

Medical Staff Bylaws

Mercy Health - Cincinnati LLC

A Medical Staff Document

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PREAMBLE

Mercy Health is an integrated health care delivery system comprised of multiple acute care hospitals located in the Greater Cincinnati area. Separate, independent, self-governing Medical Staffs serve each Hospital. These Medical Staffs have separately adopted and approved this Medical Staff Bylaws document. Unique features at individual Hospitals, if any, are indicated.

This adoption of common structures, standards, and procedures facilitates Mercy Health's mission of providing a community-wide continuum of care. It also simplifies Medical Staff governance and encourages all Medical Staffs to benefit and improve from the best practices of the other Medical Staffs. Major tangible consequences of this collaboration are use of a centralized credentialing process; free flow and use of credentialing and peer review information among the Medical Staffs to allow enhanced performance improvement; a common hearing and appeals process; improved communication; and higher levels of cooperation among the Medical Staffs, in the form of joint meetings and other multi-Hospital Medical Staff initiatives.

All Mercy Health Medical Staffs are committed to providing quality patient care in the community, and Mercy Health is likewise committed, at all levels, to assisting and supporting those efforts. In furtherance of these goals, the Mercy Health Medical Staffs each declare these Medical Staff Bylaws to guide their affairs.

DEFINITIONS

Advanced Practice Clinician or **APC** means those physician assistants, advanced practice registered nurses, and other eligible APCs, as designated in the APC Policy, who have applied for, or who have applied for and been granted, Privileges to practice at the Hospital either independently (as applicable) or in collaboration with, or under the supervision of, a Medical Staff appointed Physician, Dentist, or Podiatrist with Privileges at the Hospital.

Adverse means a recommendation or action of the Medical Executive Committee or Board that denies, limits (*e.g.*, suspension, restriction, *etc.*) for a period in excess of fourteen (14) days, or terminates a Practitioner's Medical Staff appointment and/or Privileges on the basis of clinical competency or professional conduct.

Affiliate Hospital(s) means those Mercy Health hospitals in the System's Cincinnati market other than the Hospital at issue.

Board means the governing body of the Hospital that has overall responsibility for the conduct of the Hospital including the Medical Staff. Reference to the Board shall include any Board committee or individual each as authorized by the Board to act on its behalf in designated matters.

Bylaws means these Medical Staff Bylaws as such Bylaws may be amended from time to time.

Chief of Staff means the chief administrative officer of the Medical Staff.

Clinical Privileges or **Privileges** means the permission granted by the Board to a Practitioner or APC to provide patient care, treatment, and/or clinical services, pursuant to an applicable Delineation of Privileges, at/for the Hospital based upon the individual's professional license, education, training, experience, competence, ability, and judgment.

Credentials Verification Organization or **CVO** means the System credentials verification organization.

Dentist means an individual who has received a Doctor of Dental Surgery ("D.D.S.") or Doctor of Dental Medicine ("D.M.D.") degree and who is currently licensed to practice dentistry in Ohio.

Ex Officio means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means without voting rights.

Federal Health Program means Medicare, Medicaid, TriCare, or any other federal or state program providing health care benefits that is funded directly or indirectly by the United States government.

Good Standing means that a Practitioner has not received a suspension or restriction of his/her appointment and/or Privileges in the previous twelve (12) months; provided, however, that if a Practitioner has been automatically suspended in the previous twelve (12) months for delinquent medical records and has subsequently taken appropriate action, such automatic suspension shall not adversely affect the Practitioner's Good Standing status.

Hospital means:

- Mercy Health – Anderson Hospital LLC (Anderson) and its provider-based locations, if any, for purposes of the Anderson Medical Staff governing documents.

- Mercy Health – Clermont Hospital LLC (Clermont) and its provider-based locations, if any, for purposes of the Clermont Medical Staff governing documents.
- Mercy Health – Fairfield Hospital LLC (Fairfield) and its provider-based locations, if any, for purposes of the Fairfield Medical Staff governing documents.
- Jewish Hospital, LLC (d/b/a The Jewish Hospital – Mercy Health) (Jewish) and its provider-based locations, if any, for purposes of the Jewish Medical Staff governing documents.
- Mercy Health – Kings Mills Hospital LLC (Kings Mills) and its provider-based locations, if any, for purposes of the Kings Mills Medical Staff governing documents.
- Mercy Health – West Hospital LLC (West) and its provider-based locations, if any, for purposes of the West Medical Staff governing documents.

Each such Hospital has a separate Medical Staff.

Hospital President means the person appointed by the Board to act on its behalf in the overall operation and management of the Hospital. A reference to the Hospital President shall include his/her authorized designee.

Hospital Vice President of Medical Affairs or VPMA means the Physician appointed to serve as the chief medical executive for the Hospital and as a liaison to the Medical Staff.

Joint Conference Committee means an *ad hoc* Board advisory committee composed of an equal number of Board representatives selected by the Hospital Board and Medical Staff representatives selected by the Medical Executive Committee. Should the Board revise the Hospital's governing documents to provide for a standing Joint Conference Committee then this definition will be deemed likewise automatically amended as well.

Medical Executive Committee or MEC means the executive committee of the Hospital's Medical Staff.

Medical Staff means those Practitioners who have been granted appointment to the Hospital's Medical Staff with such responsibilities and Prerogatives as defined in the Medical Staff category to which each has been appointed.

Medical Staff Department or Department means a grouping or division of Medical Staff clinical services as set forth in these Bylaws or the Medical Staff Organization Policy.

- The head of each Medical Staff Department shall be designated as the **Department Chair**.
- Departments may be further divided into clinical **Sections** each led by a **Section Chair**.

References in the Medical Staff governing documents to Sections and Section Chairs are only applicable to the Anderson Medical Staff.

Medical Staff Member or **Member** means a Practitioner who has been granted appointment to the Hospital's Medical Staff. A Medical Staff Member must also have applied for and been granted Privileges unless the appointment is to a Medical Staff category without Privileges, or unless otherwise provided in the Bylaws. References to Medical Staff appointee or Medical Staff appointment shall mean the same thing as Medical Staff Member or Medical Staff membership for purposes of the Medical Staff governing documents.

Medical Staff Policy or **Policies** means those Medical Staff policies, recommended by the Medical Executive Committee and approved by the Board, that serve to implement the Medical Staff Bylaws including the Credentials Policy, Organization Policy, Fair Hearing Policy, APC Policy, Professional Conduct Policy, Impairment/Wellness Policy, Peer Review Program Policy, Initial FPPE/OPPE Policy, and the Allied Health Professional (AHP) Manual.

Medical Staff Rules & Regulations or **Rules & Regulations** means the rules and regulations of the Medical Staff, as recommended by the MEC and approved by the Board, that address issues related to clinical care, treatment, and services provided by Practitioners and APCs with Privileges at the Hospital.

Mercy Health refers to Mercy Health Cincinnati LLC and its Hospitals.

Oral & Maxillofacial Surgeon or **Oral Surgeon** means a Dentist who has successfully completed an accredited postgraduate/residency program in oral/maxillofacial surgery.

Patient Encounter means a professional contact between a Practitioner and a patient (including an admission, consultation, or diagnostic, operative, or invasive procedure) at the Hospital or a provider-based location thereof.

Physician means an individual who holds a Doctor of Medicine ("M.D.") or Doctor of Osteopathic Medicine ("D.O.") degree and who is currently licensed to practice medicine in Ohio.

Podiatrist means an individual who holds the degree of Doctor of Podiatric Medicine (D.P.M.) and who is currently licensed to practice podiatry in Ohio.

Practitioner means, unless otherwise expressly provided, a Physician, Dentist, Podiatrist, Psychologist, or Chiropractor.

Prerogative means the right to participate, by virtue of Medical Staff category, granted to a Medical Staff Member and subject to the ultimate authority of the Board and the conditions and limitations imposed in the Medical Staff governing documents.

Professional Liability Insurance means professional liability insurance coverage of such kind, in such amount, and underwritten by such insurers as required and approved by the Board.

Psychologist means an individual with a doctoral degree in psychology or school psychology, or a doctoral degree deemed equivalent by the Ohio Board of Psychology, who is currently licensed to practice psychology in Ohio.

Qualified Medical Person or QMP means those qualified individuals who are authorized to perform a medical screening examination as set forth in the Medical Staff Rules & Regulations.

Special Notice means written notice sent by (a) certified mail, return receipt requested; or (b) by personal delivery service with signed acknowledgment of receipt.

System means Bon Secours Mercy Health, Inc.

ARTICLE 1 PURPOSES & RESPONSIBILITIES OF THE MEDICAL STAFF

1.1. Purposes of the Medical Staff

1.1.1. The Hospital has an organized, self-governing Medical Staff that:

- a. Ensures that all patients admitted to or treated at the Hospital receive care without regard to their race, religion, age, sex, national origin, ability to pay, or any other characteristic(s) or class protected by applicable law.
- b. Is accountable to the Board for the quality and appropriateness of the medical care, treatment, and services provided to patients and for the professional performance and ethical conduct of its Practitioners and APCs.
- c. Confirms that appropriate criteria are in place to evaluate quality of care rendered by Practitioners and APCs.
- d. Provides oversight for the uniform quality of care, treatment, and services by recommending Practitioners for appointment to the Medical Staff.
- e. Creates a framework of self-governance, enforcement, compliance, and accountability to the Board through the implementation of Medical Staff Bylaws, Policies, and Rules and Regulations within which the Medical Staff can act with a reasonable degree of freedom and confidence.
- f. Provides a mechanism for the delineation of Clinical Privileges and to monitor and evaluate the clinical performance of Practitioners and APCs with delineated Clinical Privileges through Medical Staff participation in measurement, assessment, and improvement of other processes.
- g. Provides a means for the Medical Staff to communicate effectively with the System, the Board, and Hospital administration and to represent itself and participate in all Hospital deliberations affecting the discharge of the Medical Staff's responsibilities.
- h. Supports research and educational activities in the interest of improving patient care, the skills of persons providing health services, and the promotion of the general health of the community.
- i. Is organized in a manner approved by the Board.

1.2. Responsibilities of the Medical Staff

1.2.1. To carry out these purposes, the Medical Staff assumes responsibility to:

- a. Utilize all available information from System/Hospital resources in order to monitor and evaluate the quality of care and the clinical performance of Practitioners and APCs with delineated Clinical Privileges at the Hospital.

- b. Perform the oversight activities of the Medical Staff.
- c. Communicate findings, conclusions, recommendations, and actions to improve performance.
- d. Coordinate care, treatment, and services with other Practitioners, APCs, Hospital personnel, and the Board as relevant to the care, treatment, and services of an individual patient.
- e. Review findings of the assessment process that are relevant to a Practitioner's or APC's performance and consider such information in the ongoing evaluation of a Practitioner's or APC's clinical competence.
- f. Assess inpatient and Hospital outpatient medical and health services using a utilization review program based upon specific determination of individual medical needs.
- g. Participate with the Hospital in identifying and meeting community health care needs and in recommending appropriate institutional goals and implementing programs to meet those needs.
- h. Provide oversight in the process of analyzing and improving patient safety and satisfaction.
- i. Provide education to patients and families.
- j. Cooperate with and assist the Hospital in maintaining accreditation.

1.3. Use of an Authorized Designee

- 1.3.1. Whenever an individual is authorized in the Medical Staff governing documents to perform a duty by virtue of his/her position (*e.g.*, the Hospital President, VPMA, Chief of Staff, Department Chair, *etc.*), then reference to the individual shall also include the individual's authorized designee.

1.4. Not a Contract

- 1.4.1. The Medical Staff Bylaws, Policies, and Rules & Regulations are not intended to and shall not create any contractual rights between the Hospital and any individual Practitioner or group of Practitioners. Any and all contracts of association or employment shall control contractual and financial relationships between the Hospital and Practitioners.

ARTICLE 2 APPOINTMENT AND PRIVILEGING

2.1. Nature of Appointment and/or Privileges

- 2.1.1. Appointment to the Medical Staff is separate and distinct from a grant of Privileges. A Practitioner may be granted Medical Staff appointment with Privileges, Medical Staff appointment without Privileges, or Privileges without a Medical Staff appointment.
- 2.1.2. Medical Staff appointment and Privileges shall be extended only to professionally competent Practitioners who continuously meet the qualifications and obligations set forth in the Medical Staff governing documents.
- 2.1.3. No Practitioner, including those employed by or contracted with the Hospital, shall admit or provide care, treatment, and/or services to patients in the Hospital unless the Practitioner has been granted Clinical Privileges to do so in accordance with the applicable procedures set forth in these Medical Staff Bylaws and/or the Credentials Policy.
- 2.1.4. A Practitioner who is granted appointment to the Medical Staff is entitled to such Prerogatives and is responsible for fulfilling such obligations as set forth in the Medical Staff governing documents and category to which the Practitioner is appointed. Appointment to the Medical Staff shall confer on the Medical Staff Member only such Clinical Privileges as have been granted in accordance with the applicable procedures set forth in these Medical Staff Bylaws and/or the Credentials Policy.
- 2.1.5. A Practitioner who is granted Clinical Privileges is entitled to exercise such Privileges and is responsible for fulfilling such obligations as set forth in the Medical Staff governing documents and the applicable Delineation of Privileges.

2.2. Qualifications for Appointment and/or Privileges

Unless otherwise provided in these Medical Staff Bylaws, to be eligible for appointment to the Medical Staff and/or Clinical Privileges, a Practitioner must:

2.2.1. Baseline Qualifications

- a. Have a current license to practice his/her profession in the State of Ohio. Practitioners shall meet the continuing education requirements necessary to maintain such professional license as determined by the applicable state licensing entity.
- b. Have and maintain, if necessary for the Privileges requested, a current valid Drug Enforcement Administration (DEA) registration.
- c. Document successful completion of professional education and residency/other training requirements as applicable to the Privileges requested.
- d. Possess current, valid Professional Liability Insurance coverage in such form and amount as determined by the Board.
- e. Be able to participate in Federal Health Programs.

- f. Satisfy the board certification requirements, as applicable, set forth in the Medical Staff Credentials Policy.
- g. Be able to read and understand the English language, to write and communicate verbally in the English language in an intelligible manner, and to prepare medical record entries and other required documentation in a legible and professional manner.
- h. Comply with state and/or federal vaccination requirements and implementing System/Hospital policies or obtain an approved exemption therefrom.

2.2.2. Additional Qualifications

- a. Provide evidence of the Practitioner's ability to work with others in a positive, professional, cooperative, and collegial manner.
- b. Document and demonstrate current ability to competently perform the Privileges requested or granted with or without a reasonable accommodation.
- c. Document prior and current experience demonstrating a continuing ability to provide patient care, treatment, and/or services at an acceptable level of quality and efficiency and consistent with available resources and applicable standards of care.
- d. Document and demonstrate adherence to the applicable code of professional ethics, good character/judgment, and willingness to fulfill/fulfillment of applicable Medical Staff duties.
- e. Obtain and maintain a provider number for Medicare issued by the Centers for Medicare and Medicaid Services and a provider number for Medicaid issued by the Ohio Department of Medicaid.
- f. Comply with the applicable conflict of interest policies, if any.
- g. Comply with Medical Staff requirements regarding criminal background checks.
- h. Satisfy such other qualifications as are set forth in the applicable Medical Staff category, Delineation of Privileges, and as may be otherwise recommended by the Medical Executive Committee and approved by the Board.

2.3. Obligations of Appointment and/or Privileges

- 2.3.1. Unless otherwise provided in the Medical Staff governing documents, each Practitioner granted Medical Staff appointment and/or Privileges at the Hospital shall, as applicable to the Medical Staff appointment and/or Privileges granted to each such Practitioner:
 - a. Provide, or arrange for, continuous care of his/her patients at a professional level of quality and efficiency.

- b. As a precondition to the exercise of Privileges, a Practitioner must designate another Practitioner with comparable Privileges who has agreed to provide backup coverage for the Practitioner's patients in the event the Practitioner is not available.
- c. Comply with the Medical Staff Bylaws, Policies, Rules & Regulations, the Hospital's governing documents, System and Hospital policies (including, but not limited to, the Corporate Responsibility Plan/Program and policies related to HIPAA privacy/confidentiality, conflicts of interest, *etc.*), and applicable laws, rules, regulations, and accreditation standards.
- d. Perform such Medical Staff, Department/Section, committee, and Hospital functions for which he/she is responsible by Medical Staff appointment, election, or otherwise.
- e. Prepare and complete medical/electronic health records and other required documentation within the time period(s) required by the Hospital for all Hospital patients the Practitioner admits or otherwise provides care, treatment, and/or services to.
- f. Successfully complete required education/training on use of the Hospital's electronic health record prior to exercise of Privileges at the Hospital; and, thereafter, timely complete such other technology related education/training as may be directed by the MEC.
- g. Appropriately utilize the Hospital's electronic health record system for order entry and for all other appropriate functionalities.
- h. Participate in providing care, treatment, and services consistent with the Hospital's mission.
- i. Provide consultations, as requested, and participate in call coverage as required.
- j. Abide by generally recognized standards of medical/professional ethics.
- k. Abide by the Ethical and Religious Directives for Catholic Health Care Services promulgated by the National Conference of Catholic Bishops as interpreted by the Diocese of Cincinnati.
- l. Work in a cooperative and professional manner with others so as not to adversely affect the delivery of quality patient care.
- m. Timely complete required Hospital education and training as directed by the Medical Executive Committee.
- n. Participate in quality assurance, peer review, and utilization review activities whether related to oneself or others.
- o. Cooperate with any review of a Practitioner's (including his/her own) conduct, clinical competence, or other qualifications for Medical Staff appointment and/or Privileges and refrain from directly or indirectly interfering, obstructing, or hindering any such review, whether by threat of harm or liability, by withholding

information, or by refusing to perform or participate in assigned responsibilities related thereto.

- p. Comply with such notice requirements as are set forth in the Medical Staff governing documents.
- q. Satisfy such additional responsibilities as may be set forth in the applicable Medical Staff category, in the Medical Staff Bylaws, Policies, and/or Rules and Regulations, and/or as may be otherwise recommended by the MEC and approved by the Board.

2.3.2. Failure to satisfy any of the aforementioned responsibilities may be grounds for denial of Medical Staff reappointment and/or regrant of Privileges or corrective action pursuant to the Medical Staff governing documents.

2.4. Overview of Credentialing, Appointment, and Privileging Process

2.4.1. Unless otherwise provided in these Medical Staff Bylaws or the applicable Medical Staff Policy:

- a. Applications for appointment/reappointment and/or Privileges/regrant of Privileges shall be submitted to the CVO for credentialing/recredentialing. Representatives of the CVO and the Medical Staff Office shall organize and coordinate the collection and verification of information/material related to the application.
- b. When collection and verification is accomplished, the application and accompanying materials shall be reviewed and acted upon by the applicable Department Chair, the Section Chair (if applicable), the Hospital Credentials Committee (if any), the Regional Credentials Committee, and the Medical Executive Committee.
- c. Initial appointments and reappointments to the Medical Staff and granting/regranting of Privileges shall be made by the Board. The Board shall act on appointments/reappointments and Privileges/regrant of Privileges only after there has been a recommendation from the MEC; provided, however, that the Board may act directly (in accordance with the procedure set forth in the Credentials Policy or APC Policy, as applicable) if the Board does not receive a recommendation from the MEC. Prior to taking such action, the Board will inform the MEC of the Board's intent and allow a reasonable period of time for response from the MEC.

2.4.2. The details related to the mechanisms for credentialing/recredentialing, processing applications for initial appointment, for reappointment, and for granting/regranting Privileges to Practitioners are set forth in the Medical Staff Credentials Policy.

2.4.3. The details related to the mechanisms for credentialing/recredentialing and processing applications for granting/regranting Privileges to APCs are set forth in the APC Policy.

- 2.4.4. The Hospital President, VPMA, or Chief of Staff may grant disaster Privileges to licensed volunteer Practitioners and APCs for the purpose of providing care, treatment, and services to patients in the event that the Hospital's emergency operations plan is activated and the Hospital is unable to meet immediate patient needs. Granting of disaster Privileges shall be in accordance with the applicable procedure set forth in the Medical Staff Credentials Policy (for Practitioners) and APC Policy (for APCs).
- 2.4.5. Granting of temporary Privileges shall be in accordance with the applicable procedure set forth in the Medical Staff Credentials Policy (for Practitioners) and APC Policy (for APCs).

ARTICLE 3 MEDICAL STAFF CATEGORIES

3.1. Active with Privileges

3.1.1. Qualifications. To qualify for appointment to the active Medical Staff category with Privileges, a Practitioner must:

- a. Meet the qualifications set forth in Section 2.2 of these Bylaws.
- b. Have not less than thirty-six (36) Patient Encounters at the Hospital within each three (3) year appointment and Privilege period and provide for continuous care of their patients.
 1. After three (3) consecutive years in which a Member fails to have at least thirty-six (36) Patient Encounters at the Hospital, the Member shall be automatically transferred to another appropriate Medical Staff category, if any, for which the Member is qualified.
 2. If the Member fails to qualify for another Medical Staff category, he/she will be considered ineligible for appointment and Privileges.
 3. An automatic transfer to another Medical Staff category or failure to be reappointed based upon this section shall not entitle a Practitioner to the procedural due process rights as set forth in the Fair Hearing Policy.
- c. Actively contribute to the activities of the Hospital and Medical Staff through committee assignments, leadership roles, and participation in Medical Staff activities.
- d. For purposes of Anderson, Clermont, Fairfield, Kings Mills, and West: Practitioners appointed to the active Medical Staff category for at least ten (10) years, who are age 60 or older, and who desire designation as a "Senior Active" Medical Staff Member must submit a request to the Medical Staff Office. Senior Active is an honorary designation in title only and does not carry any special privileges.

3.1.2. Prerogatives. Each Member of the active Medical Staff category with Privileges may:

- a. Exercise such Privileges as are granted.
- b. Attend Medical Staff meetings; vote on Medical Staff matters following two (2) years in the active Medical Staff category.
- c. Attend meetings of the Medical Staff Department/Section of which he/she is a member; vote on Department/Section matters following two (2) years in the active Medical Staff category.
- d. Hold Medical Staff office, following two (2) years in the active Medical Staff category, subject to satisfaction of the applicable qualifications.

- e. Serve as a Medical Staff Department Chair or Section Chair, following two (2) years in the active Medical Staff category, subject to satisfaction of the applicable qualifications.
- f. Serve as a MEC at-large member, following two (2) years in the active Medical Staff category, subject to satisfaction of the applicable qualifications.
- g. Chair a Medical Staff committee, following two (2) years in the active Medical Staff category, subject to satisfaction of the applicable qualifications.
- h. Serve as a member of a Medical Staff committee, subject to satisfaction of the applicable qualifications, with the right to vote on committee matters.

3.1.3. Duties. Members of the active Medical Staff category with Privileges shall:

- a. Satisfy the general responsibilities set forth in Section 2.3.
- b. Assume all of the functions and responsibilities of appointment to the active Medical Staff category with Privileges including, but not limited to, participating, as required by the applicable call coverage policy and/or in the Medical Staff Rules & Regulations, in on-call rotation schedules, providing care to unassigned patients, and timely response to consultation requests.
- c. Accept referrals for outpatient follow-up in the Practitioner's office practice unless excused by the Department Chair as stipulated in the Medical Staff Rules & Regulations.
- d. Timely pay Medical Staff dues, fees, and assessments.

3.2. Active without Privileges

3.2.1. Qualifications. To qualify for appointment to the active Medical Staff category without Privileges, a Practitioner must:

- a. Satisfy the qualifications set forth in Section 2.2 to the extent such qualifications are applicable to a Practitioner requesting Medical Staff appointment without Privileges.
- b. Actively contribute to the activities of the Hospital and Medical Staff through committee assignments, leadership roles, and participation in Medical Staff activities.
- c. Meet one of the following:
 - 1. Not have Privileges at the Hospital but practice in the community the Hospital serves; **OR**,
 - 2. Work exclusively in an administrative capacity for the Hospital for which Clinical Privileges are not needed.

3.2.2. Prerogatives. Each Member of the active Medical Staff category without Privileges may:

- a. Not be granted Privileges.
- b. Visit his/her patients who are in the Hospital and view his/her patients' Hospital medical records consistent with System/Hospital medical record/HIPAA policies. The Practitioner may not document in the Hospital medical record or provide care, treatment, and/or services to patients in the Hospital.
- c. Attend Medical Staff meetings; vote on Medical Staff matters following two (2) years in the active Medical Staff category.
- d. Attend meetings of the Medical Staff Department/Section of which he/she is a member; vote on Department/Section matters following two (2) years in the active Medical Staff category.
- e. Hold Medical Staff office, following two (2) years in the active Medical Staff category, subject to satisfaction of the applicable qualifications.
- f. Not serve as a Medical Staff Department Chair or Section Chair.
- g. Serve as a MEC at-large member, following two (2) years in the active Medical Staff category, subject to satisfaction of the applicable qualifications.
- h. Chair a Medical Staff committee, following two (2) years in the active Medical Staff category, subject to satisfaction of the applicable qualifications.
- i. Serve as a member of a Medical Staff committee, subject to satisfaction of the applicable qualifications, with the right to vote on committee matters.

3.2.3. Duties. Members of the active Medical Staff category without Privileges shall:

- a. Satisfy the general responsibilities set forth in Section 2.3 of these Bylaws to the extent such responsibilities are applicable to a request for Medical Staff appointment without Privileges.
- b. Serve on a Medical Staff committee or engage in other comparable Medical Staff leadership activities as requested by the Chief of Staff.
- c. Accept referrals for outpatient follow-up in the Practitioner's office practice unless excused by the Department Chair as stipulated in the Medical Staff Rules & Regulations.
- d. Timely pay Medical Staff dues, fees, and assessments.

3.3. Associate with Privileges

3.3.1. Qualifications. To qualify for appointment to the associate Medical Staff category with Privileges, a Practitioner must:

- a. Meet the qualifications set forth in Section 2.2 of these Bylaws.

- b. Primarily practice at an accredited hospital/healthcare facility other than this Hospital.
 - 1. This qualification is not applicable to (c)(4) below.
 - 2. This qualification may be otherwise waived by the Board, for good cause, upon recommendation of the MEC.
- c. Meet **one (1)** of the following qualifications:
 - 1. Are requesting Medical Staff appointment and Privileges for the sole purpose of providing periodic back-up coverage to another Practitioner on the Medical Staff regardless of the number of Patient Encounters; **OR,**
 - 2. Are requesting Medical Staff appointment and Privileges for the sole purpose of providing periodic specialty/consulting services in a specialty area in which there is a need at the Hospital regardless of the number of Patient Encounters; **OR,**
 - 3. Are requesting Medical Staff appointment and Privileges for the sole purpose of providing Hospital-approved temporary staffing for an extended period of time regardless of the number of Patient Encounters; **OR,**
 - 4. Are requesting Medical Staff appointment and Privileges for the sole purpose of providing Hospital-based contracted exclusive professional medical services (*e.g., radiology, emergency medicine, anesthesia, pathology, etc.*) regardless of the number of Patient Encounters unless such Practitioner otherwise qualifies for appointment to the active Medical Staff category with Privileges.

3.3.2. Prerogatives. Each Member of the associate Medical Staff category with Privileges may:

- a. Exercise such Privileges as are granted.
- b. Attend Medical Staff meetings but may not vote on Medical Staff matters.
- c. Attend meetings of the Medical Staff Department/Section of which he/she is a member but may not vote on Department/Section matters.
- d. Not hold Medical Staff office.
- e. Not serve as a Medical Staff Department Chair or Section Chair.
- f. Not serve as a MEC at-large member.
- g. Not chair a Medical Staff committee.
- h. Serve as a member of a Medical Staff committee, subject to satisfaction of the applicable qualifications, with the right to vote on committee matters.

3.3.3. Duties. Members of the associate Medical Staff category with Privileges shall:

- a. Satisfy the general responsibilities set forth in Section 2.3 of these Bylaws.
- b. Take inpatient call unless excused by the Department Chair as stipulated in the Medical Staff Rules & Regulations or applicable call coverage policy.
- c. Accept referrals for outpatient follow-up in the Practitioner's office practice unless excused by the Department Chair as stipulated in the Medical Staff Rules and Regulations.
- d. Timely pay Medical Staff dues, fees, and assessments.

3.4. Associate without Privileges

3.4.1. Qualifications. To qualify for appointment to the associate Medical Staff category without Privileges, a Practitioner must:

- a. Satisfy the qualifications set forth in Section 2.2 to the extent such qualifications are applicable to a Practitioner requesting Medical Staff appointment without Privileges.
- b. Not have Privileges at the Hospital but practice in the community the Hospital serves.

3.4.2. Prerogatives. Each Member of the associate Medical Staff category without Privileges may:

- a. Not be granted Privileges.
- b. Attend Medical Staff meetings but may not vote on Medical Staff matters.
- c. Attend meetings of the Medical Staff Department/Section of which he/she is a member but may not vote on Department/Section matters.
- d. Not hold Medical Staff office.
- e. Not serve as a Medical Staff Department Chair or Section Chair.
- f. Not serve as a MEC at-large member.
- g. Not chair a Medical Staff committee.
- h. Serve as a member of a Medical Staff committee, subject to satisfaction of the applicable qualifications, with the right to vote on committee matters.
- i. Visit his/her patients who are in the Hospital and view his/her patients' Hospital medical records consistent with System/Hospital medical record/HIPAA policies. The Practitioner may not document in the Hospital medical record or provide care, treatment, and/or services to patients in the Hospital.

3.4.3. Duties. Members of the associate Medical Staff category without Privileges shall:

- a. Satisfy the general responsibilities set forth in Section 2.3 of these Bylaws to the extent such responsibilities are applicable to a request for Medical Staff appointment without Privileges.
- b. Accept referrals for outpatient follow-up in the Practitioner's office practice unless excused by the Department Chair as stipulated in the Medical Staff Rules and Regulations.
- c. Timely pay Medical Staff dues, fees, and assessments.

3.5. Honorary

3.5.1. Qualifications. To qualify for appointment to the honorary Medical Staff category, a Practitioner must:

- a. Have retired from practice; and,
- b. Exemplify high standards of professional and ethical conduct; and,
- c. Be deemed deserving of appointment to the honorary Medical Staff category by virtue of their outstanding reputation or noteworthy contributions to their field or to the Hospital.

3.5.2. Prerogatives. Each Member of the honorary Medical Staff category may:

- a. Not be granted Privileges.
- b. Attend Medical Staff meetings; vote on Medical Staff matters.
- c. Attend meetings of the Medical Staff Department/Section of which he/she is a member; vote on Department/Section matters.
- d. Not hold Medical Staff office.
- e. Not serve as a Medical Staff Department Chair or Section Chair.
- f. Not serve as a MEC at-large member.
- g. Serve as a member or chair of a Medical Staff committee, subject to satisfaction of the applicable qualifications, with the right to vote on committee matters.

3.5.3. Duties. Members of the honorary Medical Staff category shall have no duties and are not required to pay Medical Staff dues.

ARTICLE 4 MEDICAL STAFF OFFICERS & MEC AT-LARGE MEMBERS

4.1. Designation of Medical Staff Officers

4.1.1. The officers of the Medical Staff shall be the:

- a. Chief of Staff
- b. Chief of Staff Elect
- c. Treasurer (for purposes of Jewish only).
- d. Immediate Past Chief of Staff

4.2. Qualifications of Medical Staff Officers & MEC At-Large Members

4.2.1. Qualifications of Medical Staff Officers. Each Medical Staff officer shall:

- a. Be a Member of the active Medical Staff category, with or without Clinical Privileges, in Good Standing. In order to run for Medical Staff office, the Practitioner must have been appointed to the active Medical Staff category for at least two (2) years.
- b. Be willing and able to faithfully discharge the duties of his/her office.
- c. Not have a disqualifying conflict of interest as set forth in the applicable conflict of interest policy.

4.2.2. Qualifications of MEC At-Large Members. Each MEC at-large member shall:

- a. Be a Member of the active Medical Staff category, with or without Clinical Privileges, in Good Standing. In order to run for an at-large member position on the MEC, the Practitioner must have been appointed to the active Medical Staff category for at least two (2) years.
- b. Be willing and able to faithfully discharge the duties of his/her position.
- c. Not have a disqualifying conflict of interest as set forth in the applicable conflict of interest policy.

4.3. Nominating Committee & Nomination Process

4.3.1. The composition of the Nominating Committee shall be as set forth in the Medical Staff Organization Policy.

4.3.2. The Nominating Committee shall nominate one or more qualified Practitioners for the office of Chief of Staff Elect and the MEC at-large member position(s). The Nominating Committee shall seek (in such manner as determined appropriate by the Nominating Committee) and consider nominations received during the nomination process from Medical Staff Members who are eligible to vote.

- 4.3.3. Nominations for the office of Chief of Staff Elect and the MEC at-large member position(s) are subject to approval of the MEC and the Board.
- 4.3.4. The nominations for Chief of Staff Elect and the MEC at-large member positions shall be communicated to the Medical Staff prior to the election in such manner as determined appropriate by the Nominating Committee.

4.4. Election of the Chief of Staff Elect & MEC At-Large Members

- 4.4.1. The Chief of Staff Elect and the MEC at-large members shall be elected in one of the following ways at the discretion of the MEC:
 - a. By a majority vote of the Medical Staff Members eligible to vote who are present at a Medical Staff meeting at which a quorum is present.

OR

- b. By ballot without a Medical Staff meeting. In such event, ballots shall be distributed to each Medical Staff Member eligible to vote. Ballots may be distributed electronically or in such other manner as determined appropriate by the Medical Executive Committee. Completed ballots must be returned within the time period specified and according to the instructions that accompany the ballot. Ballots received after the stipulated date shall not be counted. The candidate who receives a majority vote of the total ballots returned by the stipulated date shall be elected.
- 4.4.2. If there are more than two (2) nominees for the same office or position and no nominee receives a majority of the votes cast on the first ballot, there shall be a run-off election between the two (2) nominees receiving the highest number of votes.

4.5. Appointment of the Medical Staff Treasurer

- 4.5.1. The Medical Staff Treasurer shall be appointed by the Chief of Staff from among the MEC at-large members.

4.6. Automatic Succession of the Chief of Staff Elect and the Chief of Staff

- 4.6.1. The Chief of Staff shall automatically succeed to the office of Immediate Past Chief of Staff upon completion of his/her term as Chief of Staff.
- 4.6.2. The Chief of Staff Elect shall automatically succeed to the office of Chief of Staff upon completion of his/her term as Chief of Staff Elect.

4.7. Term

- 4.7.1. Medical Staff Officers. Each Medical Staff officer shall serve a two (2) year term.
- 4.7.2. MEC At-Large Members. Each MEC at-large member shall serve a two (2) year term with the exception that the at-large members elected to the Jewish MEC shall serve a three (3) year term.

- 4.7.3. Each Medical Staff officer and MEC at-large member shall serve until the end of his/her term, and until a successor is selected, unless the Medical Staff officer or MEC at-large member sooner resigns or is removed from the office or position.

4.8. Vacancy

- 4.8.1. In the office of Chief of Staff. In the event of a vacancy in the office of the Chief of Staff, the Chief of Staff Elect will serve the remainder of the vacating Chief of Staff's current term followed by the Chief of Staff Elect's own term as the Chief of Staff.
- 4.8.2. In the office of the Chief of Staff Elect. In the event of a vacancy in the office of the Chief of Staff Elect, a special election shall be conducted, as soon as reasonably possible, in accordance with the procedure set forth in Section 4.3 and Section 4.4, to fill the vacancy for the remainder of the current term. If an incoming Chief of Staff Elect has been elected, that Practitioner shall take office for the remainder of the vacating Chief of Staff Elect's current term. Thereafter, the Chief of Staff Elect may serve his/her own term as the Chief of Staff.
- 4.8.3. In the office of Treasurer. In the event of a vacancy in the office of the Treasurer, the position shall be filled in the manner set forth in Section 4.5.1.
- 4.8.4. In the office of the Immediate Past Chief of Staff. In the event of a vacancy in the office of the Immediate Past Chief of Staff, the position will remain vacant until the subsequent Chief of Staff automatically succeeds to the office of Immediate Past Chief of Staff.
- 4.8.5. In a MEC at-large member position. In the event of a vacancy in a MEC at-large member position, the MEC may either elect to leave the position vacant or to conduct a special election, in accordance with the procedure set forth in Section 4.3 and Section 4.4, to fill the vacancy for the remainder of the current term.

4.9. Resignation

- 4.9.1. A Medical Staff officer or MEC at-large member may resign at any time by giving written notice to the MEC.
- 4.9.2. Such resignation shall take effect on the date specified in the resignation notice or as otherwise agreed upon by the MEC and the resigning officer or MEC at-large member.

4.10. Removal

- 4.10.1. A Medical Staff officer or MEC at-large member may be removed as follows:

- a. By a two-thirds vote of the MEC.

OR

- b. By a majority vote of the Medical Staff Members eligible to vote who are present and voting at a Medical Staff meeting (called for the purpose of acting upon the requested removal) at which a quorum is present.

- c. Voting will occur by written ballot at the MEC or Medical Staff meeting, as applicable.
 - d. A Practitioner subject to a removal action shall be given at least ten (10) days prior written notice of a MEC or Medical Staff meeting at which a removal vote will be taken and shall be given an opportunity to speak on his/her own behalf at the meeting prior to such vote.
- 4.10.2. Permissible grounds for removal of a Medical Staff officer or MEC at-large member include, but are not limited to:
- a. Failure to continuously satisfy the qualifications for the office/position pursuant to Section 4.2.1 (a)/(b) or Section 4.2.2 (a)/(b).
 - b. Failure to perform the duties of the office/position in a timely and appropriate manner.
 - c. Inability to fulfill the duties of the office/position.
 - d. Imposition of a summary suspension, an automatic suspension (other than for delinquent medical records), or corrective action undertaken against the Practitioner which results in a final Adverse decision.
- 4.10.3. Automatic termination of Medical Staff appointment and/or Privileges shall result in automatic removal of a Practitioner from his/her Medical Staff office or MEC at-large member position.
- 4.10.4. Automatic removal of a Practitioner from his/her Medical Staff office or MEC at-large member position may also occur as a result of a disqualifying conflict of interest pursuant to Section 4.2.1 (c) or Section 4.2.2 (c) and the applicable conflict of interest policy.

4.11. Duties of Medical Staff Officers

4.11.1. The Chief of Staff shall:

- a. Coordinate the activities of the Medical Staff with the activities of nursing and other patient care services and the activities of the System, the market, and the Hospital.
- b. Communicate with the Board and Hospital President/administration regarding Medical Staff opinions, policies, concerns, needs, and complaints.
- c. Speak for the Medical Staff on external professional and public relations matters.
- d. Communicate the policies of the System, market, Hospital, and the Board to the Medical Staff.
- e. Assure Medical Staff compliance, cooperation, and participation in System, market, and Hospital quality improvement and utilization management programs.

- f. Enforce the Medical Staff Bylaws, Policies, Rules and Regulations, and System, market, and Hospital policies and procedures and ensure compliance with and adherence to procedural safeguards under the Fair Hearing Policy.
- g. Call, set the agenda for, and preside at meetings of the Medical Staff.
- h. Appoint members to all Medical Staff committees, except the MEC, and Medical Staff representatives to Hospital committees unless otherwise provided in the Medical Staff Organization Policy.
- i. Serve as a voting member (subject to Section 6.1-1 and the applicable MEC Addendum) and chair of the Medical Executive Committee and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided for in the Medical Staff governing documents.
- j. Serve as a member of the Physicians Council.
- k. Have and exercise such other authority and powers as provided by the Medical Staff governing documents.
- l. Perform such other tasks as the MEC, Hospital administration, or the Board may reasonably request.

4.11.2. The Chief of Staff Elect shall:

- a. Serve as a voting member of the Medical Executive Committee and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided for in the Medical Staff governing documents.
- b. Serve as a member of the Physicians Council.
- c. Chair the Hospital Quality and Patient Safety Council (at Anderson, Clermont, Jewish, and Kings Mills).
- d. Assume the duties of the Chief of Staff in his or her absence or in the event of a vacancy in the office of Chief of Staff.
- e. Have and exercise such other authority and powers as provided by the Medical Staff governing documents.
- f. Fulfill such other duties pertaining to his or her office as the Chief of Staff may reasonably request.

4.11.3. The Treasurer shall (for purposes of Jewish only):

- a. Serve as a voting member of the Medical Executive Committee and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided for in the Medical Staff governing documents.
- b. Supervise the collection and accounting of any Medical Staff funds that may be collected in the form of Medical Staff dues, fees, or assessments.

- c. Have and exercise such other authority and powers as provided by the Medical Staff governing documents.
- d. Fulfill such other duties pertaining to his or her office as the Chief of Staff may reasonably request.

4.11.4. The Immediate Past Chief of Staff shall:

- a. Serve as a voting member of the Medical Executive Committee and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided for in the Medical Staff governing documents.
- b. Serve as a member of the Physicians Council.
- c. Have and exercise such other authority and powers as provided by the Medical Staff governing documents.
- d. Fulfill such other duties pertaining to his or her office as the Chief of Staff may reasonably request.

4.12. Requirements Regarding Meetings of the Medical Staff

- 4.12.1. Requirements with respect to meetings of the Medical Staff (including, but not limited to notice, quorum, manner of action, *etc.*) are set forth in the Medical Staff Organization Policy.

ARTICLE 5 MEDICAL STAFF DEPARTMENTS & SECTIONS

5.1. Medical Staff Departments

- 5.1.1. Medical Staff Departments may be created, renamed, combined (*e.g.*, for better organizational efficiency and improved patient care) or eliminated upon recommendation of the MEC and approval by the Board.
- 5.1.2. The current Medical Staff Departments are set forth in the Medical Staff Organization Policy.

5.2. Medical Staff Sections

- 5.2.1. Medical Staff Sections may be created, renamed, combined (*e.g.*, for better organizational efficiency and improved patient care) or eliminated upon recommendation of the MEC, following discussion with the applicable Department Chair, and approval by the Board.
- 5.2.2. The current Medical Staff Sections are set forth in the Medical Staff Organization Policy.

5.3. Assignment to Medical Staff Departments and Sections

- 5.3.1. Each Practitioner shall be assigned to the Medical Staff Department and Section that most clearly reflects his/her professional training and experience in the clinical area in which his/her practice is concentrated. A Practitioner may be granted Clinical Privileges in more than one Department and Section.

5.4. Medical Staff Department Chair Qualifications

- 5.4.1. Each Medical Staff Department shall have a Department Chair that satisfies the following qualifications:
 - a. Be a Member of the active Medical Staff category, with Privileges, in Good Standing. In order to run for the position of Medical Staff Department Chair, the Practitioner must have been appointed to the active Medical Staff category for at least two (2) years.
 - b. Be willing and able to faithfully discharge the duties of his/her position.
 - c. Be board certified by an appropriate specialty board or demonstrate comparable competence affirmatively established through the credentialing process.
 - d. Not have a disqualifying conflict of interest as set forth in the applicable conflict of interest policy.

5.5. Selection of Medical Staff Department Chairs

- 5.5.1. Medical Staff Departments with Exclusive Group Contracts
 - a. Department Chairs of Medical Staff Departments (as defined in the Medical Staff Organization Policy pursuant to Section 5.1 above) in which one group holds an

exclusive contract with the Hospital shall be selected in such manner as specified in the applicable contract.

5.5.2. Elected Department Chairs

- a. With the exception set forth in Section 5.5.1, Department Chairs shall be nominated and elected as set forth in this Section 5.5.2. Jewish will transition to election of Medical Staff Department Chairs beginning with the Department Chair term commencing January 1, 2024.
- b. Nominations for the position of Department Chair shall be sought from the voting members of the applicable Department prior to election. Practitioners nominated for the position of Department Chair must satisfy the qualifications for the position. Nominations for Department Chairs shall be submitted to the Medical Executive Committee for review and approval prior to election.
- c. Department Chairs shall be elected in one of the following ways at the discretion of the current applicable Department Chair:
 1. By a majority vote of the Department members eligible to vote who are present at a Department meeting at which a quorum is present.

OR

 2. By ballot without a Department meeting. In such event, ballots shall be distributed to each Department member eligible to vote. Ballots may be distributed electronically or in such other manner as determined appropriate by the current applicable Department Chair. Completed ballots must be returned within the time period specified and according to the instructions that accompany the ballot. Ballots received after the stipulated date shall not be counted. The candidate who receives a majority vote of the total ballots returned by the stipulated date shall be elected as the Department Chair.
- d. If there are more than two (2) nominees for the same position and no nominee receives a majority of the votes cast on the first ballot, there shall be a run-off election between the two (2) nominees receiving the highest number of votes.

5.6. Term of Medical Staff Department Chair Position

- 5.6.1. Department Chairs selected pursuant to Section 5.5.1 shall serve until a successor is appointed unless he/she sooner resigns or is removed from the position in accordance with the terms of the applicable contract.
- 5.6.2. With the exception set forth in Section 5.6.1, each Department Chair shall:
 - a. Serve a two (2) year term.
 - b. Serve until the end of his/her term, and until a successor is elected, unless he/she sooner resigns or is removed from the position.

- c. Be eligible for re-election for subsequent consecutive terms.

5.7. Vacancy in a Medical Staff Department Chair Position

- 5.7.1. A vacancy in a Medical Staff Department Chair position shall be filled in the same manner in which the original selection was made.

5.8. Resignation of Medical Staff Department Chairs

- 5.8.1. A Department Chair selected pursuant to Section 5.5.1 may resign at any time in accordance with the terms of the applicable contract. If the contract is silent as to Department Chair resignation, then a Department Chair may resign in the same manner as set forth in Section 5.8.2.
- 5.8.2. With the exception set forth in Section 5.8.2, a Department Chair may resign at any time by giving written notice to the MEC. Such resignation shall take effect on the date specified in the resignation notice or as otherwise agreed upon by the MEC and the resigning Department Chair.

5.9. Removal of Medical Staff Department Chairs

- 5.9.1. A Department Chair selected pursuant to Section 5.5.1 may be removed as Department Chair in accordance with the terms of the applicable contract. If the contract is silent as to Department Chair removal, then a Department Chair may be removed in the same manner as set forth in Section 5.9.2.
- 5.9.2. With the exception set forth in Section 5.9.1, action to remove a Department Chair may be initiated:
 - a. Upon recommendation of the Board; or,
 - b. Upon recommendation of the MEC; or,
 - c. Upon recommendation of the applicable Department by a two-third (2/3rd) vote of the Department members eligible to vote who are present and voting at a Department meeting at which a quorum is present.
- 5.9.3. Upon recommendation for removal of a Department Chair pursuant to Section 5.9.2, a Department Chair may be removed from his/her position by a subsequent majority vote of the members of the Department eligible to vote who are present and voting at a Department meeting (called for the purpose of acting upon the requested removal) at which a quorum is present.
- 5.9.4. A Practitioner subject to a removal action shall be given ten (10) days prior written notice of the Department meeting at which a removal vote will be taken and shall be given an opportunity to speak on his/her own behalf at the meeting prior to such vote.
- 5.9.5. Permissible grounds for removal of a Medical Staff Department Chair include, but are not limited to:

- a. Failure to continuously satisfy the qualifications for the position pursuant to Section 5.4.1 (a)-(c).
 - b. Failure to perform the duties of the position in a timely and appropriate manner.
 - c. Inability to fulfill the duties of the position.
 - d. Imposition of a summary suspension, an automatic suspension (other than for delinquent medical records), or corrective action undertaken against the Practitioner which results in a final Adverse decision.
- 5.9.6. Automatic termination of Medical Staff appointment and/or Privileges shall result in automatic removal of a Practitioner from his/her position as Department Chair.
- 5.9.7. Automatic removal of a Practitioner from his/her Medical Staff position may also occur as a result of a disqualifying conflict of interest pursuant to Section 5.4.1 (d) and the applicable conflict of interest policy.

5.10. Department Chair Duties

5.10.1. Each Department Chair shall:

- a. Be responsible for clinical and administrative activities of the Department, unless otherwise provided for by the Hospital, and report on such activities as requested by the Hospital President, the MEC, or the Board.
- b. Chair Medical Staff Department meetings.
- c. Provide continuing surveillance of the professional performance of all Practitioners and APCs in the Department who have delineated Clinical Privileges.
- d. Recommend to the Medical Staff the criteria for Clinical Privileges that are relevant to the care provided in the Department.
- e. Recommend Clinical Privileges for each member of the Department.
- f. Assess and recommend to the relevant Hospital authority off-site sources for needed patient care, treatment, and services not provided by the Department or the organization.
- g. Integrate the Department into the primary functions of the organization.
- h. Coordinate and integrate interdepartmental and intradepartmental services.
- i. Develop, as necessary, and implement policies and procedures that guide and support the provision of care, treatment, and services.
- j. Make recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services.

- k. Determine the qualifications and competence of Department personnel who are not licensed independent practitioners and who provide patient care, treatment, and services.
- l. Continuously assess and improve the quality of care, treatment, and services.
- m. Maintain quality control programs, as appropriate.
- n. Provide for the orientation and continuing education of all Practitioners/APCs in the Department.
- o. Recommend space and other resources needed by the Department.
- p. Manage on-call schedules/rosters for the Department.
- q. Perform such other duties with respect to the Department as provided by applicable accreditation standards, set forth in the Medical Staff governing documents, or requested by the Chief of Staff.

5.11. Section Chairs

5.11.1. Information regarding Section Chairs is set forth in the Medical Staff Organization Policy.

5.12. Requirements Regarding Meetings of Medical Staff Departments and Sections

5.12.1. Requirements with respect to meetings of Medical Staff Departments and Sections (including, but not limited to notice, quorum, manner of action, *etc.*) are set forth in the Medical Staff Organization Policy.

ARTICLE 6 MEDICAL EXECUTIVE COMMITTEE

6.1. MEC Composition

- 6.1.1. The composition of the Medical Executive Committee shall be as set forth in:
 - a. Addendum A – Anderson MEC
 - b. Addendum B – Clermont MEC
 - c. Addendum C – Fairfield MEC
 - d. Addendum D – Jewish MEC
 - e. Addendum E – Kings Mills MEC
 - f. Addendum F – West MEC
- 6.1.2. All Members of the active Medical Staff category, with or without Privileges, are eligible for membership on the MEC; however, the majority of voting members of the MEC shall, at all times, be Physician Members of the active Medical Staff category with Privileges.
- 6.1.3. Voting members of the MEC may not have a disqualifying conflict of interest as set forth in the applicable conflict of interest policy.
- 6.1.4. Voting MEC members are selected as follows:
 - a. Medical Staff officers attain their position in accordance with the applicable procedure set forth in Article 4
 - b. Department Chairs attain their position in accordance with the applicable procedure set forth in Article 5
 - c. MEC at-large members attain their position in accordance with the applicable procedure set forth in Article 4.
 - d. Refer to the applicable MEC Addendum for selection of other voting MEC members.
- 6.1.5. Voting MEC members are removed as follows:
 - a. Medical Staff officers may be removed from their position in accordance with the applicable procedure set forth in Article 4.
 - b. Department Chairs may be removed from their position in accordance with the applicable procedure set forth in Article 5.
 - c. MEC at-large members may be removed from their position in accordance with the applicable procedure set forth in Article 4.

- d. Refer to the applicable MEC Addendum for removal of other voting MEC members.

6.2. MEC Duties

6.2.1. The MEC shall:

- a. Act on behalf of the Medical Staff between meetings of the Medical Staff within the scope of the MEC's responsibilities as provided for in the Medical Staff governing documents.
- b. Request evaluations of Practitioners and APCs privileged through the Medical Staff process in instances where there is doubt about a Practitioner's or APC's ability to perform the Privileges requested.
- c. Make recommendations directly to the Board regarding:
 - 1. Medical Staff structure.
 - 2. Medical Staff membership (*i.e.*, Medical Staff appointment/reappointment and Medical Staff category).
 - 3. The mechanism(s) by which Medical Staff appointment and/or Privileges may be limited, suspended, or terminated.
 - 4. The process used to review credentials and delineate Privileges.
 - 5. Granting/regranting of Privileges and the delineation of Privileges for each Practitioner and APC privileged through the Medical Staff process.
- d. Receive and act upon reports from the various Medical Staff committees, Departments, Sections, and other assigned activity groups.
- e. Make recommendations to the Medical Staff for adoption and amendment of the Medical Staff Bylaws in accordance with the applicable procedure set forth in Article 11.
- f. Adopt and amend Medical Staff Policies and Rules and Regulations subject to the applicable procedure set forth in Article 11.
- g. Implement and enforce the Medical Staff Bylaws, Policies, and Rules and Regulations and applicable System/Hospital policies.
- h. Account to the Board for the quality of medical care provided to patients through oversight of the Multidisciplinary Peer Review Committee and other Medical Staff peer review committees, professional practice evaluation activities, and leadership participation in the organization and implementation of the Hospital's quality assessment and performance improvement program.
- i. Measure, assess, and improve Medical Staff processes.

- j. Participate in identification of community health needs and in setting the Hospital's goals and implementing programs to meet those needs.
- k. Perform such other duties as requested by the Medical Staff or as set forth in the Medical Staff governing documents and/or applicable accreditation standards.

6.3. MEC Meetings

- 6.3.1. The MEC shall meet monthly, as needed, and otherwise at the request of the MEC chair.
- 6.3.2. The MEC shall maintain a record of its proceedings and actions. Minutes of MEC meetings will be presented to the Board.

6.4. Creation, Modification, or Elimination of Standing Medical Staff Committees

- 6.4.1. Information with respect to standing Medical Staff committees (other than the MEC) is set forth in the Medical Staff Organization Policy.
- 6.4.2. The Medical Executive Committee may create additional standing Medical Staff committees, modify a standing Medical Staff committee's composition, duties, or meeting requirements, or eliminate a standing Medical Staff committee by amending the Medical Staff Organization Policy.

6.5. Selection/Removal of Members/Chairs of Standing Medical Staff Committees & Requirements Regarding Meetings of Standing Medical Staff Committees

- 6.5.1. The method of selecting and removing members and chairs of each standing Medical Staff committee is set forth in the Medical Staff Organization Policy with the exception of the Medical Executive Committee which is addressed in these Bylaws.
- 6.5.2. Requirements with respect to meetings of standing Medical Staff committees (including, but not limited to notice, quorum, manner of action, *etc.*) are set forth in the Medical Staff Organization Policy.

**ARTICLE 7 COLLEGIAL INTERVENTION/INFORMAL REMEDIATION, FORMAL
CORRECTIVE ACTION, SUMMARY SUSPENSION & AUTOMATIC
SUSPENSION/AUTOMATIC TERMINATION**

7.1. Collegial Intervention & Informal Remediation

- 7.1.1. Prior to initiating formal corrective action against a Medical Staff Member for professional conduct or clinical competency concerns, the Medical Staff leadership or Board (through the Hospital President or VPMA as its administrative agent) may elect to attempt to resolve the concerns informally in a manner that it determines appropriate.
- 7.1.2. An appropriately designated Medical Staff peer review committee may enter into a voluntary remedial agreement with a Medical Staff Member, consistent with the applicable Medical Staff Policy, to resolve potential clinical competency or conduct issues.
- 7.1.3. If the affected Medical Staff Member fails to abide by the terms of an agreed-to remedial agreement, the Member may be subject to the formal corrective action procedure set forth in Section 7.2.
- 7.1.4. Nothing in this Section shall be construed as obligating the Hospital or Medical Staff leadership to engage in collegial intervention or informal remediation prior to implementing formal corrective action on the basis of a single incident.
- 7.1.5. A written record of any collegial intervention and/or informal remediation efforts will be prepared and maintained in the Medical Staff Member's confidential peer review file.

7.2. Formal Corrective Action

7.2.1. Grounds for Formal Corrective Action

- a. Corrective action may be taken whenever a Medical Staff Member engages in activities or exhibits actions, statements, demeanor, or conduct within or outside of the Hospital that is/are, or is/are reasonably likely to be:
 - 1. Contrary to the Medical Staff Bylaws, Rules & Regulations or applicable System, Hospital, or Medical Staff policies or procedures.
 - 2. Detrimental to patient safety or to the quality or efficiency of patient care in the Hospital.
 - 3. Disruptive to Hospital operations.
 - 4. Damaging to the Medical Staff's or the Hospital's reputation.
 - 5. Below the applicable standard of care.
 - 6. In violation of any laws, rules, or regulations relating to federal or state healthcare reimbursement programs.

7.2.2. Request for Initiation of Formal Corrective Action

- a. Any of the following may request that corrective action be initiated:
 - 1. An officer of the Medical Staff
 - 2. The chair of any Department in which the Practitioner exercises Privileges
 - 3. Any standing committee or subcommittee of the Medical Staff (including the MEC) or chair thereof
 - 4. The VPMA
 - 5. The Hospital President
 - 6. The Board or Board chair
- b. All requests for corrective action shall be submitted to the MEC in writing, which writing may be reflected in minutes. Such request must be supported by reference to the specific activities or conduct that constitute(s) the grounds for the request. In the event the request for corrective action is initiated by the MEC, it shall reflect the basis therefore in its minutes.
- c. The chair of the MEC shall promptly notify the Hospital President, in writing, of all requests for corrective action and shall continue to keep him/her fully informed of all action taken in conjunction therewith.

7.2.3. MEC Action Upon Receipt of Request for Initiation of Formal Corrective Action

- a. Upon receipt of a request for formal corrective action, the MEC shall act on the request.
- b. The MEC may:
 - 1. Determine that no corrective action is warranted and close the matter.
 - 2. Determine that no corrective action is warranted but remand the matter for collegial intervention or informal remediation consistent with the applicable Medical Staff governing documents.
 - 3. Initiate a formal corrective action investigation.

7.2.4. Commencement of Formal Corrective Action

- a. A matter shall be deemed to be under formal investigation as of the start of an MEC meeting at which a request for formal corrective action is being presented.
- b. For the sole purpose of determining whether there is a potential reportable event, the matter will be deemed to be under formal corrective action until the end of the MEC meeting at which the issue is presented; provided, however, that if the MEC determines to proceed with a formal corrective action investigation, the matter shall remain under formal corrective action until such time as the MEC rejects the

request for corrective action, closes the investigation, or a final decision is rendered by the Board.

- c. The affected Medical Staff Member shall be provided with written notice of a determination by the MEC to initiate a formal corrective action investigation.

7.2.5. Conducting a Formal Corrective Action Investigation

- a. The MEC may conduct such investigation itself; assign this task to a Medical Staff officer, Department Chair, Section Chair, the VPMA, the Joint Review Committee or another standing or *ad hoc* Medical Staff committee; or may refer the matter to the Board for investigation and resolution.
- b. The MEC may reasonably rely upon the findings of all prior Hospital or Medical Staff committees without conducting further inquiry.
- c. This investigation process is not a “hearing” as that term is used in the Fair Hearing Policy and does not entitle the Medical Staff Member to the procedural due process rights provided in the Fair Hearing Policy.
- d. The investigating individual/group will proceed with its investigation in a prompt manner. The investigative process may include, without limitation: a meeting with the Medical Staff Member involved who may be given an opportunity to provide information in a manner and upon such terms as the investigating individual/group deems appropriate; with the individual or group who made the request; and/or with other individuals who may have knowledge of, or information relevant to, the events involved.
- e. If the investigation is conducted by a group or individual other than the MEC or the Board, that group or individual shall submit a written report of its investigation, which may be reflected by minutes, to the MEC as soon as is practicable after its receipt of the assignment to investigate. The report should contain such detail as is necessary for the MEC to rely upon it including recommendations for appropriate corrective action, or no action at all, and the basis for such recommendations.
- f. The MEC may at any time in its discretion, and shall at the request of the Board, terminate the investigative process and proceed with action as provided below.

7.2.6. MEC Action Following Completion/Receipt of Report

- a. As soon as is practicable following completion of its report (which may be reflected by minutes), or receipt of a report from the investigating individual or group, the MEC shall act upon the request for corrective action.
- b. The MEC’s actions may include, without limitation, the following:
 - 1. A determination that no corrective action be taken.
 - 2. Issuance of a verbal or written warning or a letter of reprimand.

3. Imposition of a focused professional practice evaluation period with retrospective review of cases and/or other review of professional practice or conduct but without requirement of prior or concurrent consultation or direct supervision.
4. Imposition of prior or concurrent consultation or direct supervision or other form of focused professional practice evaluation that limits the Medical Staff Member's ability to continue to exercise previously exercised Privileges for a period of up to fourteen (14) days.
5. Imposition of a suspension of all, or any part, of the Medical Staff Member's Privileges for a period up to fourteen (14) days.
6. Other actions deemed appropriate under the circumstances that will result in a limitation or reduction of the Medical Staff Member's Privileges for a period up to fourteen (14) days.
7. Recommendation of imposition of prior or concurrent consultation or direct supervision or other form of focused professional practice evaluation that limits the Medical Staff Member's ability to continue to exercise previously exercised Privileges for a period in excess of fourteen (14) days.
8. Recommendation of a suspension of all, or any part, of a Medical Staff Member's Privileges for a period in excess of fourteen (14) days.
9. Recommendation of other actions deemed appropriate under the circumstances that will result in a limitation or reduction of the Medical Staff Member's Privileges for a period in excess of fourteen (14) days.
10. Recommendation of revocation of all, or any part, of the Medical Staff Member's Privileges.

7.2.7. Adverse Recommendation. When the MEC's recommendation is Adverse (as defined in these Bylaws and the Fair Hearing Policy) to the Medical Staff Member, the Chief of Staff shall inform the Member, by Special Notice, and the Member shall be entitled, upon timely and proper request, to the procedural due process rights contained in the Fair Hearing Policy. The Chief of Staff shall then hold the Adverse recommendation in abeyance until the Medical Staff Member has exercised or waived the right to a hearing and appeal after which the final MEC recommendation, together with all accompanying information, shall be forwarded to the Board.

7.2.8. Referral/Failure by MEC to Act. If the MEC (a) refers the matter to the Board; or (b) fails to act on a request for corrective action within an appropriate time, as determined by the Board, the Board may proceed with its own investigation or determination as applicable to the circumstances. In the case of (b), the Board shall make such determination after notifying the MEC of the Board's intent and allowing a reasonable period of time for response by the MEC.

- a. If the Board's decision is not Adverse to the Medical Staff Member the action shall be effective as its final decision and the Hospital President shall inform the Member of the Board's decision by Special Notice.
 - b. If the Board's action is Adverse to the Medical Staff Member, the Hospital President shall inform the Member, by Special Notice, and the Member shall be entitled, upon timely and proper request, to the procedural due process rights set forth in the Fair Hearing Policy.
- 7.2.9. The commencement of corrective action procedures against a Medical Staff Member shall not preclude the summary suspension or automatic suspension or automatic termination of the Medical Staff appointment and/or all, or any portion, of the Member's Privileges in accordance with the applicable procedures set forth in this Article.

7.3. Summary Suspension

7.3.1. Grounds and Authority to Impose

- a. Whenever a Practitioner's conduct is of such a nature as to require immediate action to protect the life of any patient(s) or to reduce the substantial likelihood of imminent danger to the health or safety of any patient, employee, or other person present in the Hospital, the following have the authority to summarily suspend the Medical Staff appointment and/or all, or any portion, of the Clinical Privileges of such Practitioner:
 - 1. Medical Executive Committee; or,
 - 2. Any two (2) of the following:
 - i. Chief of Staff
 - ii. Chief of Staff Elect
 - iii. Immediate Past Chief of Staff
 - iv. A Department Chair
 - v. Hospital President or VPMA
- 7.3.2. A summary suspension is effective immediately. The person(s) or group imposing the summary suspension (if other than the Hospital President) shall immediately inform the Hospital President of the summary suspension and the Hospital President or the Chief of Staff shall promptly give Special Notice thereof to the Practitioner.
- 7.3.3. The Chief of Staff or applicable Department Chair or Section Chair shall assign a suspended Practitioner's patients then in the Hospital to another Practitioner with appropriate Privileges considering the wishes of the patient, where feasible.
- 7.3.4. As soon as possible, but in no event later than five (5) days after a summary suspension is imposed, the MEC (if it did not impose the summary suspension) shall convene to review the matter and consider the need, if any, for a professional review action (*i.e.*, formal

corrective action) pursuant to Section 7.2. Such a meeting of the MEC shall not be considered a “hearing” as contemplated in the Medical Staff Fair Hearing Policy (even if the involved Practitioner attends the meeting), and no procedural requirements shall apply.

- 7.3.5. The MEC may modify, continue, or terminate a summary suspension provided that the summary suspension was not imposed by the Board.
- 7.3.6. In the case of a summary suspension imposed by the Board, the MEC shall give its recommendation to the Board as to whether such summary suspension should be modified, continued, or terminated. The Board may accept, modify, or reject the MEC’s recommendation.
- 7.3.7. Not later than fourteen (14) days following the original imposition of the summary suspension, the Hospital President or the Chief of Staff shall notify the Practitioner, by Special Notice, of the MEC’s determination; or, in the case of a summary suspension imposed by the Board, of the MEC’s recommendation as to whether such summary suspension should be terminated, modified, or continued.
- 7.3.8. If a summary suspension remains in place for more than fourteen (14) days the Practitioner shall be advised, by Special Notice, of the Practitioner’s rights, if any, pursuant to the Medical Staff Bylaws and Fair Hearing Policy.
- 7.3.9. A summary suspension that is lifted within fourteen (14) days of its original imposition shall not be deemed an Adverse action for purposes of the procedural due process rights set forth in the Fair Hearing Policy.

7.4. Grounds for Automatic Suspension of Medical Staff Appointment and/or Privileges

- 7.4.1. The following events shall result in an automatic suspension of Medical Staff appointment and/or Privileges without recourse to the procedural due process rights set forth the Fair Hearing Policy:

- a. Licensure

- 1. Suspension. Whenever a Practitioner’s license is suspended by the applicable licensing entity, the Practitioner’s Medical Staff appointment and Privileges shall be automatically suspended.
- 2. Restriction. Whenever a Practitioner’s license is limited/restricted by the applicable licensing entity, the Practitioner’s Medical Staff appointment and Privileges shall be likewise automatically limited/restricted.
- 3. Failure to Renew/Expired. Whenever a Practitioner’s license expires solely as a result of the Practitioner’s inadvertent failure to renew such license on a timely basis, the Practitioner’s Medical Staff appointment and Privileges shall be automatically suspended subject to Section 7.5-1 (a)(2).

- b. Controlled Substance Authorization

If a DEA registration (or other authorization to prescribe controlled substances) is required for the Privileges granted:

1. Suspension. Whenever a Practitioner's DEA registration (or other authorization to prescribe controlled substances) is suspended by the DEA or other applicable federal or state authority, his/her Medical Staff appointment and Privileges shall be automatically suspended.
2. Restriction. Whenever a Practitioner's DEA registration (or other authorization to prescribe controlled substances) is limited/restricted by the DEA or other applicable federal or state authority, his/her Medical Staff appointment and Privileges shall be automatically suspended.
3. Failure to Renew/Expired. Whenever a Practitioner's DEA registration (or other authorization to prescribe controlled substances) expires solely as a result of the Practitioner's inadvertent failure to renew such registration on a timely basis, the Practitioner's Medical Staff appointment and Privileges shall be automatically suspended subject to Section 7.5-1 (b)(2).

c. Professional Liability Insurance

1. If a Practitioner's Professional Liability Insurance coverage lapses, falls below the required minimum, is terminated, or otherwise ceases to be in effect, in whole or in part, the Practitioner's Medical Staff appointment and Privileges shall be automatically suspended until Professional Liability Insurance coverage is restored or the matter is otherwise resolved pursuant to Section 7.5-1 (c) below.
2. The CVO must be provided with a certified copy of the insurance certificate from the insurance company and a written statement explaining the circumstances of the Practitioner's non-compliance with the Hospital's Professional Liability Insurance requirements, any limitations on the new policy, and a summary of relevant activities during the period of non-compliance.
3. For purposes of this section, the failure of a Practitioner to provide proof of Professional Liability Insurance shall constitute failure to meet the requirements of this provision.

d. Federal Health Program

1. Whenever a Practitioner is suspended from participating in a Federal Health Program, the Practitioner's appointment and Privileges shall be automatically suspended.

e. Failure to Complete Electronic Health Record Training

1. A Practitioner's Privileges shall be automatically suspended for failure to successfully complete the Hospital's training with respect to use of the electronic health record.

f. Required Vaccination(s)

1. Failure to provide documentation of compliance with state and/or federal vaccination requirements and implementing System/Hospital policies (or an approved exemption therefrom) will result in an automatic suspension of the Practitioner's Medical Staff appointment and/or Privileges subject to Section 7.5.1 (f).
- g. Designated Offense
1. A Practitioner's Medical Staff appointment and Privileges shall be automatically suspended upon (i) a grand jury indictment for a Designated Offense; or (ii) information or a complaint and probable cause determination (as applicable under state or federal law) for a Designated Offense.
 2. Designated Offense means (i) a felony; or (ii) other serious offense that involves: violence or abuse upon a person; conversion, embezzlement, or misappropriation of property; fraud; bribery; evidence tampering; perjury; or drugs.
- h. Failure to Complete Medical Records
1. Whenever a Practitioner fails to complete medical records as provided for in these Bylaws, the Medical Staff Rules & Regulations, and/or applicable Medical Staff or System/Hospital (*i.e.*, Health Information Management) policies, the Practitioner's Medical Staff appointment and/or Privileges shall be automatically suspended consistent with the applicable documents.

7.4.2. Action Following Imposition of an Automatic Suspension

- a. As soon as practicable after the imposition of an automatic suspension, the MEC shall convene, as appropriate, to determine if formal corrective action is necessary in accordance with Section 7.2 of these Bylaws.
- b. Appropriate resolution on the part of the Practitioner of the action or inaction that gave rise to an automatic suspension of Medical Staff appointment and/or Privileges shall result in the automatic reinstatement of the Practitioner's appointment and/or Privileges.
- c. The Practitioner shall be obligated to provide such information as the CVO and/or Medical Staff Office shall reasonably request to assure that all information in the Practitioner's credentials file is current upon reinstatement.

7.4.3. Impact of Automatic Suspension

- a. During such period of time when a Practitioner's Medical Staff appointment and/or Privileges are automatically suspended pursuant to Section 7.4-1 (a)-(g) he/she may not, as applicable, exercise any Prerogatives of appointment or exercise any Privileges at the Hospital.

- b. A Practitioner whose Privileges are automatically suspended pursuant to Section 7.4-1 (h) (*i.e.*, for delinquent medical records), is subject to the same limitations except that such Practitioner may:
 - 1. Conclude the management of any patient under his/her care in the Hospital at the time of the effective date of the automatic suspension.
 - 2. Attend to the management of any patient requiring emergency care and intervention upon request of the Chief of Staff.

7.5. Grounds for Automatic Termination of Medical Staff Appointment and Privileges

7.5.1. The following events shall result in an automatic termination of Medical Staff appointment and Privileges without recourse to the procedural due process rights set forth in the Fair Hearing Policy.

a. License Revocation or Expiration

- 1. Whenever a Practitioner's license to practice is revoked by the applicable licensing entity, his/her Medical Staff appointment and Privileges shall be automatically terminated.
- 2. Whenever a Practitioner (whose Medical Staff appointment and Privileges were automatically suspended pursuant to Section 7.4-1 (a)(3) for an expired license) fails to renew his/her license within ninety (90) days after its expiration, the Practitioner's Medical Staff appointment and Privileges shall be automatically terminated as of the ninety-first (91st) day.

b. Controlled Substance Authorization

If a DEA registration (or other authorization to prescribe controlled substances) is required for the Privileges granted:

- 1. Whenever a Practitioner's DEA registration (or other authorization to prescribe controlled substances) is revoked, his/her Medical Staff appointment and Privileges shall be automatically terminated.
- 2. Whenever a Practitioner (whose Medical Staff appointment and Privileges were automatically suspended pursuant to Section 7.4-1 (b)(3) for an expired DEA registration or other authorization to prescribe controlled substances) fails to renew his/her registration within ninety (90) days after its expiration, his/her Medical Staff appointment and Privileges shall be automatically terminated as of the ninety-first (91st) day.

c. Professional Liability Insurance

- 1. If a Practitioner's Professional Liability Insurance coverage lapses, falls below the required minimum, is terminated, or otherwise ceases to be in effect for a period greater than ninety (90) days, the Practitioner's Medical Staff appointment and Privileges shall automatically terminate as of the ninety-first (91st) day.

2. For purposes of this provision, the failure of a Practitioner to provide proof of Professional Liability Insurance shall constitute a failure to meet the requirements of this provision.
 - d. Federal Health Program
 1. Whenever a Practitioner is ineligible to participate in or is excluded from participating in a Federal Health Program, the Practitioner's appointment and Privileges shall be automatically terminated.
 - e. Designated Offense
 1. If a Practitioner pleads guilty to, is found guilty of, or pleads no contest to a Designated Offense, as defined in Section 7.4-1 (g), the Practitioner's Medical Staff appointment and Privileges shall be automatically terminated.
 - f. Required Vaccination(s)
 1. Failure to provide documentation of compliance with state and/or federal vaccination requirements and implementing System/Hospital policies (or an approved exemption therefrom) within thirty (30) days following the date of an automatic suspension pursuant to Section 7.4.1 (f) shall result in an automatic termination of the Practitioner's Medical Staff appointment and/or Privileges as of the thirty-first (31st) day.
 - g. Failure to Pay Medical Staff Dues
 1. Failure to pay Medical Staff dues will result in an automatic termination of Medical Staff appointment and Privileges following three (3) written attempts by the Medical Staff Office to collect the delinquent dues.
- 7.5.2. Upon the imposition of an automatic suspension or automatic termination of Medical Staff appointment and/or Privileges, the Chief of Staff or the applicable Department Chair or Section Chair shall provide for alternative coverage for the affected Practitioner's Hospital patients. The wishes of the patient shall be considered, where feasible, in choosing a substitute Practitioner. The affected Practitioner shall confer with the substitute Practitioner(s) to the extent necessary to safeguard the patients.

7.6. Consistency of Action Between Hospital and Affiliate Hospitals

- 7.6.1. So that there is consistency between the Hospital and Affiliate Hospitals regarding corrective action and the status of medical staff appointment and privileges considering that the Hospital and the Affiliate Hospitals are part of the same healthcare system and that the Hospital and the Affiliate Hospitals have agreed to share information regarding appointment and/or privileges, the following automatic actions shall occur:
- a. With the exception of an automatic suspension for delinquent medical records, if a Practitioner's appointment and/or privileges are automatically suspended or automatically terminated, in whole or in part, at an Affiliate Hospital(s), the

Practitioner's appointment and/or Privileges at this Hospital shall automatically become subject to the same action without recourse to the procedural due process rights set forth in these Bylaws and the Fair Hearing Policy.

- b. If a Practitioner's appointment and/or privileges are summarily suspended or if a Practitioner voluntarily agrees not to exercise privileges while undergoing an investigation at an Affiliate Hospital(s), such summary suspension or voluntary agreement not to exercise privileges shall automatically and equally apply to the Practitioner's appointment and/or Privileges at this Hospital and shall remain in effect until such time as the Affiliate Hospital(s) render(s) a final decision or otherwise terminate(s) the process.
- c. If a Practitioner's appointment and/or privileges are limited, suspended, or terminated at an Affiliate Hospital, in whole or in part, based on professional conduct or clinical competency concerns, the Practitioner's appointment and/or Privileges at this Hospital shall automatically and immediately become subject to the same decision without recourse to the procedural due process rights set forth in these Bylaws and the Fair Hearing Policy unless otherwise provided in the final decision at the Affiliate Hospital.
- d. If a Practitioner resigns his/her medical staff appointment and/or privileges or fails to seek reappointment and/or regrant of Privileges at an Affiliate Hospital(s) while under investigation or to avoid investigation for professional conduct or clinical competency concerns, such resignation shall automatically and equally apply to the Practitioner's Medical Staff appointment and/or Privileges at this Hospital without recourse to the procedural due process rights set forth in these Bylaws and the Fair Hearing Policy.
- e. If a Practitioner withdraws an initial application for medical staff appointment and/or privileges at an Affiliate Hospital(s) for professional conduct or clinical competency concerns, such application withdrawal shall automatically and equally apply to applications for Medical Staff appointment and/or Privileges at this Hospital without recourse to the procedural due process rights set forth in these Bylaws and the Fair Hearing Policy.

ARTICLE 8 HEARING AND APPELLATE REVIEW PROCEDURES

8.1. Overview

- 8.1.1. Upon timely and proper request for a hearing by the affected Practitioner, the body that issued the Adverse recommendation or action (*i.e.*, the MEC or Board, as applicable) shall schedule a hearing.
- 8.1.2. The decision as to whether to utilize a hearing officer or a hearing panel (and selection of such hearing officer or hearing panel members) shall be at the sole discretion of the body whose Adverse recommendation or action triggered the hearing.
 - a. A hearing officer may be a Practitioner, an attorney, or other individual qualified to conduct the hearing. The hearing officer is not required to be a Medical Staff Member.
 - b. A hearing panel shall consist of not less than three (3) persons. The hearing panel members may either be Practitioners or individuals from outside of the Hospital, or a combination thereof. At least two (2) members of the hearing panel should be Practitioners.
- 8.1.3. The hearing will be conducted in a manner consistent with the then current requirements of the Health Care Quality Improvement Act, as amended from time to time, and as further detailed in the Fair Hearing Policy.

8.2. Medical Staff Fair Hearing Policy

- 8.2.1. The Medical Staff Fair Hearing Policy sets forth additional information with respect to the Medical Staff hearing and appeal procedure.

ARTICLE 9 CONFIDENTIALITY, IMMUNITY, REPORTING, AND RELEASES

9.1. Special Definitions

9.1.1. For purposes of this Article, the following definitions shall apply:

- a. Information means documentation of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, investigations, examinations, hearings, meetings, recommendations, findings, evaluations, opinions, conclusions, actions, data, and other disclosures or communication, whether in written or oral form, relating to any of the subject matter specified in Section 9.5 of this Article.
- b. Representative means the Board, Hospital, Medical Staff, and any agent (*e.g.*, Board members, Practitioners, APCs, Hospital employees, committee members, *etc.*) authorized to perform specific Information gathering, analysis, use, or disseminating functions.
- c. Third Parties means both individuals and organizations providing Information to any Representative.

9.2. Authorizations and Conditions

9.2.1. By submitting an application for Medical Staff appointment/reappointment and/or grant/regrant of Clinical Privileges, and at all times during which a Practitioner holds Medical Staff appointment and/or Privileges at the Hospital, such Practitioner:

- a. Authorizes Representatives to solicit, provide and act upon Information regarding the Practitioner's qualifications for Medical Staff appointment and/or Clinical Privileges and his/her professional practice.
- b. Authorizes Third Parties to provide Information to Representatives regarding the Practitioner's qualifications for Medical Staff appointment and/or Clinical Privileges and his/her professional practice.
- c. Agrees to be bound by the provisions of this Article and to waive all legal claims against any Representative or Third Party who acts in accordance with provisions of this Article.
- d. Acknowledges that the provisions of this Article are express conditions to his/her application for and exercise of Medical Staff appointment and/or Privileges at the Hospital.

9.3. Confidentiality of Information

9.3.1. Information with respect to any Practitioner submitted, collected, or prepared by any Representative of this Hospital or by any other health care facility or organization of health professionals or medical staff for the purpose of: evaluating, monitoring, or improving the quality, appropriateness, and efficiency of patient care; evaluating the qualifications and performance (*e.g.*, conduct, clinical competence, *etc.*) of a Practitioner; acting upon matters relating to corrective action; reducing morbidity and mortality; contributing to teaching or

clinical research; determining that health care services are professionally indicated and performed in accordance with the applicable standards of care; or establishing and enforcing guidelines to help keep health care costs within reasonable bounds shall, to the fullest extent permitted by law, be confidential. Such Information shall not be disclosed or disseminated to anyone other than a Representative or other health care facility or organization or medical staff engaged in an official, authorized activity for which the Information is needed, nor be used in any way except as authorized by the Medical Staff governing documents, applicable System/Hospital policies, or as otherwise required by law. Such confidentiality shall also extend to Information of like kind that may be provided by Third Parties. This Information shall not become part of any particular patient's record. It is expressly acknowledged by each Practitioner that violation of the confidentiality provisions provided herein is grounds for formal corrective action pursuant to these Bylaws.

9.4. Immunity from Liability

- 9.4.1. For Action Taken. No Representative or Third Party shall be liable to a Practitioner for damages or other relief for any action taken or decision, opinion, statement, or recommendation made within the scope of his/her duties as a Representative or Third Party provided that such Representative or Third Party does not act on the basis of false Information knowing such Information to be false.
- 9.4.2. For Gathering/Providing Information. No Representative or Third Party shall be liable to a Practitioner for damages or other relief by reason of gathering or providing Information, including otherwise privileged or confidential Information, concerning a Practitioner who is or has been an applicant for Medical Staff appointment and/or Privileges, or who is or has been a Member of the Medical Staff, or who did or does exercise Clinical Privileges at the Hospital provided that such Representative or Third Party acts within the scope of his/her duties as a Representative or Third Party and does not act on the basis of false Information knowing it to be false.

9.5. Activities and Information Covered

- 9.5.1. Activities. The confidentiality and immunity provided by this Article shall apply to all Information in connection with the activities of this Hospital or any other health care facility or organization of health professionals or medical staff concerning, but not limited to:
- a. Applications for Medical Staff appointment and/or Privileges
 - b. Applications for Medical Staff reappointment and/or regrant of Privileges
 - c. Corrective action
 - d. Hearings and appellate reviews
 - e. Performance improvement/quality assessment/peer review activities
 - f. Utilization review/management activities

- g. Any other Hospital, Department/Section, committee, or Medical Staff activities related to evaluating, monitoring, and maintaining quality and efficient patient care, clinical competency, and professional conduct.

9.6. Releases

- 9.6.1. Each Practitioner shall, upon request of the Hospital, execute general and specific releases in accordance with this Article, subject to such requirements as may be applicable under state and federal laws. Such releases will operate in addition to the provisions of this Article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

9.7. Cumulative Effect

- 9.7.1. Provisions in the Medical Staff governing documents and in the application for Medical Staff appointment/Privileges or other Hospital or Medical Staff forms relating to authorizations, confidentiality of Information, and release of/immunity from liability shall be in addition to other protections provided by law and not in limitation thereof.
- 9.7.2. A finding by a court of law or administrative agency with proper jurisdiction that all or any portion of any such provision is not enforceable shall not affect the legality or enforceability of the remainder of such provision or any other provision.

ARTICLE 10 GENERAL PROVISIONS

10.1. Conflict Management Process

10.1.1. Unless otherwise provided in the Medical Staff governing documents:

- a. In the event of a conflict between the MEC and the Medical Staff (on issues other than those involving individual Practitioner or APC matters), as reflected by a signed petition of not less than thirty-three percent (33%) of the total number of Medical Staff Members eligible to vote, a special meeting of the Medical Staff and MEC shall be convened to discuss issues of concern and seek resolution of the conflict.
- b. In the event that the conflict cannot be resolved to the mutual satisfaction of the parties, the matter shall be brought before the Medical Staff for vote subject to final review and action by the Board.

10.2. Medical History & Physical Examinations

- 10.2.1. Patients shall, as applicable, have a medical history and physical examination (H&P) completed and documented no more than thirty (30) days prior to, or within twenty-four (24) hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services (except in emergency surgical situations).
- 10.2.2. For an H&P that was completed within thirty (30) days prior to registration or inpatient admission, an update documenting any changes in the patient's condition shall be completed within twenty-four (24) hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services (except in emergency surgical situations).
- 10.2.3. The H&P (and any updates thereto) shall be documented/placed in the patient's medical record within twenty-four (24) hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services (except in emergency surgical situations).
- 10.2.4. The H&P (and any updates thereto) shall be completed and documented by a Physician, an Oral Maxillofacial Surgeon, or other qualified licensed individual in accordance with State law and applicable System/Hospital/Medical Staff policy. Additional requirements regarding completion and documentation of the H&P are set forth in the Medical Staff Rules & Regulations and/or applicable System/Hospital/Medical Staff policies.
- 10.2.5. In lieu of the H&P requirements, an assessment for designated outpatients may be completed and documented after registration but prior to surgery or a procedure requiring anesthesia services provided that the conditions set forth in the applicable laws, rules, regulations, and accreditation standards are met.

ARTICLE 11 ADOPTION AND AMENDMENT OF MEDICAL STAFF BYLAWS, POLICIES, AND RULES & REGULATIONS

11.1. Medical Staff Bylaws

11.1.1. Adoption and Amendment of Bylaws

- a. The Medical Staff has the responsibility to formulate, adopt, and recommend to the Board Medical Staff Bylaws, and amendments thereto, which shall be effective when approved by the Board.
- b. Amendments to the Medical Staff Bylaws may be proposed by the Hospital President, the VPMA, the MEC or chair of another standing Medical Staff committee, a Medical Staff officer, Department Chair, Section Chair, or by petition signed by not less than 33% of the total number of Medical Staff Members eligible to vote.
- c. Neither the Medical Staff nor the Board may unilaterally adopt or amend the Medical Staff Bylaws.

11.1.2. Action by the MEC and Medical Staff Regarding the Medical Staff Bylaws

- a. Following receipt and consideration of a recommendation from the Regional Medical Staff Bylaws Committee, the MEC shall present the Medical Staff Bylaws, or proposed amendment(s) thereto, along with the MEC's recommendation, to the voting Members of the Medical Staff in such manner as determined appropriate by the MEC.
- b. The Medical Staff Bylaws, or amendments thereto, shall be made available for review by the voting Members of the Medical Staff at least seven (7) days prior to a Medical Staff vote regarding adoption or amendment.
- c. Adoption or amendment of the Medical Staff Bylaws by the Medical Staff shall occur in one of the following ways at the discretion of the MEC:
 1. By a majority affirmative vote of those Medical Staff Members eligible to vote who are present at a Medical Staff meeting at which a quorum is present.

OR

2. By ballot without a Medical Staff meeting. In such event, ballots shall be distributed to each Medical Staff Member eligible to vote. Ballots may be distributed electronically or in such other manner as determined appropriate by the Medical Executive Committee. Completed ballots must be returned within the time period specified and according to the instructions that accompany the ballot. Ballots received after the stipulated date shall not be counted. Adoption or amendment of the Bylaws in this

manner shall require a majority affirmative vote of the total ballots returned by the stipulated date.

11.1.3. Action by the Board Regarding Medical Staff Bylaws

- a. Adoption or amendment of the Medical Staff Bylaws is effective upon approval by the Board.
- b. If the Board has determined not to accept a recommendation regarding the Medical Staff Bylaws submitted to it by the Medical Staff, the Joint Conference Committee shall be convened. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the Medical Staff representatives to discuss the rationale for the Medical Staff's position. Following a recommendation from the Joint Conference Committee, the Board may then take final action.

11.2. Technical Amendments to the Medical Staff Bylaws

11.2.1. The MEC shall have the power to adopt such amendments to the Medical Staff Bylaws as are, in the judgment of the MEC, technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling, or other errors of grammar or expression.

11.2.2. Such technical amendments shall be effective immediately and shall be permanent if not objected to by the Medical Staff or the Board within sixty (60) days after adoption by the MEC and communication of such technical amendments to the Medical Staff and Board.

11.3. Medical Staff Policies

11.3.1. Action by the MEC Regarding Medical Staff Policies

- a. The Medical Staff has delegated to the MEC the ability to adopt and amend such Medical Staff Policies as may be necessary to implement more specifically the general principles found within these Bylaws subject to Board approval.
- b. In the event the voting Members of the Medical Staff propose to adopt a Medical Staff Policy, or an amendment thereto, the Medical Staff shall first communicate its proposal to the MEC.
- c. The MEC may, but is not required to, request review of a Medical Staff Policy, or an amendment thereto, by the Regional Medical Staff Bylaws Committee prior to MEC action.
- d. Following receipt and consideration of a recommendation, if any, from the Regional Medical Staff Bylaws Committee, the MEC shall proceed to act upon the Medical Staff Policy.
- e. Adoption or amendment of Medical Staff Policies by the MEC shall occur in one of the following ways at the discretion of the MEC:

1. By a majority affirmative vote of those MEC members eligible to vote who are present at an MEC meeting at which a quorum is present.

OR

2. By ballot without an MEC meeting. In such event, ballots shall be distributed to each MEC member eligible to vote. Ballots may be distributed electronically or in such other manner as determined appropriate by the MEC. Completed ballots must be returned within the time period specified and according to the instructions that accompany the ballot. Ballots received after the stipulated date shall not be counted. Adoption or amendment of a Medical Staff Policy in this manner shall require a majority affirmative vote of the total ballots returned by the stipulated date.
- f. Any active Medical Staff Member may raise a challenge to any Medical Staff Policy established by the MEC and approved by the Board. In order to raise such challenge, the Member must submit to the MEC a petition signed by not less than thirty-three percent (33%) of the total number of Medical Staff Members eligible to vote. Upon receipt of the petition, the MEC shall either (i) provide the petitioners with information clarifying the intent of such Medical Staff Policy; and/or (ii) schedule a meeting with the petitioners to discuss the issue. In the event that the issue cannot be resolved to the satisfaction of the petitioners, the matter shall be brought before the Medical Staff for vote subject to final review and action by the Board.

11.3.2. Action by the Board Regarding Medical Staff Policies

- a. Adoption or amendment of Medical Staff Policies is effective upon approval by the Board.
- b. If the Board has determined not to accept a recommendation regarding a Medical Staff Policy submitted to it by the MEC, the Joint Conference Committee shall be convened. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the Medical Staff representatives to discuss the rationale for the MEC's position. Following a recommendation from the Joint Conference Committee, the Board may then take final action.
- c. When the MEC adopts a Medical Staff Policy, or an amendment thereto, the MEC shall communicate such Policy, or amendment, to the Medical Staff following Board approval.

11.4. Medical Staff Rules & Regulations

11.4.1. Action by the MEC Regarding Medical Staff Rules & Regulations

- a. The Medical Staff has delegated to the MEC the ability to adopt and amend such Medical Staff Rules & Regulations as may be necessary to implement more

specifically the general principles found within these Bylaws subject to Board approval.

- b. In the event the voting Members of the Medical Staff propose to adopt a Medical Staff Rule, Regulation, or an amendment thereto, the Medical Staff shall first communicate its proposal to the MEC.
- c. If the MEC proposes to adopt a Rule or Regulation, or an amendment thereto, it shall first communicate the proposal to the Medical Staff prior to an MEC vote.
- d. Following receipt and consideration of a recommendation from the Regional Medical Staff Bylaws Committee and review of comments, if any, received from the Medical Staff, the MEC shall proceed to act upon the Medical Staff Rules & Regulations.
- e. Adoption or amendment of the Medical Staff Rules & Regulations by the MEC shall occur in one of the following ways at the discretion of the MEC:
 - 1. By a majority affirmative vote of those MEC members eligible to vote who are present at an MEC meeting at which a quorum is present.

OR

- 2. By ballot without an MEC meeting. In such event, ballots shall be distributed to each MEC member eligible to vote. Ballots may be distributed electronically or in such other manner as determined appropriate by the MEC. Completed ballots shall be returned within the time period specified and according to the instructions that accompany the ballot. Ballots received after the stipulated date shall not be counted. Adoption or amendment of the Medical Staff Rules & Regulations in this manner shall require a majority affirmative vote of the total ballots returned by the stipulated date.

11.4.2. Action by the Board Regarding Medical Staff Rules & Regulations

- a. Adoption or amendment of the Medical Staff Rules & Regulations is effective upon approval by the Board.
- b. If the Board has determined not to accept a recommendation regarding the Medical Staff Rules & Regulations submitted to it by the MEC, the Joint Conference Committee shall be convened. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the Medical Staff representatives to discuss the rationale for the MEC's position. Following a recommendation from the Joint Conference Committee, the Board may then take final action.

11.4.3. Exception for Urgent Amendment to Medical Staff Rules & Regulations

- a. In case of a documented need for an urgent amendment to the Medical Staff Rules and Regulations necessary to comply with law or regulation, the MEC may

provisionally adopt and the Board may provisionally approve such urgent amendment to the Medical Staff Rules and Regulations without prior notification to the Medical Staff.

- b. In such event, the Medical Staff shall thereafter be immediately notified by the MEC and shall be provided with the opportunity for retrospective review of, and comment on, the provisional amendment.
 - 1. If the Medical Staff agrees with the MEC's action, the provisional amendment shall stand.
 - 2. If the Medical Staff disagrees with the MEC's action, a meeting of the Medical Staff shall be held and, if necessary, a revised amendment shall be submitted to the Board for action.

11.5. Resolution of Document Conflicts

- 11.5.1. All reasonable efforts shall be made to assure that the Medical Staff Bylaws, Policies, and Rules & Regulations, the Hospital's governing documents, and applicable System/Hospital policies are compatible with each other and compliant with applicable laws, rules, regulations, and accreditation standards.
- 11.5.2. If there is a conflict between the Hospital's governing documents or System/Hospital policies and the Medical Staff Bylaws, Policies, and/or Rules & Regulations, the Hospital's governing documents or System/Hospital policies shall control; provided, however, that such conflict shall then be referred to the Joint Conference Committee for recommendation to the Board as to how such conflict can be resolved.
- 11.5.3. If there is a conflict between the Medical Staff Bylaws and a Medical Staff Policy or the Medical Staff Rules & Regulations, the Medical Staff Bylaws shall control; provided, however, that such conflict shall then be referred to the Medical Staff and MEC for resolution of the conflict.

11.6. Access to Current Medical Staff Documents

- 11.6.1. Access to the current Medical Staff Bylaws, Policies, and Rules & Regulations, and any amendments thereto, shall be made available, in such manner as determined by the MEC, to all Medical Staff Members and other Practitioners and APCs with Clinical Privileges at the Hospital.

ADOPTION & APPROVAL BY:

**MERCY HEALTH – ANDERSON HOSPITAL LLC
MERCY HEALTH – CLERMONT HOSPITAL LLC
MERCY HEALTH – FAIRFIELD HOSPITAL LLC
MERCY HEALTH – WEST HOSPITAL LLC
JEWISH HOSPITAL, LLC dba THE JEWISH HOSPITAL – MERCY HEALTH**

Adopted by each Hospital's Medical Staff on: April 15, 2023

Approved by the Physicians Council: April 19, 2023

Approved by the Board: April 25, 2023

ADOPTION & APPROVAL BY:

MERCY HEALTH – KINGS MILLS HOSPITAL LLC

Adopted by Hospital's Interim Medical Executive Committee: June 8, 2023

Approved by the Physicians Council: June 21, 2023

Approved by the Board: June 26, 2023

ADDENDUM A

Anderson Medical Executive Committee Composition

Voting members:

- Chief of Staff (chair)/(votes only in the event of a tie)
- Chief of Staff Elect
- Immediate Past Chief of Staff
- Chair/Department of Emergency Medicine
- Chair/Department of Medicine
- Chair/Department of Obstetrics/Gynecology
- Chair/Department of Surgery
- Four (4) Members-at-Large

Ex Officio (non-voting) members:

- Chair/Site Credentials Committee (also serves as Regional Credentials Committee representative)
- Chair/Section of Cardiology
- Chair/Section of Orthopedics
- Chair/Section of Pediatrics
- Director/Anesthesia
- Director/Pathology
- Director/Radiology
- Representative/Internal Medicine
- Representative/Hospitalist Services
- Chair/MPRC
- MEC Advisor
- Community Physician
- Hospital President
- Market Chief Clinical Officer
- VPMA
- Chief Nursing Officer
- Chief Operating Officer
- Quality Director

Guests:

- Program Director/GME

The Director of Medical Staff Services shall provide support to the Medical Executive Committee.

ADDENDUM B
Clermont Medical Executive Committee Composition

Voting members:

- Chief of Staff (chair)/(votes only in the event of a tie)
- Chief of Staff Elect
- Immediate Past Chief of Staff
- Chair/Department of Emergency Medicine
- Chair/Department of Medicine
- Chair/Department of Psychiatry
- Chair/Department of Surgery
- Two (2) Members-at-Large

Ex Officio (non-voting) members:

- Chair/MPRC
- Chair/Site Credentials Committee (also serves as Regional Credentials Committee representative)
- Representative/Anesthesia Services
- Representative/Cardiology Services
- Representative/Orthopedic Services
- Representative/Pathology Services
- Representative/Radiology Services
- Hospital President
- Market Chief Clinical Officer
- VPMA
- Vice President/Nursing
- Director/Quality

The Director of Medical Staff Services and Manager of Medical Staff Services shall provide support to the Medical Executive Committee.

ADDENDUM C

Fairfield Medical Executive Committee Composition

Voting members:

- Chief of Staff (chair)
- Chief of Staff Elect
- Immediate Past Chief of Staff
- Chair/Department of Emergency Medicine
- Chair/Department of Medicine
- Chair/Department of Obstetrics/Gynecology
- Chair/Department of Surgery
- Four (4) Members-at-Large
- Medical director/Anesthesia
- Medical Director/Cardiothoracic
- Medical Director/Hospitalists
- Medical Director/Pathology
- Medical Director/Radiology
- Representative/Regional Credentials Committee

Ex Officio (non-voting) members:

- Chair/MPRC
- Community Physician
- VPMA
- Market Chief Clinical Officer
- Hospital President
- Chief Nursing Officer
- Chief Financial Officer
- Chief Operating Officer
- Quality Director

The Manager of Medical Staff Services shall provide support to the Medical Executive Committee.

ADDENDUM D

Jewish Medical Executive Committee Composition

Voting members:

- Chief of Staff (chair)/(votes in the event of a tie)
- Chief of Staff Elect
- Immediate Past Chief of Staff
- Treasurer
- Department Chair/Medicine
- Department Chair/Surgery
- Twelve (12) Members-at-Large

Ex Officio (non-voting) members:

- Chair/Site Credentials Committee (also serves as Regional Credentials Committee representative)
- Chair/MPRC
- Hospital President
- Market Chief Clinical Officer
- VPMA
- Chief Nursing Officer
- Chief Operating Officer

Guests:

- Quality representative(s)

The Manager of Medical Staff Services shall provide support to the Medical Executive Committee

ADDENDUM E

Kings Mills Medical Executive Committee Composition

Voting members:

- Chief of Staff (chair)
- Chief of Staff Elect
- Immediate Past Chief of Staff
- Chair/Department of Emergency Medicine
- Chair/Department of Medicine
- Chair/Department of Surgery
- Four (4) Members-at-Large
- Chair/Site Credentials Committee (also serves as Regional Credentials Committee representative)

Ex Officio (non-voting) members:

- Chair/MPRC
- Community Physician
- VPMA
- Market Chief Clinical Officer
- Hospital President
- Chief Nursing Officer
- Chief Operating Officer
- Quality Director

The Manager of Medical Staff Services shall provide support to the Medical Executive Committee.

ADDENDUM F

West Medical Executive Committee Composition

Voting members:

- Chief of Staff (chair)
- Chief of Staff Elect
- Immediate Past Chief of Staff
- Regional Credentials Committee representative
- Chair/Department of Emergency Medicine
- Chair/Department of Medicine
- Chair/Department of Obstetrics/Gynecology
- Chair/Department of Surgery
- VPMA
- Two (2) Members-at-Large/Surgery
- Four (4) Members-at-Large/Medicine
- Representative/Anesthesia *
- Representative/Orthopedic Surgery *
- Representative/Pathology Lab *
- Representative/Radiology *

*The “Representative” positions are appointed and removed by the Chief of Staff.

Ex Officio (non-voting) members:

- Hospital President
- Quality Director
- Chief Nursing Officer
- Chief Financial Officer

The Manager of Medical Staff Services shall provide support to the Medical Executive Committee.