quality Improvement Act of 1986, shall not be reportable to
the National Practitioner's Data Bank.

c) Medical Staff Advancement: The failure to obtain certification for any specific clinical privileges
shall not, of itself, preclude advancement in medical staff category of any member. If such
advancement is granted absent such certification, continued proctorship on the uncertified shall
continue for the specified time period.

Section 3. Temporary and Emergency Privileges

a) Applicants for Medical Staff Membership: Upon receipt of a completed and verified application for
medical staff membership from a practitioner authorized to practice in Illinois, the chief executive
officer, or his designated representative, with the concurrence of the chief of the department
concerned, shall have the authority to grant temporary clinical privileges to a practitioner.
Temporary privileges shall be granted on the basis of this information which may be relied upon by
the chief executive officer as to the competence and character of the applicant and, unless
terminated as provided in paragraph (d) of this section, shall continue until action on the application
is taken, following routine procedures by the Board. The period of temporary privileges shall not
exceed one hundred twenty days. In exercising such privileges, the practitioner shall act under the
supervision of the chief of the department to which he is assigned or under the supervision of a
member of that department selected by the chief of the department concerned.

b) Non-Applicants for Medical Staff Membership: The chief executive officer, or his designated
representative, may grant temporary privileges to a practitioner who is neither a member of the
medical staff nor an applicant for membership, in the same manner as temporary privileges may be
granted to an applicant for medical staff membership, provided. Under these circumstances,
however, such temporary privileges must be requested for the care of a specific patient. Such
privileges may not be granted to attend more than three patients in any one year, after which the
practitioner to whom such temporary privileges have been granted shall be required to apply for
membership on the medical staff before being allowed to attend additional patients.

c) Locum Tenens: The chief executive officer, or his designated representative, with the concurrence
of the chief of the department concerned, may grant temporary privileges to a practitioner who is
serving a locum tenens for a member of the medical staff and who is neither a member of the
medical staff nor an applicant for membership, in the same manner as temporary privileges may be
granted to an applicant for medical staff membership. Provided, however, such person may attend
only patients of the medical staff member(s) for whom that person is providing coverage, for a
period not to exceed 30 days, unless the chief executive officer, or his designated representative,
with the concurrence of the chief of the department concerned, recommends a longer period on
good cause, but not to exceed 120 days.

d) Supervision and Termination: In connection with the granting of temporary privileges, special
requirements of supervision of and reporting by the practitioner to whom such privileges are
granted may be imposed by the chief of the department concerned. Temporary privileges may be
terminated at any time by the president of the medical staff with the concurrence of the chief of the
department concerned after consultation with the medical executive committee and the chief
executive officer. In any case in which it is deemed necessary to permit a practitioner whose temporary privileges have been terminated to continue treating a patient under his care in the hospital, the practitioner may be permitted to care for the patient until the discharge of the patient. In any case in which it is determined that the life or health of patient would be endangered by the continued treatment by a practitioner whose temporary privileges have been terminated, the chief of the department or, in his absence, the president of the medical staff, shall assign a member of the medical staff to assume responsibility for the care of the patient until the patient is discharged from the hospital. The wishes of the patient shall be considered in the selection of the substitute practitioner.

e) Emergency Privileges: In case of emergency, any practitioner, to the degree permitted by his license, may do and assist in doing everything possible to save the life of or prevent serious harm to a patient, using every facility of the hospital necessary, including call for consultation. Such persons shall promptly yield such care to qualified members of the medical staff when the yielding of such care becomes reasonable. The medical staff member shall make every reasonable effort to communicate promptly with the department chair concerning the need for emergency care and assistance by members of the medical staff with appropriate clinical privileges and once the emergency has passed or assistance has been made available, shall defer to the department chair with respect to further care of the patient at the hospital. For purposes of this Section, an “emergency” is defined as a condition which would result in serious harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

f) Disaster Emergency Management Plan Privileges: In circumstances of disaster(s) in which the emergency management plan has been activated, the CEO or the Administrator on call, may grant temporary privileges, with the concurrence of the Medical Staff President or one of the Medical Staff Officers, if the Medical Staff President is not present, or in the absence of any of these, the Medical Disaster Chief (Senior Emergency Department physician on duty). The intent is to grant temporary emergency privileges only when the organization is unable to handle the immediate patient needs in the event of a disaster. The responsible individual is not required to grant privileges to any individual and is expected to make such decision on a case-by-case basis at his or her discretion.

Medical staff members who were not in good standing when they left Northwest Community Hospital or those who were previously denied medical staff privileges will not be granted temporary privileges.

These privileges will be terminated when the emergency management plan has been deactivated. Granting of temporary privileges should in no way be construed as a path toward permanent privileges at Northwest Community Hospital.

g) Reports to Board: The chief executive officer shall report regularly to the Board and the president of the medical staff concerning each instance where temporary privileges have been granted or terminated, the reasons therefore and the result of the action taken.
Section 4. Privileges for Physician non members

a) Privileges may be granted by a department or section to practitioners who are not requesting or qualified for Medical Staff Membership. These privileges must be narrow and scope, do not include privileging by core of Specialty. The privileges must be in alignment with NCH strategic goals.

b) Practitioners applying for privileges without membership must comply with Article VI Section 1

c) Initial appointment and reappointment process will follow as outlined in Article V Sections 5, 6 and 7.

Section 5. Allied Health Professionals and Psychologists.

a) Scope: The provisions of this Section 4 apply to allied health professionals who (1) are requested by a sponsoring member of the medical staff to provide services to a patient under his care; (2) are provided medical direction, supervision or collaboration, as required by Illinois state law, by the sponsoring medical staff member; and (3) psychologists. The scope does not include Allied Health Professionals who are employees of the hospital or who have an independent contractor relationship with the hospital. The Chief Medical Officer shall supervise or delegate supervision of, and shall be ultimately responsible for, allied health professionals employed or contracted with the hospital.

b) Definition: The term “Allied Health Professionals” (“AHP”) shall mean qualified individuals other than a practitioner as defined in Article III, Section 2, who is: (1) licensed or registered by the Illinois Department of Professional Regulation to provide health services to patients; or (2) certified by an organization acceptable to the medical staff and the board of directors of the hospital to provide health care services to patients. AHP shall not be members of the medical staff.

c) Clinical Privileges:

1) Medical Staff Member: An active member of or an applicant to the Active medical staff who wishes to provide services to his patients through the use of an AHP shall make a request to the department that he be granted the clinical privilege of using a specific individual who is an AHP. The request shall include:

i. statement of intention to sponsor the AHP
ii. a list of specific activities which the AHP may perform;
iii. documentation regarding the training, experience, skills and qualifications of the AHP to perform the duties and activities requested;
iv. evidence of professional liability insurance covering the AHP which meets the hospital’s requirements;
v. a statement that the active medical staff member agrees to supervise the AHP and is responsible for the AHP's provision of health services at the hospital throughout the time that the AHP maintains the privilege to provide health services at the hospital:
vi. any other information requested by a person reviewing the application pursuant to these bylaws

2) **AHP:** To the extent that the hospital permits AHP to provide health services in the hospital, the applicable clinical department chief and the staff credentials committee shall examine, limit and delineate the scope of each such individual’s activities within the hospital and recommend to the Board the specific clinical privileges to be granted to such AHP by the Board. After the relevant department chief and the staff have received, reviewed, and acted upon an application containing sufficient information about the qualifications of that individual to permit them to determine the scope of activities the individual will be permitted to undertake in the hospital that individual may apply for temporary privileges through the process stated in Section 3 of this ARTICLE.

3) **Supervision, Responsibility and Surveillance:** Any activities permitted by the Board to be performed in the hospital by AHP shall be under the medical direction, supervision or collaboration, as required by Illinois state law, of the sponsoring active member of the medical staff but shall not require the physical presence of the sponsor unless required by the medical staff in department rules and regulations. The sponsoring active member shall be responsible at all times for clinical activities and civic behavior of the AHP, whether such member is or is not present. In addition, the chairman of the applicable department shall be responsible for the continuing surveillance of the AHP’s professional performance.

4) Psychologists. In the case of psychologists, a sponsoring active member of medical staff is not required for privileging. Psychologists’ privileging will be through the section of psychiatry.

d) **Re-credentialing:** The department chairman, credentials committee, and the medical executive committee shall consider the AHP for re-credentialing at the same time as each considers the sponsoring member of the medical staff for re-credentialing.

e) **Scope of Services.** The credentials committee, on the recommendation of the chairman of the applicable department, shall forward to the medical executive committee and Board, a recommended written delineation of the scope of activity each AHP is to be permitted to undertake in the hospital, but in no case shall such delineation permit AHP to admit patients. The delineation of the scope of activities by the Board shall be final. It shall entitle the AHP to act in the hospital only so long as the AHP shall remain sponsored and supervised by a medical staff member.

f) **Procedural Rights of Allied Health Professionals and psychologists:**

1) Nothing contained in the Medical Staff Bylaws shall be interpreted to entitle an AHP or psychologist to the particular procedural rights set forth in Article VIII of the Bylaws. However, an AHP or psychologist shall have the right to challenge any action that would constitute grounds for a hearing under Section 2 of Article VIII of the Bylaws by filing a written grievance with the Executive Vice President of Medical Affairs within 15 days of such action. Upon receipt of such a grievance, the Executive Vice President of Medical Affairs shall initiate an investigation. As a part of such investigation, the AHP or psychologist shall be entitled to appear before an ad hoc committee appointed by the
Executive Vice President of Medical Affairs to hear this grievance and appeal any action taken against the AHP or psychologist. Although such interview shall not constitute a "hearing" as established by Article VIII of the Bylaws and shall not be conducted according to the procedural rules applicable to such hearings, nonetheless, during such hearing the AHP or psychologist shall be afforded the ability to present his or her case, to call witnesses and to be represented by counsel. Before the interview, the AHP or psychologist shall be informed of the general nature and circumstances giving rise to the action, and the AHP or psychologist may present information relevant thereto at the interview. A record of the interview shall be made. Upon the completion of the interview, the ad hoc committee shall present its finding on the grievance to the Quality Committee in the form of a report. The report must contain a concise statement of the reasons in support of the ad hoc committee’s decision including findings of fact and a conclusion articulating the connection between the evidence produced at the interview and conclusion reached. The ad hoc committee shall present such report to the affected AHP or psychologist and to the Chairman of the Quality Committee. The Chairman of the Quality Committee shall affirm the decision of the ad hoc committee and recommend it to the Board as the final action, if the decision is supported by substantial evidence following the procedures herein. The Chairman shall include such decision in the committee’s next report to the Board. Thereafter, the Board shall make its final decision on the matter.

2) An AHP’s or psychologists’s privileges shall automatically terminate, without review under any other section of these Bylaws, in the event:

   i. The medical staff membership of the supervising or collaborating practitioner is terminated, whether such termination is voluntary or involuntary;

   ii. The supervising or collaborating practitioner no longer agrees to act as the supervising or collaborating practitioner for any reason, or the relationship between the AHP and the supervising or collaborating practitioner is otherwise terminated, regardless of the reason therefore; or

   iii. The AHP's or psychologist’s certification or license expires, is revoked, or is suspended

3) The rights afforded by this section shall not apply to any decision regarding whether a category of AHP or psychologist shall or shall not be eligible for practice privileges and the terms, prerogatives, or conditions of such decision. Those questions shall only be submitted for consideration to the Board, which has the discretion to decline to review the request or to review it using any procedure the Board deems appropriate.

g) Insurance: The Executive Vice President of Medical Affairs shall determine the amount and form of professional liability insurance coverage required of AHP.
ARTICLE VII
CORRECTIVE ACTION

Section 1. Grounds for and Nature of Corrective Action

a) **Grounds:** A practitioner may be subject to corrective action if the practitioner has allegedly acted in a manner which:
   1) is professionally incompetent, unethical, or evidences lack of professional qualifications or performance;
   2) is in violation of the state or federal law, medical staff bylaws, medical staff department/section policies, rules and regulations or the bylaws of the hospital or the principles of ethics adopted by the medical staff;
   3) is detrimental to patient safety or to the delivery of quality patient care or; is in violation of the Disruptive Medical Staff Member Policy

b) Information which may also be used in a corrective action includes the discovery of any false information provided on any Northwest Community Hospital application, see Article V, Section 5. (a) (7).

c) Grounds for corrective action shall not include:
   1) Information then known to the Medical Staff (including its officers, chairmen, departments or committees) for longer than seven and one-half (7 ½) years and which has not been the subject of any prior corrective action. The rule does not apply to incidents which are similar in nature and demonstrate a pattern of conduct over time; or
   2) Any past corrective action which has been expunged.

d) **Nature:** Corrective action may include but is not limited to written censure, probation, reduction, restriction, suspension, or revocation of clinical privileges or medical staff membership.

Section 2. Initiation of Corrective Action.

A request for corrective action may be made by majority action of the Board, the chief executive officer, any officer of the medical staff, the chief of any clinical department or section of the medical staff. All requests for corrective action must be in writing, stating in detail the grounds for corrective action, the factual basis for the grounds, and any additional information that may be relevant in studying or investigating the grounds, including the names of potential witnesses. The written request for corrective action shall be forwarded to the secretary/treasurer of the medical staff for presentation to the medical executive committee at its next regular meeting. A copy of which shall also be provided to the subject practitioner on the same day and prior to the medical executive committee meeting. The subject practitioner shall have access to all available information relating to this action.

Section 3. Action of the Medical Executive Committee

a) **Determination of Need for Study:** The medical executive committee shall, in executive session with only medical executive committee members present, consider a request for corrective action at its
first regular meeting following receipt of the request. Any corrective action will be dealt with by only members of the medical executive committee present and at the discretion of the President or any member of the medical executive committee additional information of value may be sought at any time. Only medical executive committee members will be present at the time of the vote. The medical executive committee shall review the information included with the request for corrective action and determine whether to proceed under subsection (1) below or to study the matter further.

1) **No Study Warranted:** If, after reviewing the request for corrective action, the medical executive committee concludes that the request for corrective action does not warrant a study, it shall:

   i. Determine that no corrective action be taken and remove any adverse information from the subject practitioner’s file; or
   
   ii. Issue letters of admonition, censure, reprimand or warning. In the event such letters are issued, the letter shall inform the subject practitioner of the right to make a written response to the letter, which shall be placed in the subject practitioner’s credentials file in the Medical Staff Services office.

2) **Study Warranted:** If the medical executive committee determines that the request for corrective action warrants further study, it shall undertake a Study as follows:

   i. The medical executive committee may:

      1. conduct the study itself;
      
      2. form a subcommittee to conduct the study;
      
      3. appoint an outside expert; or
      
      4. appoint a Study Committee which may include or entirely consist of outside expert(s) (practitioners who are not members of the medical staff)

          The outside expert(s) shall be granted temporary medical staff membership for the sole purpose of performing the study, but shall not have any clinical privileges under Article VI, Section 3 of these Bylaws. No person who has initiated corrective action shall be assigned to the Study Committee, but may be interviewed by the Study Committee. If any member of the Study Committee has a conflict of interest, the practitioner shall recuse himself.

   ii. **Conduct of the Study:** The Study Committee shall promptly seek information and evidence in connection with the request for corrective action. The Study Committee’s sole task is to provide additional information to the medical executive committee. The study shall be informal in nature.

       The Study Committee shall give the subject practitioner the opportunity to respond to the request for corrective action in person, in writing or both. The Study Committee may also conduct interviews with persons having knowledge of the pertinent events. The Study Committee shall conclude the study within thirty (30) days and forward a written report to the medical executive committee summarizing the information gathered, and including recommendations for or against further
iii. Study Not an Investigation or a Hearing. The study described in this Section shall neither constitute an “investigation” as that term is used in the Health Care Quality Improvement Act of 1986 (“HCQIA”) nor a “hearing” as that term is used in Article VIII, HCQIA or the Illinois Hospital Licensing Act and therefore the procedural rules with respect to hearings or appeals do not apply.

iv. Despite the fact of an ongoing study or an investigation, at all times the medical executive committee shall retain authority and discretion to take whatever action may be warranted by the circumstances or newly discovered information, including termination of the study or investigative process or requesting summary suspension of the affected subject practitioner by those so authorized under Article VII, Section 4 below.

b) Determination of Need for Investigation: At the same or the next regularly scheduled meeting following submission of the study report, the medical executive committee, in executive session with only medical executive committee members present, shall determine whether to conduct an investigation. Any corrective action will be dealt with by only members of the medical executive committee present and at the discretion of the President or any member of the medical executive committee additional information of value may be sought at any time. Only medical executive committee members will be present at the time of the vote. In reaching this decision, the medical executive committee may consider any other relevant information received including recommendations from any pertinent section or department chief.

1) If the medical executive committee concludes that the action does not warrant investigation, it may take no action as described in Section 3(a)(1)(i) or may issue a form of written admonition as described in Section 3(a)(1)(ii) above.

2) If the medical executive committee determines that the action warrants an investigation based upon a reasonable belief that such action will be in the furtherance of quality health care, it shall conduct an investigation as follows:

i. President of the medical staff shall appoint an ad hoc Investigative Committee, which may be composed of members of the medical staff, outside experts or a combination of both. Outside experts shall be granted temporary medical staff membership for the sole purpose of service on the Investigative Committee but shall not have any clinical privileges under Article VI, Section 3 of these bylaws. No person who has initiated corrective action shall be assigned to the investigative committee.

ii. Notification of Affected Subject Practitioner. Within seven (7) business days of determining that an investigation is to be undertaken, the medical executive committee shall provide the affected subject practitioner with written notice, as defined in these Bylaws, that an investigation is being conducted. The written notice shall advise the affected subject practitioner of the opportunity to address
the Investigative Committee in writing, in person or both. The investigation formally commences upon the subject practitioner’s receipt of notice. A copy of the notice of investigation shall be forwarded to the Board of Directors of NCH through the chief executive officer, and the chief of the applicable department and/or section in which the subject practitioner has clinical privileges.

iii. Resignation by Subject Practitioner After Commencement of Investigation. In the event the affected subject practitioner surrenders clinical privileges and/or membership on the medical staff or does not seek reappointment after receipt of said notice of investigation, the subject practitioner is deemed to have surrendered same in return for the termination of the investigation. In such an event, such subject practitioner’s action will be reported to the National Practitioners Data Bank pursuant to HCQIA and to the Medical Disciplinary Board of the Illinois Department of Financial and Professional Regulation.

iv. Conduct of investigation. The Investigative Committee shall consider information provided in the request for corrective action, the Study Report, and any other information it deems relevant and proper. The Investigative Committee may ask the subject practitioner to appear for an interview.

v. Investigative report. The Investigative Committee shall, within 60 days of notice to the subject practitioner, produce a written report which shall contain its findings, conclusions and recommendation(s) as to whether and/or what corrective action should be taken. The Investigative Committee shall provide such written report to the medical executive committee. Upon good cause shown, the Committee may ask the medical staff President for an extension of time to produce the report.

vi. External Report(s). Any report from an external reviewer(s) which is utilized in the investigation shall be in writing, made part of the internal peer review record and made available to the practitioner under review. The practitioner or the Investigative Committee may submit a response to the report(s) within 30 days.

c) Action or Recommendation of the medical executive committee: The medical executive committee shall consider the investigative report at its next regularly scheduled meeting, in executive session with only medical executive members present. Any corrective action will be dealt with by only members of the medical executive committee present and at the discretion of the President or any member of the medical executive committee additional information of value may be sought at any time. Only medical executive committee members will be present at the time of the vote. The medical executive committee may also consider other relevant information as well as information received from pertinent department or section chiefs and the affected practitioner. The subject practitioner shall be given the opportunity to appear or submit a written statement for consideration at the meeting, prior to the vote on the issue at hand.

1) The medical executive committee may conclude that the matter does not warrant corrective action and may take no action as described in Section 3(a)(1)(i); or

2) Issue a form of written admonition as described in Section 3(a)(1)(ii) above; or
3) Impose probation, retrospective case reviews, require further education, training, or observation/proctoring.

Actions taken under 2 and 3 are deemed not to be “adverse actions” giving rise to hearing rights under Article XIII and are not reportable externally so long as the subject practitioner’s right to exercise current clinical privileges is not affected. A report of any of the above shall be given to the Board of Directors through the CEO.

4) If the medical executive committee concludes corrective action is appropriate, it shall recommend one or more of the following actions which are considered adverse actions giving rise to hearing rights under Article XIII:

   i. Reduction, suspension or revocation of medical staff membership;

   ii. Reduction, modification, suspension, or revocation of clinical privileges in whole or in part directly related to the subject practitioner’s delivery of patient care, including without limitation, the right to admit patients, order medications; or

   iii. Require co-admission or mandatory consultation.

5) Defer any recommendation until the next regular meeting of the medical executive committee, in executive session with only medical executive committee members present. Any corrective action will be dealt with by only members of the medical executive committee present and at the discretion of the President or any member of the medical executive committee additional information of value may be sought at any time. Only medical executive committee members will be present at the time of the vote.

   d) Notice of Action: The medical executive committee shall promptly notify the Board through the chief executive officer, the appropriate chief of any department or section and the subject practitioner of the medical executive committee’s action or recommendation. The notice shall include the supportive facts and conclusions.

       If the medical executive committee recommends an “adverse action”, the medical executive committee shall provide notice to the subject practitioner in person, or by registered or certified mail, return receipt requested, within twenty (20) days following the meeting at which the recommendation was made and state the subject practitioner’s right to request a hearing pursuant to Article VIII of these bylaws.

   e) Initiation by Board: If the medical executive committee fails to initiate an investigation, or fails to recommend corrective action, the Board after receipt of the medical executive committee’s report may direct the medical executive committee to initiate investigation or corrective action, if the Board feels the weight of the information supports it. Such a recommendation should be supported by facts and conclusions. If the medical executive committee again fails to initiate investigation or corrective action, the Board may initiate corrective action under Article VIII, Section 5.

   f) Referral to Physician Wellness Committee: At any stage of these proceedings, the medical executive committee, with notice to the CEO and appropriate chief of any department or section,
may refer the subject practitioner to the Physician Wellness Committee for an evaluation and any recommended treatment. If the subject practitioner chooses to accept the referral to the Committee and agrees to all practice restrictions required by the medical executive committee to protect patient safety, the corrective action shall be held in abeyance pending a general report from the Committee to the medical executive committee. If the referral is declined or the Committee reports non-compliance with its process, the corrective action shall re-commence at the same point in the process.

g) Settlement: At any stage of these proceedings the Hospital may enter into a negotiated settlement with the subject practitioner, which would terminate the process under this Article. Any such settlement shall contain provisions addressing the consequences of non-compliance with its terms. The medical executive committee and the Board shall be advised of any such settlement.

h) Peer Review records shall be kept in a secured location in the subject practitioner’s credentials file in the Medical Staff Services office.

Section 4 Formal Summary Suspension

a) Reasons: The membership and/or clinical privileges, in whole or in part, of a practitioner may be summarily suspended in grave and unusual cases where there is actual documentation or other available reliable information (which may be verbal) that a practitioner’s conduct or continued practice at the hospital presents an immediate or imminent danger to the public, including patients, fellow medical staff members, hospital employees, visitors or any other person.

b) Who May Suspend: The chief executive officer or in the absence of the chief executive officer, the chief operating officer, may summarily suspend a practitioner with the concurrence of two of the following: the president, vice-president or secretary-treasurer of the medical staff, or the chief of any department in which the practitioner has clinical privileges.

c) Notice: Verbal notice shall be given to the practitioner as soon as possible by the chief executive officer or designee. Unless otherwise stated, such summary restriction or suspension shall become effective immediately upon verbal notice. Written notice from the chief executive officer or designee shall also be delivered forthwith in person, which notice shall include:

1) reason(s) for the suspension
2) the facts which support the need for summary action
3) the right to request a review of the suspension by the medical executive committee as provided in paragraph (d) of this section.
4) a statement that if no such request is made, the suspension will continue at least until the accompanying request for corrective action has been fully resolved (see (g) below)

A copy of the notice shall be forwarded to the Board and the chief of each department in which the practitioner has clinical privileges. A request for corrective action must also be initiated (see section (g) below).

d) Request for Review: The practitioner may request that the medical executive committee review the suspension and determine whether the suspension shall be continued or modified or whether the
practitioner’s clinical privileges shall be restored. The request shall be made in writing and delivered in person to the secretary of the medical staff after receipt by the practitioner of the notice.

e) Review by Medical Executive Committee: The medical executive committee shall meet, in executive session with only medical executive members present, to act on a request to review any suspension as soon as possible, but in all events within six (6) days after the date on which the request is received by the secretary of the medical staff. Any corrective action will be dealt with by only members of the medical executive committee present and at the discretion of the President or any member of the medical executive committee additional information of value may be sought at any time. Only medical executive committee members will be present at the time of the vote. At that meeting, the medical executive committee shall consider the basis for the suspension, may consider other relevant information received including information or recommendations from the appropriate chief of any department or section the affected practitioner is a member of and the report of any ad hoc subcommittee formed by the medical executive committee to investigate the basis for the suspension. The medical executive committee shall either restore the practitioner’s suspended clinical privileges or decide that the suspension should be continued or modified. Before the medical executive committee makes any decision, the practitioner shall be entitled to appear before the medical executive committee, which appearance shall be limited to the issue of the suspension.

f) Notice of Medical Executive Committee Action: The medical executive committee shall, through the secretary of the medical staff, promptly notify the chief executive officer, the chief of any department or section involved and the practitioner of the decision made. The chief executive officer will notify the Board. If the medical executive committee decides that the suspension should be continued or modified, the practitioner shall be given written notice within five (5) days following the meeting, specifying the decision and the reasons therefore. If the medical executive committee recommends that the suspension be lifted, expunged or modified, the recommendation shall be reviewed by the Quality Committee on an expedited basis.

g) Initiation of corrective action:

1) Immediately following the imposition of a summary suspension, the chief executive officer or designee, officer of the medical staff or chief of the practitioner’s department or section shall initiate a request for corrective action under Section 2 of this article based upon the reasons for the summary suspension.

2) The President of the medical staff shall, within forty-eight (48) hours, convene a special meeting of the medical executive committee, in executive session with only medical executive members present, to consider this request for corrective action. Due to the alleged severity of the circumstances and the suspension status of the practitioner’s clinical privileges, the medical executive committee may choose to make a recommendation based on the then available information without the steps of a study or investigation. If a request for review of the suspension has been received from the practitioner, it shall be reviewed at this time.

3) If the medical executive committee recommends corrective action for which the practitioner is entitled to a hearing, the practitioner must be sent a notice as provided in Article VIII. If
the practitioner is still under summary suspension, the hearing must commence within fifteen (15) days of the date of the suspension.

Section 5 Automatic Termination of Staff Membership or Suspension of Privileges

Members of the medical staff are required to notify Medical Staff Services of the following within five (5) business days of the date of knowing the following: revocation of state license to practice or federal drug enforcement number/license, any Medicare or Medicaid sanction, any lapse in professional liability insurance coverage or conviction of a felony. Any change in other information provided for credentialing purposes must be reported within 45 days from the date the practitioner knows of the change. Updates shall be made on appropriate state forms.

a) Revocation of Licensure: If a practitioner’s license to practice in the State of Illinois is revoked, his membership on the medical staff shall be automatically terminated and there is no hearing right.

b) Suspension of License: The privileges of any practitioner whose license to practice in the State of Illinois is suspended shall be automatically suspended during the period of the suspension of his license and there is no hearing right. Practitioner must seek reappointment if and when the suspension has been lifted and the license reinstated.

c) Controlled Substances: If a practitioner’s DEA Certificate or state controlled substances license is revoked, limited or suspended, the member shall automatically be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term. If a practitioner’s DEA certificate or state license is subject to probation, the member’s right to prescribe such medication shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

d) Medical Records: Members of the medical staff are required to complete medical records within such reasonable time as may be prescribed by the bylaws or medical executive committee and consistent with the rules and regulations regarding medical records. An automatic suspension of admitting, consultative and interpretative privileges, etc. shall be imposed for the failure of a practitioner to complete medical records within thirty (30) days after discharge and shall remain in effect until the incomplete medical records are completed. For the purpose of enforcing this automatic suspension, justified reason for delay in completing medical records shall include without limitation:

1) that the staff member or any other individual contributing to the record is ill, or otherwise unavoidably unavailable for a period of time;
2) that the staff member is awaiting results necessary for completion of the discharge summary and final diagnosis;
3) and that the staff member has dictated reports and is waiting for hospital personnel to transcribe them.

If so, the member will be given thirty (30) days to complete the chart from the time of dictation. This suspension may be waived for a specified time by the president of the medical staff for good cause. Members on emergency room call roster would be excluded from this rule for emergency patient admission through the emergency room. Any suspension imposed pursuant to this subsection (d), no matter its duration, shall be
considered administrative and shall not be construed to be a Professional Review Action within the meaning of the Health Care Quality Improvement Act of 1986 for purposes of reporting to the National Practitioner Data Bank.

4) **Requirement to complete CPOE Training:** The hospital is committed to the use of an all electronic medical record system including electronic physician order entries. All members of the medical staff with clinical privileges that allow order entry must complete individual or group training on the Computerized Physician Order Entry (CPOE) system by the member’s individually assigned completion date. The clinical privileges of any practitioner who has failed to complete the CPOE training by the deadline shall be automatically suspended until the training has been completed.

5) **Failure to Pay Dues /Assessments:** Failure without good cause as determined by the medical executive committee, to pay dues or assessments, as assessed by the medical staff prior to April 1st of each calendar year, shall be grounds for automatic suspension of a member’s clinical privileges, and if within six (6) months after written warnings of the delinquency the member does not pay the required dues or assessments, the member’s membership shall be automatically terminated.

6) **Professional Liability Insurance:** Failure to maintain professional liability insurance shall be grounds for immediate automatic suspension of a member’s clinical privileges, and if within ninety (90) days after written notice of suspension, the member does not provide evidence of required professional liability insurance, the member’s membership shall be automatically terminated.

7) **Medicare Exclusion:** The privileges of any practitioner who is excluded from any federal or state healthcare reimbursement program shall be automatically suspended during the period of the exclusion from such federal or state healthcare reimbursement program. Practitioner must seek reappointment if and when the sanction has been lifted and eligibility for federal healthcare programs has been reinstated. This provision does not apply to a practitioner who chooses not to participate in a federal or state healthcare program and who is not under investigation.

**Section 6. Arrangements for Alternative Care of Patient**

Immediately following any summary or automatic suspension pursuant to Section 4 or 5 of this Article, the president of the medical staff and the appropriate department chief shall make the necessary arrangements for alternative medical coverage of the suspended practitioner’s patients remaining in the hospital at the time of suspension. To the extent necessary to safeguard patients, the suspended practitioner is expected to cooperate in providing alternative medical coverage and to confer with the physician who is designated to replace him. The wishes of any patient of the suspended practitioner shall be considered in supplying alternative medical coverage.
ARTICLE VIII
HEARINGS

Section 1. General Provisions
a) Application of ARTICLE: For purposes of this ARTICLE, the term “practitioner” may include “applicant”, as it may be applicable under the circumstances, unless otherwise stated.

b) Timely Completion of Process: The hearing process shall be completed within a reasonable time.

c) Final Action: Recommended or proposed adverse actions described in Section 2 shall become final only after the hearing rights set forth in these bylaws have either been exhausted or waived.

Section 2. Grounds for Hearing: Except as otherwise specified in these bylaws, any one or more of the following actions recommended by the medical executive committee or initial decisions proposed by the Board shall constitute grounds for a hearing:

a) denial of requested advancement in staff membership status, or category;

b) denial of medical staff reappointment;

c) demotion to lower medical staff category or membership status;

d) suspension of staff membership;

e) revocation of medical staff membership;

f) denial of member’s request for additional clinical privileges;

g) involuntary reduction of current clinical privileges;

h) suspension of clinical privileges;

i) involuntary termination of all clinical privileges; or

j) involuntary imposition of significant consultation or monitoring requirements which affect the member’s exercise of clinical privileges (excluding monitoring incidental to provisional status and proctoring).

In the event a practitioner’s privileges or membership is affected pursuant to ARTICLE VII, Section 4, a hearing, if requested, shall be limited to the question of whether the grounds for automatic suspension has occurred.
Section 3. Requests for Hearing Following Medical Executive Committee Decision

a) Notice of Action or Proposed Action: In all cases in which the medical executive committee has made a recommendation as set forth in Section 2, the medical executive committee shall give the practitioner prompt written notice of:

1) the recommended action and that such action, if adopted, shall be taken and reported to the Illinois Department of Professional Regulation, if required;
2) the reasons for the proposed action including the acts or omissions with which the practitioner is charged;
3) the right to request a hearing pursuant to Section 3(b) and that such hearing must be requested within thirty (30) days of receipt of notice; and
4) a summary of the rights granted in the hearing pursuant to this ARTICLE. If the recommended action adversely affects the clinical privileges of a practitioner for a period longer than thirty (30) days and is based on competence or professional conduct, said written notice shall state that the action, if adopted, will be reported to the National Practitioner Data Bank, and shall state the text of the proposed report.

b) Request for Hearing: practitioner shall have thirty (30) days following receipt of notice of such recommended action to request a hearing. The request shall be in writing addressed to the medical executive committee with a copy to the board. In the event the practitioner does not request a hearing within the time and in the manner described, the practitioner shall be deemed to have waived any right to a hearing and accepted the recommended action involved.

c) Time and Place for Hearing: Upon receipt of a request for hearing, the medical executive committee shall schedule a hearing and within fourteen (14) days of such request give notice to the practitioner of the time, place and date of the hearing. Unless extended by the judicial review committee, the date of the commencement of the hearing shall be not less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request by the medical executive committee for a hearing; provided, however, that when the request is received from the practitioner who is under summary suspension, the hearing shall be held as soon as the arrangements may reasonable be made, but not to exceed fifteen days (15) days from the date of receipt of the request.

d) Judicial Review Committee: When a hearing is requested the medical executive committee shall recommend a judicial review committee and and hearing officer thereof to the board for appointment. The board shall be deemed to approve the selection unless it provides written notice to the medical executive committee stating the reasons for its objection within five (5) days. The judicial review committee shall be composed of not less than five (5) practitioners of the attending medical staff. No member of the judicial review committee shall participate if such member may gain direct financial benefit from the outcome, acted as accuser, investigator, fact finder, initial decision maker or otherwise actively participated in the consideration of the matter leading up to the recommendation. Furthermore, no member of the judicial review committee shall participate if he or she is in direct economic competition with the practitioner. Knowledge of the matter involved shall not preclude a practitioner from serving as a member of the judicial review committee. In the event that it is not feasible to appoint a judicial review committee from the attending medical staff, the medical executive committee may appoint practitioners from other staff categories or
practitioners who are not members of the medical staff, and such practitioners shall be appointed to the medical staff for the sole purpose of service on an outside expert committee. Such appointment shall include designation of the chair. Membership on a judicial review committee shall consist of one practitioner who shall have the same healing arts licensure as the accused, and where feasible, include an individual practicing the same specialty as the practitioner. All other practitioners shall have M.D. or D.O. degrees.

e) The Hearing Officer: A hearing officer shall preside at the hearing. The hearing officer shall not be a member of the judicial review committee and not in direct economic competition with the practitioner involved. The hearing officer may be a past president of the medical staff or an attorney from a local mediation/arbitration board, qualified to preside over a quasi-judicial hearing, however, an attorney regularly utilized by the hospital or medical staff for legal advice regarding its affairs and activities shall not be eligible to serve as the hearing officer. The board shall be deemed to approve the selection unless it provides written notice stating the reasons for its objections within five (5) days. The hearing officer shall gain no direct financial benefit from the outcome and must not act as a prosecuting officer or as an advocate. The hearing officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The hearing officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence. If the hearing officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the hearing officer may take such discretionary action as seems warranted by the circumstances. If requested by the judicial review committee, the hearing officer may participate in the deliberations of such committee and be a legal advisor to it, but the hearing officer shall not be entitled to vote.

f) Failure to Appear or Proceed: Failure without good cause of the practitioner to attend in person and proceed at such a hearing in an efficient and orderly manner shall be deemed to constitute voluntary acceptance of the recommended action involved.

g) Postponements and Extensions: Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these bylaws may be permitted by the judicial review committee on a showing of good cause, or upon agreement of the parties.

Section 4. Hearing Procedure

a) Pre-hearing Procedure

1) Together with the notice stating the place, time and date of the hearing, the practitioner shall receive a list of the charts in question, where applicable, and a list of the witnesses (if any) expected to testify at the hearing. The practitioner shall have the right to inspect and copy documents or other evidence upon which the charges are based, and shall also have the right to receive at least thirty (30) days prior to the hearing a copy of the evidence forming the basis of the charges that is reasonably necessary to enable the practitioner to prepare a defense, including all evidence which was considered in determining whether to recommend the adverse action, and any exculpatory evidence in the possession of the
hospital or medical staff. Each party shall have the right to receive all evidence which will be made available to the judicial review committee. This shall include any adverse report from an external reviewer to be utilized and any timely responses thereto, see Article VII, section (b) (2) (vi).

2) Either party shall have the right to inspect and copy, at its expense, any documents or other evidence relevant to the charges that the other party has in possession or control as soon as practicable after receiving the request.

3) The failure by either party to provide access to this information shall constitute good cause for a continuance. The right to inspect copy by either party does not extend to confidential information referring solely to individually identifiable practitioners, other than the practitioner under review.

4) The hearing officer shall consider and rule upon any request for access to information and may impose any safeguards for the protection of the peer review process and as justice requires. In so doing, the hearing officer shall consider:

   i. whether the information sought may be introduced to support or defend the charges;

   ii. whether the nature of the information sought tends to condemn or exonerate;

   iii. the burden imposed on the party in possession of the information sought; if access is granted; and

   iv. any previous requests for access to information submitted or resisted by the parties to the same proceeding.

5) The practitioner shall be entitled to a reasonable opportunity to question and challenge the impartiality of judicial review committee members and the hearing officer. Challenges to the impartiality of any judicial review committee member or the hearing officer shall be ruled on by the hearing officer.

6) It shall be the duty of both parties to exercise reasonable diligence in notifying the chair of the judicial review committee of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing decisions may be succinctly made at the hearing.

b) **Representation:** The practitioner shall be entitled to representation by legal counsel in any phase of the hearing, should he/she so choose, and shall receive notice of the right to obtain representation by an attorney at law. In the absence of legal counsel, the practitioner shall be entitled to be accompanied by the represented at the hearing only by a practitioner licensed to practice in the State of Illinois who is not an attorney at law. While the medical executive committee or Board may be represented by an attorney throughout the hearing, the attorney shall not be present at the hearing if the practitioner is not so represented.
c) Record of the Hearing: A shorthand reporter shall be present to make a record of the hearing proceedings, and the pre-hearing proceedings if deemed appropriately by the hearing officer. The cost of attendance of the shorthand reporter shall be borne by the hospital, but the cost of the transcript, if any, shall be borne by the party requesting it. The judicial review committee may, but shall not be required to, order that oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

d) Rights of the Parties: Within reasonable limitations, both sides at the hearing may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who shall have testified orally on any matter relevant to the issues, and otherwise rebut evidence, as long as these rights are exercised in an efficient and expeditious manner. The practitioner may be called and examined as if under cross-examination.

e) Miscellaneous Rules: Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this ARTICLE. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The judicial review committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate. At its discretion, the judicial review committee may request or permit both sides to file written arguments.

f) Burdens of Presenting Evidence and Proof:

1) At the hearing the party initiating the action shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The practitioner shall be obligated to present evidence in response.

2) An applicant shall bear the burden of persuading the judicial review committee, by a preponderance of the evidence, of his qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning his current qualifications for membership and privileges. An applicant shall not be permitted to introduce information requested by the staff but not produced during the application process unless the applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.

3) Except as provided above for applicants, throughout the hearing, the party initiating action shall bear the burden of persuading the judicial review committee, by a preponderance of the evidence, that its action or recommendation is reasonable and warranted.

g) Adjournment and Conclusion: After consultation with the chair of the judicial review committee, the hearing officer may adjourn the hearing and reconvene the same without special notice at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing. Both parties may submit a written statement at the close of the hearing. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments, if submitted, the hearing shall be closed.
h) **Basis for Decision:** The decision of judicial review committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony.

i) **Decision of the Judicial Review Board:** Within thirty (30) days after final adjournment of the hearings, the judicial review committee shall render a decision which shall be accompanied by a written report and shall be delivered to both parties. If the practitioner is currently under suspension, however, the time for the decision and report shall not exceed forty-eight (48) hours. A copy of said decision also shall be forwarded to the president of the medical staff, hospital – medical staff affairs committee, medical executive committee and the board. The report shall contain a concise statement of the reasons in support the decision including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the conclusion reached. If the final proposed action adversely affects the clinical privileges of a practitioner for a period longer than thirty (30) days and is based on competence or professional conduct, the decision shall state that the action, if adopted, will be reported to the National Practitioner Data Bank, and shall state the text of the report as agreed upon by the judicial review committee.

j) **Review by Board Committee and final action by the Board:** Both parties shall be provided a written explanation of the procedure for appealing the decision to the Quality Committee (formerly hospital medical staff affairs committee) of the Board. The Quality Committee (formerly hospital medical staff affairs committee) shall review the case on the hearing record, including any external reviews and timely responses from the practitioner and any internal peer review committee. If the decision is supported by substantial evidence following the procedures herein, the committee shall affirm the decision of the judicial review committee and recommend it to the board as the final action. If the Board’s final action will affect the practitioner’s medical staff membership or clinical privileges, the Board shall consider the responses of the Investigative Committee and practitioner to the external reviews (if any) as part of its review of the committee’s recommendation.

### Section 5. Request for Hearing Following Hospital Decision

a) **Grounds for Hearing:** This Section applies in instances where the board has made an initial adverse decision to take an action outlined in Section 2(a) through (k), regardless of the recommended action by either the medical executive committee or the Quality Committee (formerly the hospital-medical staff affairs committee).

b) **Notice of Action or Proposed Action:** In all cases in which the board has made an initial adverse decision to take an action outlined in Section 2(a) through (k), the board shall give the affected practitioner prompt written notice of: (1) the proposed action, (2) the reasons for the action, including all reasons based on the quality of medical care or any other basis, including economic factors, (3) the right to request a hearing and that such hearing must be requested within thirty (30) days, and (4) a summary of the rights granted in the hearing pursuant to this Section.

c) **Request for Hearing:** The practitioner shall have thirty (30) days following receipt of notice of such action to request a hearing. The request shall be in writing and addressed to the board. In the event the practitioner does not request a hearing within the time and in the manner described, the
practitioner shall be deemed to have waived any right to a hearing and accept the proposed action involved.

d) **Time and Place for Hearing:** Upon receipt of a request for hearing, the board shall schedule a hearing and within fourteen (14) days of such request give notice to the practitioner of the time, place and date of the hearing. Unless extended by the judicial review committee, commencement of the hearing shall not be less than thirty (30) days or more than sixty (60) days from the date of receipt of the request by the board for a hearing, provided, however, that when the request is received from a practitioner who is under summary suspension, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed fifteen (15) days from the date of receipt of the request.

e) **Effect of Prior Hearing:** Where a hearing is requested by a practitioner who has already received a hearing under Section 3 herein, each party shall be bound by the findings of the judicial review committee with respect to those issues in however, the practitioner may argue that the finding of the judicial review committee was not based upon the substantial weight of the evidence or that the medical executive committee and/or the judicial review committee did not substantially comply with the procedures required by these bylaws or applicable law. In such an event, the practitioner shall have the initial duty to present evidence and shall bear the burden of persuading the judicial review committee that the finding(s) of the judicial review committee, as ratified by the board is not based on the substantial weight of the evidence or that the medical executive committee and/or the judicial review committee did not comply with the procedures required by these bylaws or applicable law. With respect to all of their issues, the board shall bear the burden of persuasion.

f) **The Quality Committee (formerly - Hospital-Medical Staff Affairs Committee):** When a hearing is requested, the board shall forward the request to The Quality Committee (formerly - hospital-medical staff affairs committee). The Quality Committee (formerly - hospital-medical staff affairs committee) shall recommend a judicial review committee composed of not less than five (5) practitioners whose characteristics are consistent with Section 3(d) of this ARTICLE and shall recommend a hearing officer whose characteristics are consistent with Section 3(e) of this ARTICLE.

g) **Failure to Appear or Proceed:** Failure without good cause of the practitioner to attend in person and proceed at such hearing in an efficient and orderly manner shall be deemed to constitute voluntary acceptance of the action involved.

h) **Postponements and Extensions:** Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in this section may be permitted by the judicial review committee, or upon agreement of the parties.

i) **Hearing Procedure:** The procedure for hearings under this Section shall be identical to that set forth in Section 4.

**Section 6. Exclusive Contracts: Procedures Relating Thereto:** In the event the hospital proposes to enter into an exclusive contract and the contract results in the total or partial termination or reduction of medical staff membership or clinical privileges of a current practitioner, the party proposing such action shall provide the affected practitioner sixty (60) days prior notice of the effect on medical staff membership.
or privileges. An affected practitioner desiring a hearing under this ARTICLE must request the hearing within fourteen (14) days after the date he has so been notified. The requested hearing shall be commenced and completed (with a report and recommendation to the affected practitioner, board and medical executive committee) within thirty (30) days after the date of the practitioner’s request. In all other respects, the hearing procedure shall follow the procedures set forth in this ARTICLE.

**Section 7. Expunction of Disciplinary Action:** Upon petition, the medical executive committee, in its sole discretion, may expunge previous disciplinary action upon a showing of good cause or rehabilitation.

**Section 8. National Practitioner Data Bank Reporting**

a) **Adverse Actions:** The authorized representative shall report an adverse action to the National Practitioner Data Bank only upon its adoption as final action and only using the description set forth in the final action as adopted by the board. The authorized representative shall report any and all revisions of an adverse action, including, but not limited to, any expiration of the final action consistent with the terms of the final action.

b) **Dispute Process:** A practitioner who was the subject of an adverse action report whether or not the action was subject to a hearing, may request informal meeting to dispute the report filed. The report dispute meeting shall not constitute a hearing and shall be limited to the issue of whether the report filed is consistent with the final action issued. The meeting shall be attended by the subject of the report, the president of the medical staff, the chair of the subject’s department and the hospital’s authorized representative, or their respective designee.
ARTICLE IX

OFFICERS OF THE MEDICAL STAFF

Section 1. Officers of the Medical Staff

The officers of the medical staff shall be the president, vice-president and secretary treasurer.

Section 2. Qualifications of Officers

Only practitioners who are members of the active medical staff for at least two consecutive years at the time of nomination and election may serve as officers.

Section 3. Nomination and Election of Officers

a) Nomination of Officers: The nominating committee shall select one or more nominees, who have indicated their willingness to serve if elected, for each officer to be elected and submit a report on the nominees selected to the secretary of the medical staff for posting at least seven days prior to the annual meeting of the medical staff, on the bulletin board in the physician’s lounge.

b) Election of Officers: At the annual meeting of the medical staff, the nominations of the nominating committee shall be presented by the chairman of the nominating committee. Additional nominations for each office may be made from the floor. Any nominee of the nominating committee for any office for which no other nominations is made by the nominating committee or from the floor shall be declared elected by the president of the medical staff. If two or more nominations are made for the same office, an election by written ballot shall be held. If, in any such election, no nominee receives a majority of the votes cast, another election shall be held for that office between the two nominees who receive the greater number of votes on the first ballot. In case of a tie, the winning candidate shall be determined by the medical executive committee. Nominees from the floor will be accepted pending certification by the Manager of the Medical Staff Office that the candidate is qualified in accordance with the Medical Staff Bylaws.

Section 4. Term of Office

Each officer shall serve from the date of his election until the next annual meeting of the medical staff or until his successor has been elected. The president of the medical staff may not serve more than two successive terms.

Section 5. Vacancies in Office

a) Causes: A vacancy shall occur if an officer dies, resigns or is removed from his office. Any medical staff officer may be removed from office for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude. The office of the vice-president shall become vacant if the vice-president succeeds to the office of president as provided in paragraph (c) of this Section 5.
b) **Removal:** Removal of a medical staff officer shall be initiated by a petition signed by at least one-third of the members of the medical staff eligible to vote for officers. Removal shall be considered at a special meeting called for that purpose. Notice of the special meeting and the validated petition shall be distributed to the medical staff prior to the special meeting. The highest ranking medical staff officer, who is not a subject of the petition, will be in charge of setting the date and calling the meeting. Removal shall require a two-thirds vote of the medical staff members eligible to vote for medical staff officers who actually cast votes in person at the special meeting.

c) **Succession in Case of Vacancy:** If a vacancy occurs in any office, other than in the office of president, a successor shall be elected at the next regular or special meeting of the medical staff in the same manner as provided in paragraph (b) of Section 3 of this ARTICLE. Prior to that meeting, the nominating committee shall select one or more nominees for such office, who have indicated their willingness to serve if elected and at that meeting the nominations of the nominating committee shall be presented by the chairman of the nominating committee. If a vacancy occurs in the office of the president, the vice-president shall succeed to that office and shall serve for the unexpired term.

**Section 6. Duties of Officers**

a) **President:** The president shall serve as the chief administrative officer of the medical staff and, except as provided in these bylaws, shall:
   1) President will be responsible for the agenda of all regular and special meetings of the medical staff.
   2) Serve as chairman of the medical executive committee, a member of the joint conference committee, the accreditation committee, the Quality Committee and a member, without vote, of all other medical staff committees except the nominating committee.
   3) Be responsible for the enforcement of medical staff bylaws, rules and regulations and policies and for the medical staff’s compliance with the procedural safeguards in connection with appointment and reappointment to the medical staff and in all instances where corrective action is requested as provided in ARTICLE VII against a practitioner.
   4) Inform physicians wellness committee of any corrective action taken by our staff, other staffs or any regulatory agency against a practitioner that has as its basis, impairment by reason of:
      i. physical illness
      ii. chemical dependency
      iii. mental illness
   5) Appoint committee chairmen and members to all medical staff committees to which such appointments are not otherwise determined by these bylaws or the medical staff.
   6) Present the views, policies, needs and concerns of the medical staff to the Board and to the chief executive officer.
7) Receive and interpret the policies of the Board to the medical staff and report regularly to
the Board on the performance of the medical staff in providing quality medical care.

8) Act in coordination and cooperation with the chief executive officer in all matters of mutual
concern, including any educational activities of the medical staff within the hospital.

9) Be spokesman for the medical staff in its external professional and public relations.

10) Accept, if offered in accordance with the corporate bylaws, an appointment to the Board for
a term which coincides with his term of office as president and, upon expiration thereof, as
immediate past president and if offered in accordance with the corporate bylaws to serve
as a member of the executive committee of the Board during his term as president.

11) Receive, on behalf of his medical practice, compensation for his services in an amount to
be determined each year by the medical executive committee.

b) **Vice-President**: The vice-president shall:

1) Have such administrative duties and responsibilities as the president determines with a
view to ensuring that the vice president, if he is required to assume the duties of the
president or succeeds to the office of president, will be adequately prepared to assume the
functions of that office.

2) Serve as a member of the medical executive committee, the joint conference committee,
the accreditation committee, the Quality Committee (formerly – hospital medical staff
affairs committee) and the bylaws committee of the medical staff.

3) Have the powers and duties of the president in the absence or inability of the president to
serve.

4) Accept, if offered in accordance with the corporate bylaws, an appointment to the Board
and/or the executive committee of the Board for a term which coincides with his term of
office as vice-president.

c) **Secretary-Treasurer**: The secretary-treasurer shall:

1) Service as a member of the medical executive committee, the joint conference committee,
the Quality Committee (formerly the hospital medical staff affairs committee) and the
bylaws committee of the medical staff.

2) Call medical staff meetings at the direction of the president

3) Attend to all correspondence of the medical staff.

4) Have custody and management of all funds of the medical staff.

5) Have such other duties and responsibilities as are provided in these bylaws or determined
by the medical staff or the medical executive committee.
ARTICLE X

DEPARTMENTS

Section 1. Clinical Departments

The clinical departments of the medical staff shall be the departments of:

1) Internal medicine, including sections of medicine, gastroenterology, hematology/oncology, neurology, nephrology, and psychiatry

2) Surgery, including sections of cardiac/vascular, dentistry, general surgery, neurosurgery, ophthalmology, oral, otolaryngology/head/neck, plastic, podiatry and urology

3) Obstetrics and gynecology

4) Pediatrics, including the section of neonatology and pediatric emergency

5) Family Medicine

6) Orthopedics

7) Emergency Medicine, including the section of ambulatory services

8) Anesthesia and Pain Medicine

9) Cardiology

Section 2. Service Departments

The service departments of the medical staff shall be the departments of:

1) Pathology

2) Radiology, including the section of radiation oncology

Section 3. Additional Departments and Sections

a) Departments: Additional departments may be established by amendment to these bylaws or by resolution of the medical staff with the approval of the board.

b) Sections: Additional sections may be established within a department by Amendment to these bylaws or by resolution of the department with the approval of the medical executive committee and the Board.
Section 4. Functions of Departments and Sections.

a) Departments: Each department shall:

1) Establish its own criteria for the recommendation of clinical privileges.

2) Establish a medical care evaluation committee, consisting of at least three members, which shall conduct ongoing peer review, based on defined criteria as developed by the committee, for all members of the department relating to current patient care and make reports to the department.

3) Hold meetings, including an annual meeting, at which the department’s medical care evaluation committee reports shall be received and the clinical work of the department shall be reviewed and analyzed. Departments which are organized into sections may substitute any department meeting with section meetings. The full department shall have an annual meeting and any number of additional meetings to be determined by each department. Each department conducting surgical procedures shall review surgical cases on a monthly basis to help assure that surgery performed was indicated and of high quality and shall evaluate all cases in which a major discrepancy exists between pre-operative and post-operative diagnoses.

4) Submit a monthly report to the medical executive committee and the chief executive officer detailing the intra-department analysis of patient care.

5) Adopt rules and regulations as provided in ARTICLE XIV.

6) May organize a section chiefs committee which shall:

   i. consist of the chief of each section with vote
   ii. meet in lieu of a full department meeting and consider actions within the department
   iii. act for the department between times of the regular meetings
   iv. discuss requests from the sections for consideration by the department
   v. direct the actions of the section
   vi. review credentials and recommendations made by the sections on privileges and applications and where there is concurrence will recommend action directly to the credentials committee and if there is no agreement between the section and the section chiefs, the chief of the department would promptly call a special meeting of the department
   vii. perform any other activity which the entire department, by majority vote, shall request it to perform

7) Identify conditions and situations which require consultation, including consultation between medical staff members in complicated cases and such conditions and situations shall be set forth in the rules and regulations of the department.
8) Establish policies which require a physician as first assistant to major and/or hazardous surgery, including written criteria to determine when an assistant is needed and such policies shall be set forth in the rules and regulations of the department.

9) Assure, through credentialing by the medical staff, that a qualified surgical assistant, whether physician or non-physician, assists the operating surgeon in the operating room.

b) **Sections:** Each section shall:
   1) Establish its own criteria for the recommendation of clinical privileges
   2) Conduct a monthly retrospective review, on a selective basis, of records of patients and other pertinent sources of medical information relating to current patient care
   3) Hold meetings, including an annual meeting which shall be held in the same month as the annual meeting of the department of which the section is a part, at which the clinical work of the section shall be reviewed and analyzed.
   4) Submit a monthly report to the department’s medical care evaluation committee detailing the intradepartmental analysis of patient care.
   5) Adopt rules and regulations as provided in ARTICLE XIV.

**Section 5. Organization**

a) **Structure:** Each department shall be organized as a separate part of the medical staff and may be divided into sections as provided in these bylaws

b) **Department Officers:** Each department shall have a chief and vice-chief, who shall be elected and confirmed by the Board as provided in Section 7 of this ARTICLE.

c) **Section Officers:** Each section shall have a chief and vice chief who shall be elected and confirmed by the Board as provided in Section 7 of this ARTICLE.

**Section 6. Qualifications of Department and Section Officers**

a) **Department Officers:** Each department chief and vice-chief shall be a physician who is:
   1) A member of the active medical staff and a member of the department
   2) Highly competent in one or more of the specialties within his department
   3) Qualified by experience and demonstrated ability for the position

b) **Section Officers:** Each section chief and vice-chief shall be a practitioner who is:
   1) A member of the active medical staff and a member of the department.
   2) Highly competent in one or more of the specialties within his section.
Section 7. Selection of Department and Section Officers

a) **Election:** Each department or section, by a majority vote of the members of that department or section who are present at an annual meeting of the department or section and who are eligible to vote for such office, shall elect a member of that department or section for each of the offices of chief and vice chief. Each section election shall be held in the same month as in the month in which the department of which the section is a part holds its election, unless the department wishes to elect one-half of its section chiefs in alternate years.

b) **Confirmation of Election of Chief and Vice Chief by the Board:** The names of persons who have been elected chief and vice chief shall be submitted to the chief executive officer for presentation to the Board at its regular meeting following the meeting of the department or section at which the elections were held. At that meeting, the Board with respect to each such office, shall either confirm the election and appoint the person elected to the office or vote not to confirm the election.

c) **Procedure Where Board Rejects the Appointment of a Nominee:** If the Board votes not to confirm the election of any person as chief or vice-chief of a department or section, it shall through the chief executive officer, promptly notify the previous department or section chief of its refusal to confirm the election and the reasons therefore. At its next regular meeting following receipt of the notice of refusal by the Board to confirm the election of any person as chief or vice-chief, the department or section shall, in the manner described in paragraph (a) of this Section, elect another person to that office. Thereafter, the procedures provided in this Section 7 for confirmation of an election and appointment or refusal to confirm and a new election shall be followed until an election of a person to that office by the department or section is confirmed by the Board.

Section 8. Term of Office

a) **Chief and Vice-Chief:** The chief and vice chief of a department or section shall serve for a term commencing with the confirmation of their election by the Board in accordance with Section 7 of this ARTICLE and continuing until the second annual meeting of the department or section following confirmation of their election or until their successors are elected by the department or section and confirmed by the Board. To the extent feasible, the term of office or section officers shall be concurrent with the term of office of the chief of the department of which the section is a part, unless the department wishes to elect one-half of its section chiefs in alternate years.

b) **Succession in Office:** Department and section chiefs of any clinical department may serve more than one term of office. All department and section officers may succeed themselves.

Section 9. Vacancies

a) **Causes:** A vacancy shall occur if an officer of a department or section dies, resigns or is removed from office. Any officer of a department or section may be removed from office of a department for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude.

b) **Removal:** A vote to remove an officer of a department or section may be held on the basis of a proper petition signed by at least one-third of the voting members of the department or section.
Removal shall be considered at a special meeting called for that purpose according to Article XIII, Section 2. Special Meetings of the Medical Staff Bylaws.

c) Succession in Case of Vacancy: If a vacancy occurs in any office, a successor shall be selected at the next regular meeting of the department or section as provided in paragraph (a) of Section 7 of this ARTICLE. In the case of a vacancy in the office of chief or vice-chief, the election of a successor shall be subject to the confirmation by the Board as provided in paragraphs (b) and (c) of Section 7 of this ARTICLE. Any successor so selected shall serve for the unexpired term of the officer whose office becomes vacant.

Section 10. Duties of Department Officers

a) Department Chief: Each department chief shall:

1) Be accountable to his department and the medical executive committee for all professional and medical staff administrative activities within his department and shall report to the medical executive committee.

2) Maintain continuing surveillance of the professional performance of all individuals having clinical privileges in this department, and report regularly thereon to the medical executive committee.

3) Give guidance on the overall medical policies of the hospital and make specific recommendations and suggestions regarding his own department to the medical executive committee in order to assure quality patient care.

4) Be responsible within his department for enforcement of the hospital bylaws, the medical staff bylaws, and medical staff and departmental rules and regulations and policies.

5) Be responsible for departmental implementation of actions taken by the medical executive committee.

6) Transmit to the credentials committee his department's recommendations concerning the delineating of clinical privileges for all practitioners in his department.

7) Have the overall responsibility for teaching, education, and research programs in his department.

8) Participate in every phase of administration of his department, including working in close cooperation with the nursing service and the hospital administration in matters affecting patient care such as personnel, supplies, special regulations, standing orders and techniques.

9) Participate jointly with the hospital administration in preparing such annual reports pertaining to his department, including budgetary planning, as may be required by the medical executive committee, the chief executive officer or the Board.
10) At least annually submit a written report and report in person to the Board concerning activities within his department.

**Department Vice-Chief:** Each department vice-chief shall:

1) Have such duties and responsibilities as the chief determines with a view to insuring that the vice-chief, if he is required to assume the duties of the chief, will be adequately prepared to assume the functions of that office; and

2) Have the powers and duties of the chief in the absence of the chief.

**Section 11. Duties of Section Officers**

a) **Section Chief:** Each section chief shall be accountable to the chief of the department for all professional and medical staff administrative activities within his section and, subject to the overall authority of the chief of the department, shall:

1) Maintain continuing surveillance of the professional performance of all individuals having clinical privileges in his section, and report regularly thereon to the chief of the department.

2) Give guidance on the overall medical policies of the hospital and make specific recommendations and suggestions regarding his own section to the chief of the department in order to assure quality patient care.

3) Be responsible within his section for enforcement of the hospital bylaws, the medical staff bylaws and medical staff, department and section rules and regulations.

4) Be responsible for section implementation of actions taken by the medical executive committee or the department.

5) Transmit to the chief of the department his section’s recommendations concerning the delineation of clinical privileges for all practitioners in his section.

6) Have the overall responsibility for teaching, education and research programs in his section.

7) Participate in every phase of administration of his section, including working in close cooperation with the nursing services and the hospital administration in matters affecting patient care such as personnel, supplies, special regulations, standings orders and techniques.

8) Participate jointly with the hospital administration in preparing such annual reports pertaining to his department and section, including budgetary planning, as may be required by the medical executive committee, the chief executive officer or the Board.

9) Submit, at least annually, a written report to the chief of the department concerning activities within his section.
b) **Section Vice-Chief**: Each section vice-chief shall:

1) Have such duties and responsibilities as the chief determines with a view to insuring that the vice-chief, if he is required to assume the duties of the chief, will be adequately prepared to assume the functions of that office.

2) Have the powers and duties of the chief in the absence of the chief.
ARTICLE XI
COMMITTEES

Section 1. Standing Committees

a) Medical Executive Committee: The medical executive committee shall consist of:

1) The officers of the medical staff
2) The immediate past president of the medical staff
3) The chief of each department of the medical staff
4) The chief executive officer and the vice-president-administration of the hospital who shall be members without vote

The president, vice-president and secretary-treasurer of the medical staff shall be chairman, vice-chairman and secretary-treasurer respectively of the medical executive committee.

The medical executive committee shall:

1) Represent and act on behalf of the medical staff, subject to the limitations imposed by these bylaws and resolutions of the medical staff not inconsistent with these bylaws or the bylaws of the hospital.
2) Manage medical staff affairs (enforcement of rules and regulations, committee and departmental matters, etc.)
3) Coordinate the activities and general policies of the various departments and services, including medical education programs.
4) Receive and act upon committee reports.
5) Implement policies of the medical staff which are not otherwise the responsibility attributed to department personnel.
6) Be responsible to the Board for the surveillance of the quality of medical care and professionally ethical conduct on the part of all members of the medical staff and initiate or participate in medical staff corrective action as provided in these bylaws.
7) Provide liaison between the medical staff, the chief executive officer and the Board, and make recommendations directly to the Board regarding structure of the medical staff and the mechanism used to review credentials and to delineate individual clinical privileges; recommend individuals for medical staff membership; recommend delineated clinical privileges for each eligible practitioner; recommend the organization of quality assurance activities of the medical staff as well as
mechanisms to conduct, evaluate and revise such activities; recommend the mechanism by which membership on the medical staff may be terminated.

8) Insure that the medical staff is kept abreast of the accreditation program and informed of the accreditation status of the hospital.

9) Report at each meeting of the medical staff.

10) Meet at least monthly and maintain a permanent record of its proceedings and actions.

b) **Credentials Committee:** The credentials committee shall consist of one member of the active medical staff from each department who is elected by the members of his department for a term coinciding with the term of the department chief.

The credentials committee shall:

1) Elect a chairman from among its members.

2) If appropriate, interview applicants for medical staff membership, or in lieu of a committee interview, the chairman of the credentials committee may interview the applicant.

3) Consult with knowledgeable members of the departments and sections in which the applicant or member seeks privileges concerning his qualifications and, at the request of the chief of any department or section, afford such chief an opportunity to attend the meeting at which such applicant or member is being considered to discuss his qualifications.

4) Make recommendations to the medical executive committee for appointment and reappointment and the delineation of clinical privileges and membership in categories of the medical staff as provided in these bylaws and in so doing thoroughly examine and evaluate the professional competence, ethics and character of each practitioner. Review any reports referred to it by the medical executive committee, any other committees and by the president of the medical staff.

5) Meet at least monthly and maintain a permanent record of its proceedings and actions.

c) **Physician Wellness Committee:** The physician wellness committee shall consist of five members of the active medical staff. The members of this committee shall be appointed for staggered three-year terms by the medical executive committee. When the committee is formed, one member shall be appointed for a one-year term, two members for two-year terms and two members for three-year terms. The medical executive committee shall appoint the chairman of the physician wellness committee from among its members.

This committee shall be responsible for addressing a practitioner’s ability to practice medicine with reasonable skill and safety to patients, which may be impacted by physical or mental impairments.
(including the aging process), behavioral issues or substance abuse. Its function is to serve as a resource for a practitioner with an impairment or performance deficiency due to such impairment or to those persons seeking to assist such practitioner including the recommendations of options for evaluation, treatment and rehabilitation.

The Committee’s assistance may be requested by a self-referring practitioner or otherwise, in which case the consultation and any subsequent activities of the Committee shall remain confidential. However, if, in the opinion of the Committee after its assessment of the matter, there is substantial evidence of impairment, the practitioner’s department chief shall be notified. The Committee shall submit an annual report to the medical executive committee which summarizes the number of such cases and the general outcome without any identifying information.

Alternatively, a practitioner may be referred to the Committee by the medical staff president, other officer or the medical executive committee. This referral may or may not be in conjunction with a corrective action. A corrective action may be placed in a pending category while the consultation with the Committee is in progress. If the practitioner chooses not to cooperate with the Committee's evaluation process, the corrective action process shall resume. Any information provided to the Committee by the practitioner in this context shall remain confidential.

The physician wellness committee shall:

1) Have at least one annual meeting and any needed additional meetings.

2) Sponsor and/or develop programs to educate the medical staff and other appropriate hospital personnel in the detection of impairment.

3) Publicize available information and programs dealing with wellness issues, counseling and treatment.

4) Encourage professionals to seek assistance voluntarily.

5) Request, when appropriate, that the practitioner undergo a physical or mental examination by a physician(s) acceptable to both the subject physician and this Committee.

6) Evaluate the results of the examination and make recommendations to the subject physician.

7) Monitor the progress of the subject physician’s treatment and compliance.

Section 2. Joint Committees of the Medical Staff

a) Joint Conference Committee: The joint conference committee shall consist of the members of the medical executive committee and members of the Board. The chairmanship of the committee shall alternate from meeting to meeting between a medical staff member and a Board member. The joint conference committee shall meet at least quarterly and serve as a forum for the discussion of matters of hospital policy and practice, especially those pertaining to effective patient care.
b) Accreditation Committee: The accreditation committee shall consist of the president, vice-president and immediate past president of the medical staff, the chief executive officer, a member of the Board appointed by the chairman of the Board and other appropriate hospital personnel appointed by the chief executive officer. The chairman of the Board shall appoint the chairman for the accreditation committee from among its members.

The accreditation committee shall:
1) Be responsible for the review of the hospital’s compliance with the standards for the accreditation of hospitals of the Joint Commission on Accreditation of Hospitals and the standards and regulations of other accrediting or certifying bodies or any public authority whose actions affect the hospital.
2) Use the Joint Commission survey forms and any other appropriate forms as a review method to ascertain the accreditation status of the hospital.
3) Supervise an interim self-survey during any interim year between regular Joint Commission surveys.
4) Have one annual meeting and additional meetings only as necessary.

Reports regarding areas of suspected non-compliance with any such standards or regulations shall be made to the joint conference committee for appropriate action.

c) Quality Committee (formerly Hospital-Medical Staff Affairs Committee): The Quality Committee shall consist of the three (3) individual officers of the medical staff, the chairman of the credentials committee and the chairman of the continuing quality improvement committee as well as five (5) individual members of the hospital Board. The Quality Committee shall meet at least quarterly to discuss and vote upon appointment and reappointment issues as outlined in ARTICLE V of these bylaws.

Section 3. Medical Staff Committees with Hospital Personnel: All members of the following committees shall have the privileges of the floor, but only members who are members of the medical staff shall be entitled to vote:

a) Pharmacy and Therapeutics Committee: The pharmacy and therapeutic committee shall consist of at least one active member of the medical staff from each clinical department appointed by the chief of the department, for a term coinciding with the term of the department chief and hospital personnel, appointed by the chief executive officer, including a member of administration, a member of the nursing service, and the chief pharmacist, who will be voting members of the committee. The president of the medical staff shall appoint a chairman of the pharmacy and therapeutics committee from among its members.

In order to assure optimum clinical results and a minimum potential for hazard, the pharmacy and therapeutic committee shall:
1) Be responsible for development and surveillance of policies, practices, rules and regulations relating to, but not limited to, the following:
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i. Select and evaluate on a current basis all drugs and medicines to be included in the hospital formulary drug list.

ii. Formulate rules and regulations regarding and supervise distribution and administration of drugs and medicine through evaluation of drug usage reports, medication errors and incident reports, storage policies, etc.

iii. Develop policies and procedures of administration of identified drugs and medicines by qualified professional persons (certified, registered, accredited personnel.)

iv. Evaluate all significant untoward drug reactions.

2) Establish guidelines for education, in-service training and supervision of all personnel administering drugs and medications and promote educational programs on drugs and drug therapy for medical and nursing staffs and other appropriate hospital personnel.

3) Meet quarterly or more often as necessary.

b) Physician Quality Clinical Practices Committee (formerly Continuing Quality Improvement Committee). The Physician Quality Clinical Practices Committee shall consist of the audit chairman from each clinical and service department, the chairman of the education committee, a representative from administration. The committee will elect two physicians from its membership to serve on the hospital-wide CQI Council, along with the vice president and secretary/treasurer of the medical staff. The president of the medical staff will appoint the chairman.

The continuing quality improvement committee shall:

1) Request quality assurance reports from medical and hospital committees, medical clinical departments and hospital departments involved in quality assurance activities that are in accordance with the Conditions of Participation Hospital in the Medicare Program and recommend appropriate action.

2) Direct the medical and hospital staffs and committees to conduct focused reviews on specified topics.

3) Require each quality assurance plan to provide for the ongoing of pertinent information for patient care.

4) Require each quality assurance unit to report at regular intervals to the appropriate quality assurance committee.

5) Receive reports from the hospital quality assurance committee and refer pertinent issues to that committee as appropriate.
6) Review the medical quality assurance plan on an annual basis and recommend changes to the medical executive committee.

7) Meet annually or more often as necessary.

The Physician Quality Clinical Practices Committee may invite the attendance and participation of the director of nursing services or designee, the director of quality measurement and improvement, and other employees or consultants as deemed appropriate by the voting members of the medical quality assurance committee.

c) Radiation Safety Committee: The radiation safety committee shall consist of:

1) A clinical therapeutic radiologist
2) A pathologist
3) An internist
4) A hematologist
5) A physician experienced in nuclear medicine, if available
6) The radiation safety officer, if any
7) The director of nursing
8) The chief executive officer, or his representative

The chairman of the committee and all of its members, except the director of nursing and chief executive officer, shall be appointed by the president of the medical staff annually.

The radiation safety committee shall:

1) Periodically review the radiation safety program of the hospital.

2) Make recommendations to the Board concerning the safe administration and handling of radioactive material, the elimination of radiation hazards and the storage and disposal of radioactive material.

3) Establish and maintain review of the training and experience of those using radioactive materials in the hospitals.

4) Establish, in cooperation with the education committee educational programs for the medical staff, nursing staff and other hospital personnel concerning radiation safety.

5) Reports regarding performance and any areas of deficiencies shall be made to the medical executive committee and the chief executive officer for appropriate action.

6) Meet quarterly or more often as necessary, in order to meet guidelines established by the Federal Government.

d) Home Care Advisory Committee: The home care advisory committee shall consist of:

1) Appropriate hospital personnel appointed by the chief executive officer.
2) One member not employed by the hospital.

3) The president of the medical staff will appoint the chairman and the six active or courtesy members of the medical staff annually.

4) The home care advisory committee shall: Meet quarterly or as often as necessary.

5) Review policies and evaluate the programs of the service.

6) Assume responsibility of evaluating the quality of care provided.

7) Assume responsibility of evaluating the propriety of continued services to individual patients.

8) Perform a quarterly clinical record review of at least ten percent of both active and inactive records.

9) Make recommendations as necessary, through administration, to the appropriate committees of the medical staff and the Board of Directors.

e) The Blood Management Committee: The transfusion and laboratory committee shall consist of the blood bank director, one additional member from the department of pathology, one member for each clinical department, one hematologist/oncologist, as appointed by the president of the medical staff annually. One member from the nursing staff and one member from the medical audit office will be appointed by administration and one member from the blood bank technical staff will be appointed by the blood bank director. The president of the medical staff will appoint the chairman annually.

The Blood Management Committee shall:

1) Meet quarterly, or more often as necessary, and maintain a permanent written record of its proceedings and actions.

2) Be responsible for ensuring the quality, quantity and availability of blood and blood products.

3) Be responsible for reviewing records of transfusions and making recommendations concerning policies governing transfusion procedures and practices.

4) Be responsible for reviewing all reactions and untoward effects of blood transfusions.

5) Be responsible for evaluating the appropriate use of laboratory tests and procedures and for making recommendations to departments concerning the policies governing such tests and procedures.

f) Surgery Pavilion Committee: The surgery pavilion committee will consist of the chief of the department of surgery, the chief of the department of obstetrics/gynecology, the chief of the
department of orthopedics, the chief of the department of anesthesia and pain medicine and the operating room supervisor. The purpose of the committee is to formulate policies for the surgical suite and to resolve its day to day problems.

The surgery pavilion committee shall:
1) Elect a chairman for a two year term

2) Meet quarterly, or more often if necessary

3) Make reports of its meetings to the surgical section chiefs, the department of obstetrics/gynecology, the department of orthopedics, the department of anesthesia and pain medicine and the executive committee

g) Cancer Committee: The committee shall consist of at least one active member of each of the following specialties: surgery, medical oncology, radiation oncology, gynae oncology, diagnostic radiology, pathology, general internal medicine and family medicine, an internist to be appointed by the chief of the appropriate department, and a physician liaison for the American College of Surgeons for a term coinciding with the term of each department chief. Members will be appointed by either the department head or chief of the corresponding section. Hospital personnel shall consist of a representative from administration, nursing, social services, cancer registry and quality assurance, to be appointed by the chief executive officer. The chairman of the Cancer Committee shall be a medical staff member.

Physician Credentials: Diagnostic and treatment services are provided by or referred to physicians who are currently board certified in their general specialty or are in the process of becoming board certified.

The following specialties are required to have board certification or eligibility:
1) Diagnostic radiology
2) Pathology
3) General Surgery
4) Radiation Oncology
5) Medical Oncology

The cancer committee shall:
1) Elect a chairman every two years.
2) Ensure compliance with standards set forth by the American College of Surgeons, Commission on Cancer.
3) Ensure current staging guidelines are implemented.
4) Meet quarterly or more often if necessary.
5) Develop and evaluate the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer.
6) Promote a coordinated, multidisciplinary approach to patient management.
7) Ensure that educational and consultative cancer conferences cover all major sites and related issues.
8) Ensure that an active supportive care system is in place for patients, families, and staff.
9) Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care and outcomes.
10) Promote clinical research.
11) Supervise the cancer registry and ensure accurate and timely abstracting, staging and follow-up reporting.
12) Perform quality control of registry data.
13) Encourage data usage and regular reporting.
14) Ensure content of the annual report meets requirements of the American College of Surgeons, Commission on Cancer.
15) Produce the annual report by the end of the calendar year.
16) Uphold medical ethical standards.

Section 4. Special Committees

a) Education Committee: The education committee shall consist of:

1) The director of medical education, who shall serve as chairman, and a CME planner from the clinical and service departments.

2) Each department or section chief will appoint a CME planner whose appointment shall be for two years or longer. Their appointments shall provide overlapping tenure for approximately 50% of the members.

3) The CME planner will be the liaison person between the department or section and the education committee. His duties are outlined in the Policy and Procedure on CME Planning, NCH, Part II, B-2.

4) The CME planner for all sections of the staff, cancer committee chairman, director of the emergency room and other committee representatives as appointed by the president, will report to the education committee twice a year on a schedule set up by the director of medical education.

The education committee shall:

1) Be responsible for the overall CME decisions.

2) Be responsible to see that educational needs, as identified from quality assurance, utilization review, pharmacy and therapeutics, environment and infection control, radiation safety and/or emergency committee and by recommendations from departments, section chiefs, staff surveys, staff individual members, are identified and goals and objectives established, programs developed and follow-up evaluation performed.

3) When needs are of a department or section level, have overall responsibility to see that CME planning has occurred.

4) When needs are more general, help to co-sponsor and develop the objectives, program and evaluation procedures.
5) Be responsible to see that the units offering CME programs exhibit sound professional understanding of effective educational methods as they apply to CME planning.

6) Evaluate CME programs and grant either Category 1-A, 1-B, or Category 1 credit.

7) Maintain the medical library and evaluate the deletion of outmoded material and the acquisition of new material.

8) Approve the overall budget of continuing medical education.

9) Meet on an as needed basis, or more often as necessary, and keep a permanent record of the proceedings and actions.

10) Establish programs to assist medical staff members in identifying and addressing physical and mental health problems.

b) **Bylaws Committee:** The bylaws committee shall consist of the vice president and the secretary-treasurer of the medical staff and three attending members of the medical staff, who are not members of the executive committee, who are appointed by the president of the medical staff for three-year terms provided that the initial terms of two of the three appointed members shall be for one and two years respectively. The president of the medical staff shall appoint a chairman of the bylaws committee from among its members.

The bylaws committee shall:

1) Receive and analyze suggestions and proposals for amendments to the bylaws.

2) Review rules and regulations of the medical staff and all departmental and sectional rules and regulations to insure that these do not conflict with the bylaws.

3) Make recommendations to the medical staff and the Board concerning language of proposed amendments to the bylaws.

4) Submit reports regarding activities and recommendations, at least annually, to the medical executive committee and the medical staff.

5) Have one annual meeting for the review of bylaws and any additional meetings as necessary.

c) **Nominating Committee:** The nominating committee shall consist of one member of the attending medical staff elected by each department from among its members. Members of the nominating committee shall serve two year terms provided that the initial term of three members of the committee, chosen by lot, shall be for only one year.

The nominating committee shall:

1) Elect a chairman from among its members.
2) Actively solicit recommendations for candidates and information concerning qualifications of suggested candidates.

3) Prepare and present a slate of candidates for the medical staff offices of president, vice-president, and secretary-treasurer as provided in ARTICLE IX.

d) Entertainment Committee: The entertainment committee shall consist of at least three members of the medical staff appointed by the president of the medical staff. The president of the medical staff shall appoint the chairman of the entertainment committee. The entertainment committee shall be responsible for the planning of all organized social activities of the medical staff.

e) Other Special Committees: The medical staff may create additional committees to direct, monitor, review and analyze other hospital services and medical staff functions. The president of the medical staff shall inform the Board of the creation and functions of any additional committees.
ARTICLE XII

MEDICAL STAFF MEETINGS

Rules of Order by Dr. James E. Davis shall be the standard rules of order for all meetings conducted by members of the medical staff.

Section 1. Regular Meetings
The annual meeting of the medical staff shall be held at least ten days prior to the annual meeting of the Board. At the annual meeting, officers shall be elected and assume office as the first order of business following the approval of minutes; annual reports of all departments and committees shall be presented and such other business shall be conducted as provided in these bylaws or as may be brought before the meeting. Other regular meetings of the medical staff shall be held during the months of April, July, and October of each calendar year.

Section 2. Special Meetings
The president of the medical staff may, at the written request of the Board, the medical executive committee, or at least five members of the attending medical staff, call a special meeting of the medical staff by giving notice as provided in Section 4 of this ARTICLE. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

Section 3. Date, Time and Place
The medical executive committee shall determine the date, time of day and place of regular meetings. The date, time and place of any special meeting shall be as provided in the notice of the meeting.

Section 4. Notice
Written notice stating the date, time and place of any meeting of the medical staff shall be delivered to each member of the medical staff required or entitled to be present at meetings of the medical staff at least five days and not more than thirty days before the date of the meeting. Attendance at a meeting shall constitute waiver of notice of that meeting.

Section 5. Proxies
At any meeting of the medical staff, any member otherwise eligible to vote, who is not present, may vote by proxy. A proxy shall be considered valid only if it is in writing and duly signed and dated.

Section 6. Quorum
Fifty percent (50%) of the members of the medical staff eligible to vote on the issue being considered as provided in ARTICLE IV of these bylaws, if present at the beginning of the meeting or represented by proxy in accordance with Section 5 above, at any meeting shall constitute a quorum and no business may be transacted unless a quorum is present. A quorum shall be considered present for the entire duration of any meeting that commenced with such a quorum, notwithstanding the actual number of members present at the time of a vote.

Section 7. Minutes
Minutes of each regular and special meeting of the medical staff shall be kept and shall include a record of attendance and the numerical vote taken on each matter. Minutes taken at any such meeting shall be presented for approval at the next meeting, signed by the president or secretary of the medical staff.
Section 8. Manner of Action
Except as provided in these bylaws, the action of a majority of the members of the medical staff who are entitled to vote and who are present and voting, or represented by proxy, in accordance with Section 5 of the ARTICLE, at a meeting at which a quorum is present shall be the action of the medical staff.

Section 9. Attendance

a) Requirements: As described in ARTICLE IV, Section 2(d)(1)

Section 10. Voting Rights

a) Attending, Associate, Provisional Medical Staff Members: Members of attending, associate, provisional medical staff are eligible to vote at any meeting of the medical staff as provided in Sections 2, 3, 4 and 6 of ARTICLE IV. Members of the associate and provisional medical staff shall have the privilege of the floor concerning matters with respect to which they may not vote.

Section 11. Agenda

a) The agenda at any regular meeting of the medical staff shall include:

1) Call to order
2) Reading and approval of the minutes from the last business meeting
3) Election of officers if any officer is to be elected
4) Report of the credentials committee
5) Unfinished business
6) Communications
7) Report of the chief executive officer
8) New business
9) Discussion and recommendations for improving hospital work
10) Announcements of an extramural medical nature, if prior clearance is given by the president of the medical staff
11) Adjournment

b) The agenda at special meetings shall be:

1) Reading of the notice calling the meeting.
2) Discussion of and action on the business for which the meeting was called.
3) Adjournment
ARTICLE XIII

DEPARTMENTAL, SECTIONAL AND COMMITTEE MEETINGS

Rules of Order by Dr. James E. Davis shall be the standard rules of order for all meetings conducted by members of the medical staff.

All regular meetings of departments, sections and committees shall be held with such frequency as is provided in these bylaws or where these bylaws do not provide for the frequency of meetings, as the medical executive committee may determine.

Section 1. Regular and Annual Meeting
Departments, sections and committees shall by resolution provide for the date, time and place of regular and annual meetings without further notice. Each department or section shall have an annual meeting and shall, at least monthly, review and evaluate the clinical work of the practitioners of that department or section.

Section 2. Special Meetings
Special meetings of any department, section or committee may be called by the chief of the department or section or chairman of the committee, the president of the medical staff or one-third of the members of the department, section, or committee who are members of the attending medical staff by giving notice as provided in Section 3 of this ARTICLE.

Section 3. Notice
Written or oral notice stating the date, time and place of any special meeting of a department, section or committee shall be given to each member of the department section or committee at least three days before the date of the meeting.

Section 4. Proxies
At any meeting of the department or section, any member otherwise eligible to vote, who is not present, may vote by proxy. A proxy shall be considered valid only if it is in writing and duly signed and dated.

Section 5. Quorum
Fifty percent (50%) of the membership of a department, section or committee who are eligible to vote in accordance with ARTICLE IV of these bylaws, if present at the beginning of any meeting or represented by proxy in accordance with Section 4 of this ARTICLE, shall constitute a quorum and no business may be transacted unless a quorum is present. A quorum shall be present for the entire duration of any meeting that commenced with such a quorum, notwithstanding the actual number present at the time of a vote.

Section 6. Manner of Action

a) Formal Action: Except as provided in these bylaws, the action of a majority of the members who are entitled to vote and who are present and voting or represented by proxy in accordance with Section 4 of this ARTICLE, at a meeting at which a quorum is present shall be the action of a department, section or committee.
b) **Information Action:** Except as provided in these bylaws, any action which may be taken at a meeting of a department, section or committee may be taken without a meeting if a consent in writing, setting forth the action taken, is signed by all the members of the department, section or committee who are entitled to vote.

**Section 7. Minutes**

Minutes of each regular and special meeting of a department, section or committee shall be kept and shall include a record of attendance and the numerical vote taken on each matter. Minutes taken at any such meeting shall be presented for approval at the next meeting, signed by the chief of the department or section or chairman of the committee.

**Section 8. Attendance**

Attendance requirements are determined each year as described in ARTICLE IV, Section 2(c).

a) **Meetings Involving a Practitioner’s Patients:** Any practitioner shall be notified of and should be present at any meeting of a department, section or committee at which the clinical course of one of his patients is to be presented for discussion. If the practitioner is absent, the discussion at the discretion of the chief or chairman may proceed or be continued until a subsequent meeting at which the practitioner is present.
ARTICLE XIV

RULES AND REGULATIONS AND POLICIES OF THE MEDICAL STAFF

The medical staff and each department and section shall adopt rules and regulations and policies which may be amended from time to time.

1) Department and section rules and regulations and policies and amendments to them shall be consistent with the rules and regulations of the medical staff. Rules pertaining only to one department shall be submitted to the bylaws committee to insure that they are consistent with these bylaws, the bylaws of the hospital and subject to approval of the Board.

2) General rules and regulations and policies and amendments to them shall be submitted to the bylaws committee to insure that they are consistent with these bylaws, the bylaws of the hospital and subject to the approval of the medical staff and Board. The general rules and regulations and policies and amendments to them may be adopted or approved at any meeting of the medical staff, provided that notice of any such meeting, setting forth any proposed rule regulation or amendment, shall be given at least thirty days before the meeting.

3) Alternatively, the medical executive committee may propose and adopt amendments to the rules and regulations and policies of the medical staff by the same process for amending and adopting bylaws as set forth in Article XV Section 2. (c).
ARTICLE XV

EFFECTIVE DATE AND AMENDMENTS TO BYLAWS

Section 1. Effective Date of These Bylaws

These bylaws shall become effective when they have been adopted by the medical staff as provided in the constitution of the medical staff of the hospital, in effect immediately prior to the submission of these bylaws to the medical staff and approved by the Board. These bylaws, when effective, shall supersede the constitution of the medical staff in effect at the time of the adoption of these bylaws. Any rules and regulations of the medical staff or of any department or section then in effect and of any special committees then in existence, shall remain in effect or existence, to the extent they are not inconsistent with these bylaws. After becoming effective, these bylaws shall remain in effect until amended as provided in this ARTICLE.

Section 2. Amendments.

a) Proposal: Amendments to these bylaws may be proposed by: (1) any five members of the attending medical staff, pursuant to (b) of this Section, or (2) the medical executive committee, pursuant to (c) of the Section.

b) Amendment by Medical Staff: Any five (5) members of the attending medical staff may propose an amendment to these bylaws through the following procedure:

1) Any proposal to amend these bylaws shall be submitted in writing to the bylaws committee, the medical executive committee and the chief executive officer for transmittal to the board. Within sixty (60) days after receipt of any proposal to amend these bylaws, the bylaws committee shall review and analyze the proposal, prepare a written report with recommendations concerning the proposal and deliver its report to the secretary of the medical staff for transmittal to the medical staff and to the chief executive officer for transmittal to the board.

2) Upon receipt of any report from the bylaws committee concerning a proposal to amend these bylaws the secretary shall deliver a copy to each member of the medical staff, together with a copy of the proposed amendment or amendments. At the regular meeting of the medical staff following the expiration of a period of thirty (30) days after delivery of such copies to the members, the proposal to amend these bylaws and the report of the bylaws committee shall be presented. In the meantime the bylaws committee shall receive and analyze any suggestions concerning the proposal from any member of the medical staff and from any other source and shall comment thereon at the meeting of the medical staff at which the proposal is presented.

3) At any meeting of the medical staff at which a proposal to amend these bylaws is presented as provided in paragraph (b)(2) of this Section 2, and at which a quorum of fifty percent (50%) of the members of the medical staff eligible to vote is present at the
beginning of such meeting or represented by proxy, the proposal, after discussion and
debate, shall be submitted to a vote. The affirmative vote of two-thirds (2/3) of the
members of the medical staff who are eligible to vote and who are present or represented
by proxy shall be required to constitute approval by the medical staff of any amendments
to these bylaws. A quorum shall be considered present for the entire duration of any
meeting that commenced with such a quorum, notwithstanding the actual number present
at the time of a vote.

c) Amendment by the Medical Executive Committee: The medical executive committee may propose
an amendment to these bylaws pursuant to the following two (2) procedures:

1) The medical executive committee may amend these bylaws upon an affirmative two thirds
(2/3) vote and approval of the board, provided that the attending medical staff received
sufficient notification of the proposed amendment and less than ten percent (10%) of the
attending medical staff object to such amendment. Sufficient notification shall consist of:

i. distribution by mail of the proposed amendment to the attending medical staff sent
   at least twenty-one (21) days prior to a medical executive committee vote on the
   proposed amendment;

ii. notification in such mailing of the number of current attending medical staff
    members and the number which represents ten percent (10%) of the attending
    medical staff members;

iii. inclusion of a form on which the attending medical staff member may document
     his printed name, signature and approval or objection of the proposed
     amendment;

iv. a date by which such form must be returned to and received by the medical staff
    office, no less than three (3) days prior to the medical executive committee’s vote
    regarding the proposed amendment.

d) Provisional Amendment(s) for Legal or Regulatory Need: The medical executive committee
(MEC) and the Board of Directors may adopt such amendments to the bylaws or rules and
regulations that are in the judgmental of the MEC and Board necessary for legal or regulatory
compliance. After adoption, these provisional amendments to the medical staff bylaws, rules and
regulations or policies of the medical staff shall be communicated to the voting members of the
medical staff for review. If after 15 days there are no objections to the provisional amendment, the
amendment will stand. If the voting members of the medical staff do not approve of the provisional
amendment, the conflict management process as defined in Article III, Section 3. (d) will be
followed. A revised amendment may be submitted by the MEC to the Board for approval and
communication to the medical staff as set forth herein.

e) Adoption and amendment by the Board: No amendment shall be final unless approved by the
Board. Neither the medical staff or the Board may unilaterally adopt or amend bylaws, rules and
regulations or policies.
In the event less than ten percent (10%) of the attending medical staff members object to the proposed amendment, the medical executive committee may present its proposed amendment as a recommendation to the board. In the event ten percent (10%) or more of the attending medical staff members object to the medical executive committee’s proposed amendment, the medical executive committee, or its designee, may schedule and hold a general medical staff meeting at which the proposed amendment may be presented, discussed and voted on by the attending status of the medical staff pursuant to the procedure outlined in paragraph (b) of this Section 2.

f) The medical executive committee shall have the power to adopt such amendments to the bylaws which are necessary because of punctuation, spelling or other errors of grammar or expression, so long as such amendments(s) do not materially affect the meaning of the provision amended. Such amendments(s) shall be effective upon approval by the Board.
ARTICLE XVI

IMMUNITY FROM LIABILITY

The following shall be the express conditions to any practitioners application for, or exercise of, clinical privileges at this hospital:

1) That any act, communication, report, recommendation or disclosure with respect to any such practitioner, performed or made in good faith and without malice and at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.

2) That such privilege shall extend to members of the hospital’s medical staff and of its Board of Directors, its other practitioners, its chief executive officer and his representatives and to third parties, who supply information to any of the foregoing authorized to receive, release or act upon the same. For the purpose of this ARTICLE XVI, the term “third parties” means both individuals and organizations from whom information has been requested by an authorized representative of the governing body or of the medical staff.

3) That there shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

4) That such immunity shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care institution’s activities related, but not limited to:

   a. Applications for appointment or clinical privileges.
   b. Periodic reappraisals for reappointment or clinical privileges.
   c. Corrective action, including summary suspension.
   d. Hearings and appellate reviews.
   e. Medical care evaluations.
   f. Utilization reviews.
   g. Other hospital, departmental, service or committee activities related to quality patient care and inter-professional conduct.

5) That the facts, communications, reports, recommendations and disclosures referred to in this ARTICLE XVI may relate to a practitioner’s professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics or any other matter that might directly or indirectly have an effect on patient care.

6) That every application for medical staff membership shall be deemed to contain a statement between the applicant and the hospital, the statement to contain substantially the following language:
It is specifically agreed by the undersigned applicant, that in consideration of the medical staff's treatment of the entire contents of this application, as well as all inquiries or investigations made pursuant thereto as privileged and confidential material, the undersigned specifically authorizes the medical staff to make whatever inquiries and investigations it may deem necessary to verify the credentials and professional standing on moral or ethical character of the undersigned. The undersigned further agrees that he will not cause or attempt to cause any public disclosure of the contents of any application of any applicant for membership on the medical staff of the hospital or any proceedings before any investigating committee thereof, whether said public disclosure be by operation of law or otherwise.

7) That as a condition of continued membership on the medical staff, every medical staff member, of whatever classification, shall be deemed to have consented to the terms and conditions of the agreement on confidentiality provided in paragraph 6.
ARTICLE XVII

CLINICAL DOCUMENTATION

Physicians, oral maxillofacial surgeons and other licensed individuals with clinical privileges shall be responsible for documenting the following information on patients under their care:

History and Physical
1) Chief complaint
2) Details of present illness
3) Relevant past medical, social and family histories
4) Inventory of body systems
5) Relevant physical exam
6) Impression and treatment planned
7) History and Physical is to be completed within 24 hours of admission.
8) History and Physical is valid for 30 days prior to the outpatient surgery.
9) History and Physical must be completed prior to any elective surgery or procedure.

History and Physical Update Note
1) For a non-surgical admission to the hospital, an update note, (in addition to an H&P) must be done if the H&P is completed prior to 24 hours from the admission to the hospital and must be on the medical record within 24 hours of the patient's admission. The note should contain an update of components of the patient’s current medical status that may have changed since the prior H&P was done or to address any areas where more current data is needed.

2) For a surgical inpatient or outpatient, unless the H&P is done on the day of the surgery, an update note confirming the necessity of the procedure and that the H&P is still current is required prior to the start of the procedure. Both the H&P and update note must be on the chart before the procedure takes place.

Operative Report (dictated)
1) Procedure performed
2) Name of primary surgeon and assistant surgeon
3) Postoperative diagnosis/findings
4) Specimen(s) removed
5) Estimated blood loss
6) Dictated operative reports are to be completed immediately after surgery.

Operative Progress Note (written)
1) Procedure performed
2) Name of primary surgeon and assistant surgeon
3) Postoperative diagnosis/findings
4) Estimated blood loss
5) Written operative progress notes are to be completed immediately after surgery.

Discharge Summary
1) Reason for hospitalization
2) Final diagnosis
3) Significant findings
4) Treatments rendered/procedures performed
5) Conditions of patient at the time of discharge
6) Instructions to patient including: medications, diet, activity and follow-up care

A discharge note or discharge summary is required for stays that are less than 48 hours (including outpatient surgical visits). The required content of the discharge note shall include the following elements:

1. Outcome of hospitalization, procedures, surgery, if applicable
2. Provisions for follow-up care to include:
3. Instructions
4. Diet
5. Medication
6. Follow-up and activity
7. Disposition of case or condition at discharge