

# Medical Staff Organization Policy

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University Hospitals East Market Unified Medical Staff

## **ARTICLE I**

### **DEFINITIONS & DESIGNEES**

#### **1.1 DEFINITIONS**

1.1-1 The definitions set forth in the Medical Staff Bylaws shall apply to this Medical Staff Organization Policy unless otherwise provided herein.

#### **1.2 USE OF DESIGNEES**

1.2-1 Whenever an individual is authorized in the Medical Staff governing documents to perform a duty by virtue of his/her position, then reference to the individual shall also include the individual's authorized designee.

## **ARTICLE II**

### **MEDICAL STAFF DEPARTMENTS & DIVISION STRUCTURE**

#### **2.1 MEDICAL STAFF DEPARTMENTS & DIVISIONS**

##### 2.1-1 Department of Medicine

- (a) Division of Cardiology
- (b) Division of Emergency Medicine
- (c) Division of Endocrinology
- (d) Division of Gastroenterology
- (e) Division of Hematology/Oncology
- (f) Division of Hospice & Palliative Care
- (g) Division of Hospitalists
- (h) Division of Infectious Disease
- (i) Division of Nephrology
- (j) Division of Neurology
- (k) Division of Pulmonary & Critical Care Medicine

##### 2.1-2 Department of Surgery

- (a) Division of Anesthesiology
- (b) Division of Cardiac Surgery
- (c) Division of General Surgery
- (d) Division of Neurological Surgery
- (e) Division of Obstetrics & Gynecology
- (f) Division of Ophthalmology
- (g) Division of Orthopedic Surgery
- (h) Division of Otolaryngology
- (i) Division of Pathology
- (j) Division of Plastic Surgery
- (k) Division of Podiatric Surgery
- (l) Division of Radiology
- (m) Division of Thoracic & Esophageal Surgery
- (n) Division of Urology
- (o) Division of Vascular Surgery

#### **2.2 MEDICAL STAFF DEPARTMENT CHAIRS & ASSOCIATE MEDICAL STAFF DEPARTMENT CHAIRS**

2.2-1 Information with respect to Medical Staff Department Chairs and Associate Medical Staff Department Chairs is set forth in the Medical Staff Bylaws.

#### **2.3 MEDICAL STAFF DIVISION CHIEFS**

2.3-1 Qualifications. Each Medical Staff Division Chief shall:

- (a) Be a Practitioner Member of the active Medical Staff category in Good Standing.

- (b) Have and maintain Privileges, in Good Standing, in a specialty within the Medical Staff Division at Ahuja, Conneaut, Geauga, and/or Geneva.
- (c) Be willing and able to faithfully discharge the duties of his/her position.
- (d) Not have a disqualifying conflict of interest as set forth in the applicable conflict of interest policy.

2.3-2 Nomination. The MEC shall nominate one or more qualified eligible Practitioners for each Medical Staff Division Chief position.

- (a) The MEC shall seek (in such manner as determined appropriate by the MEC) and consider nominations received from the respective Medical Staff Division members eligible to vote.
- (b) The nominations for each Medical Staff Division Chief shall be communicated to the respective Medical Staff Division members prior to the election in such manner as determined appropriate by the MEC.
- (c) If, following the nomination process, there is only one qualified candidate seeking election for a Medical Staff Division Chief position, then such candidate shall be appointed to that position without further Medical Staff Division action. In such event, the Medical Staff Division members shall be so notified.

2.3-3 Election. Provided that there are two (2) or more qualified eligible candidates seeking election for the same Medical Staff Division Chief position, each Medical Staff Division Chief shall be elected in one of the following ways at the discretion of the MEC:

- (a) By a majority vote of the members of the respective Medical Staff Division eligible to vote who are present at a Division meeting at which a quorum is present.

OR

- (b) By ballot without a Medical Staff Division meeting. In such event, ballots shall be distributed to each Division 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. The candidate who receives a majority vote of the total ballots returned by the stipulated date shall be elected as the applicable Medical Staff Division Chief.
- (c) 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.

2.3-4 Term. Each Medical Staff Division Chief shall serve a two (2) year term.

- (a) Each such Medical Staff Division Chief shall serve until the end of his/her term, and until a successor attains the position, unless the then serving Division Chief sooner resigns or is removed from the position.
  - (b) A Medical Staff Division Chief is not eligible to serve for subsequent consecutive terms with the limited exception set forth in Section 2.3-5.
- 2.3-5 Vacancy. A vacancy in a Medical Staff Division Chief position shall be filled in the same manner in which the original position was filled for the remainder of the vacating Medical Staff Division Chief's unexpired term followed by a subsequent two (2) year term.
- 2.3-6 Resignation. A Medical Staff Division Chief 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 Medical Staff Division Chief.
- 2.3-7 Removal
- (a) A Medical Staff Division Chief may be removed:
    - (1) by the Board; or
    - (2) by a majority vote, in favor of removal, of the MEC members eligible to vote who are in attendance at a MEC meeting at which is a quorum is present; or
    - (3) by a majority vote, in favor of removal, of the Medical Staff Division members eligible to vote on such Division Chief who are in attendance at the special Medical Staff Division meeting at which a quorum is present.
  - (b) A Medical Staff Division Chief subject to a removal action shall be given at least ten (10) days prior written notice of, as applicable, the Board meeting, MEC meeting, or Medical Staff Division 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.
  - (c) Permissible grounds for removal of a Medical Staff Division Chief include, but are not limited to:
    - (1) Failure to continuously satisfy the qualifications for the position pursuant to Section 2.3-1 (a) - (c).
    - (2) Failure to perform the duties of the position in a timely and appropriate manner.
    - (3) Inability to fulfill the duties of the position.
    - (4) Imposition of a summary suspension, an automatic suspension (other than for delinquent medical records), or corrective action undertaken against the Practitioner that results in a final Adverse decision.

- (d) Automatic termination of Medical Staff appointment and/or Privileges shall result in automatic removal of a Practitioner from his/her position as a Medical Staff Division Chief.
- (e) Automatic removal of a Practitioner from his/her position as a Medical Staff Division Chief shall also occur as a result of a disqualifying conflict of interest pursuant to Section 2.3-1 (d) and the applicable conflict of interest policy.

2.3-8 Duties. Each Medical Staff Division Chief shall fulfill the same duties, with respect to his/her Division, as set forth in the Medical Staff Bylaws for Department Chairs.

## **ARTICLE III**

### **MEDICAL STAFF COMMITTEES**

#### **3.1 STANDING MEDICAL STAFF COMMITTEES**

3.1-1 The standing Medical Staff committees are as follows:

- (a) Medical Executive Committee (MEC)
- (b) Medical Staff Leadership Councils
- (c) Credentials Committee
- (d) Multidisciplinary Peer Review Committee (MPRC)

3.1-2 Creation of new standing Medical Staff committees; changes to the composition, duties, or meeting requirements of existing standing Medical Staff committees; or elimination of standing Medical Staff committees require(s) amendment of the Medical Staff Bylaws (for purposes of the MEC) or amendment of this Medical Staff Organization Policy (with respect to the standing Medical Staff committees contained herein or as may hereinafter be created).

3.1-3 Peer Review Privilege

- (a) Each Medical Staff committee provided for in the Medical Staff governing documents is hereby designated as a peer review committee as that term is defined in Ohio Revised Code §2305.25 *et seq.*
- (b) In carrying out his/her duties under the Medical Staff governing documents, whether as a Medical Staff committee member, Department Chair, Associate Department Chair, Division Chief, Medical Staff officer or otherwise, each Practitioner (and APC, as applicable) shall be acting in his/her capacity as a peer review committee member and/or as a designated agent on behalf of a peer review committee.
- (c) Such peer review committees, their members, and designated agents may, from time to time and/or as provided in the Medical Staff governing documents, designate Hospital administrative personnel as their agent in carrying out such peer review duties.

#### **3.2 MEDICAL STAFF COMMITTEE MEMBERS**

3.2-1 Medical Staff Members may serve on a Medical Staff committee if permitted to do so pursuant to the Prerogatives set forth in the Medical Staff category to which each such Practitioner is appointed and subject to satisfaction of the applicable qualifications set forth in the committee composition or elsewhere in the Medical Staff governing documents.

3.2-2 Advanced Practice Clinicians are not Members of the Medical Staff; however, an APC may serve on a Medical Staff committee, with or without the right to vote on committee

matters, if so specified in the composition of the applicable Medical Staff committee as set forth in this Policy.

3.2-3 With the exception of the MEC and the Medical Staff Leadership Councils, members of each Medical Staff committee:

- (a) Shall be appointed by the Chief of Staff with approval of the MEC.
- (b) Shall be appointed for a two (2) year term with no limitation on the number of terms a committee member may serve. Committee member terms may be staggered.
- (c) May be removed and vacancies filled by the Chief of Staff with approval of the MEC.

3.2-4 The Hospital President, CMO, and Chief of Staff (unless otherwise designated as a voting member of a committee) shall serve as *Ex Officio* (non-voting) members of all Medical Staff committees and may attend such meetings at their discretion.

### **3.3 MEDICAL STAFF COMMITTEE CHAIRS**

3.3-1 Medical Staff Members may chair a Medical Staff committee if permitted to do so pursuant to the Prerogatives set forth in the Medical Staff category to which each such Practitioner is appointed and subject to satisfaction of the applicable qualifications set forth in the committee composition or elsewhere in the Medical Staff governing documents.

3.3-2 With the exception of the MEC and the Medical Staff Leadership Councils, the chair of each Medical Staff committee:

- (a) Shall be appointed by the Chief of Staff with approval of the MEC.
- (b) Shall be appointed for a two (2) year term with no limitation on the number of terms a committee chair may serve.
- (c) May be removed and vacancies filled by the Chief of Staff with approval of the MEC.

### **3.4 MEDICAL EXECUTIVE COMMITTEE**

3.4-1 The composition, duties, and meeting requirements regarding the MEC are set forth in the Medical Staff Bylaws.

### **3.5 AHUJA MEDICAL STAFF LEADERSHIP COUNCIL**

3.5-1 Composition

- (a) Voting members:
  - (1) Ahuja Associate Chief of Staff (chair)

- (2) Ahuja Associate Vice-Chief of Staff
  - (3) Ahuja Associate Department Chair of Surgery
  - (4) Ahuja Associate Department Chair of Medicine
  - (5) At least four (4) Practitioners appointed to the active or associate Medical Staff category with Privileges, in Good Standing, at Ahuja elected to serve on the committee by the Medical Staff Members eligible to vote at the applicable Hospital based upon each such Member's Primary Hospital designation.
    - (i) The election shall occur by ballot vote without a Medical Staff meeting.
    - (ii) Ballots may be distributed electronically or in such other manner as determined appropriate by the applicable Medical Staff Leadership Council. 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 to serve as a voting member of the applicable Medical Staff Leadership Council.
- (b) *Ex Officio* (non-voting) members:
- (1) The individuals set forth in Section 3.2-4.

3.5-2 Duties

- (a) Fulfill the duties set forth in Section 3.9 as applicable to Ahuja.

3.5-3 Meetings

- (a) The Ahuja Medical Staff Leadership Council will:
  - (1) Meet monthly and as otherwise needed upon request of the committee chair.
  - (2) Maintain a record of its proceedings and actions.
  - (1) Report to the MEC.

**3.6 CONNEAUT MEDICAL STAFF LEADERSHIP COUNCIL**

3.6-1 Composition

- (a) Voting members:

- (1) Conneaut Associate Chief of Staff (chair)
- (2) Conneaut Associate Vice-Chief of Staff
- (3) Conneaut Associate Department Chair of Surgery
- (4) Conneaut Associate Department Chair of Medicine
- (5) At least five (5) Practitioners appointed to the active or associate Medical Staff category with Privileges, in Good Standing, at Conneaut elected to serve on the committee by the Medical Staff Members eligible to vote at the applicable Hospital based upon each such Member's Primary Hospital designation.
  - (i) The election shall occur by ballot vote without a Medical Staff meeting.
  - (ii) Ballots may be distributed electronically or in such other manner as determined appropriate by the applicable Medical Staff Leadership Council. 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 to serve as a voting member of the applicable Medical Staff Leadership Council.
- (b) *Ex Officio* (non-voting) members:
  - (1) The individuals set forth in Section 3.2-4.

3.6-2 Duties

- (a) Fulfill the duties set forth in Section 3.9 as applicable to Conneaut.

3.6-3 Meetings

- (a) The Conneaut Medical Staff Leadership Council will:
  - (1) Meet monthly and as otherwise needed upon request of the committee chair.
  - (2) Maintain a record of its proceedings and actions.
  - (1) Report to the MEC.

**3.7 GEAUGA MEDICAL STAFF LEADERSHIP COUNCIL**

3.7-1 Composition

- (a) Voting members:
  - (1) Geauga Associate Chief of Staff (chair)
  - (2) Geauga Associate Vice-Chief of Staff
  - (3) Geauga Associate Department Chair of Surgery
  - (4) Geauga Associate Department Chair of Medicine
  - (5) At least twelve (12) Practitioners appointed to the active or associate Medical Staff category with Privileges, in Good Standing, at Geauga elected to serve on the committee by the Medical Staff Members eligible to vote at the applicable Hospital based upon each such Member's Primary Hospital designation.
    - (i) The election shall occur by ballot vote without a Medical Staff meeting.
    - (ii) Ballots may be distributed electronically or in such other manner as determined appropriate by the applicable Medical Staff Leadership Council. 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 to serve as a voting member of the applicable Medical Staff Leadership Council.
- (b) *Ex Officio* (non-voting) members:
  - (1) The individuals set forth in Section 3.2-4.

### 3.7-2 Duties

- (a) Fulfill the duties set forth in Section 3.9 as applicable to Geauga.

### 3.7-3 Meetings

- (a) The Geauga Medical Staff Leadership Council will:
  - (1) Meet monthly and as otherwise needed upon request of the committee chair.
  - (2) Maintain a record of its proceedings and actions.
  - (1) Report to the MEC.

### 3.8 GENEVA MEDICAL STAFF LEADERSHIP COUNCIL

#### 3.8-1 Composition

(a) Voting members:

- (1) Geneva Associate Chief of Staff (chair)
- (2) Geneva Associate Vice-Chief of Staff
- (3) Geneva Associate Department Chair of Surgery
- (4) Geneva Associate Department Chair of Medicine
- (5) At least eight (8) Practitioners appointed to the active or associate Medical Staff category with Privileges, in Good Standing, at Geneva elected to serve on the committee by the Medical Staff Members eligible to vote at the applicable Hospital based upon each such Member's Primary Hospital designation.
  - (i) The election shall occur by ballot vote without a Medical Staff meeting.
  - (ii) Ballots may be distributed electronically or in such other manner as determined appropriate by the applicable Medical Staff Leadership Council. 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 to serve as a voting member of the applicable Medical Staff Leadership Council.

(b) *Ex Officio* (non-voting) members:

- (1) The individuals set forth in Section 3.2-4.

#### 3.8-2 Duties

- (a) Fulfill the duties set forth in Section 3.9 as applicable to Geneva.

#### 3.8-3 Meetings

(a) The Geneva Medical Staff Leadership Council will:

- (1) Meet monthly and as otherwise needed upon request of the committee chair.
- (2) Maintain a record of its proceedings and actions.

- (1) Report to the MEC.

### **3.9 DUTIES OF THE MEDICAL STAFF LEADERSHIP COUNCILS**

- 3.9-1 Advise the MEC with respect to Medical Staff activities occurring at the location at which the Medical Staff Leadership Council has oversight.
- 3.9-2 Act as a liaison with the MEC with respect to the location at which the Medical Staff Leadership Council has oversight.
- 3.9-3 Establish mechanisms to provide effective communication between the Medical Staff Leadership Council and the MEC.
- 3.9-4 Nominate qualified, eligible Physicians for election as the Associate Vice-Chief of Staff for the location at which the Medical Staff Leadership Council has oversight. See Article 4 of the Medical Staff Bylaws.
- 3.9-5 Nominate qualified, eligible Physicians or Podiatrists for election as the Associate Medical Staff Department Chairs for the location at which the Medical Staff Leadership Council has oversight. See Article 5 of the Medical Staff Bylaws.
- 3.9-6 Appoint qualified, eligible Practitioners to serve as voting members of the MEC to represent the location at which the Medical Staff Leadership Council has oversight. See Article 6 of the Medical Staff Bylaws.
- 3.9-7 Be accountable to the MEC for the medical care rendered to patients by Practitioners/APCs granted Privileges at the location at which the Medical Staff Leadership Council has oversight.
- 3.9-8 Oversee and monitor the professional, clinical, quality/performance improvement, peer review/professional practice evaluation activities of the Practitioners/APCs granted Privileges at the location at which the Medical Staff Leadership Council has oversight to help create and maintain a culture of safety and quality throughout the Hospital.
- 3.9-9 Take reasonable steps to assure ethical/professional conduct and competent clinical performance on the part of Practitioners and APCs granted Privileges at the location at which the Medical Staff Leadership Council has oversight.
- 3.9-10 Oversee the quality of patient care, treatment, and services provided by Practitioners and APCs granted Privileges at the location at which the Medical Staff Leadership Council has oversight.
- 3.9-11 Refer matters regarding Practitioner or APC clinical competence to the MPRC, as appropriate, to address pursuant to the Practitioner/APC Peer Review Policy.
- 3.9-12 Refer matters regarding Practitioner or APC unprofessional conduct or impairment to the MPRC, as appropriate, to address pursuant to the Practitioner/APC Conduct Policy or the Practitioner/APC Impairment Policy.

- 3.9-13 Request, when warranted, that the MEC initiate a corrective action investigation based upon the grounds and procedure set forth in the Medical Staff Bylaws or APC Policy with respect to Practitioners/APCs granted Privileges at the location at which the Medical Staff Leadership Council has oversight.
- 3.9-14 May impose, when warranted, a summary suspension pursuant to the grounds and procedure set forth in the Medical Staff Bylaws or APC Policy with respect to Practitioners/APCs granted Privileges at the location at which the Medical Staff Leadership Council has oversight.
- 3.9-15 Approve continuing medical/professional education programs at the location at which the Medical Staff Leadership Council has oversight.
- 3.9-16 May review and make recommendations regarding adoption and amendment of Delineation of Privileges in accordance with the applicable procedure set forth in the Medical Staff Credentials Policy (for Practitioners) and APC Policy (for APCs).
- 3.9-17 May review and make recommendations to the MEC regarding the Medical Staff's adoption and amendment of the Medical Staff Bylaws and Rules & Regulations.
- 3.9-18 May review and make recommendations to the MEC regarding adoption and amendment of Medical Staff Policies.
- 3.9-19 Implement and enforce the Medical Staff Bylaws, Policies, and Rules and Regulations and applicable System/Hospital policies at the location at which the Medical Staff Leadership Council has oversight.
- 3.9-20 Perform such other duties as requested by the MEC at the location at which the Medical Staff Leadership Council has oversight.

### **3.10 CREDENTIALS COMMITTEE**

#### 3.10-1 Composition

##### (a) Voting members:

- (1) At least ten (10) Practitioners appointed to the active or associate Medical Staff category with Privileges, in Good Standing, at Ahuja, Conneaut, Geauga, and/or Geneva representative of a cross-section of the Medical Staff Departments and Divisions. The chair of the Credentials Committee must be a Practitioner who is appointed to the active Medical Staff category.
- (2) The Credentials Committee may include an APC representative(s), with the right to vote on APC matters, at the discretion of the Chief of Staff in consultation with the MEC.

##### (b) *Ex Officio* (non-voting) members:

- (1) The individuals set forth in Section 3.2-4.

### 3.10-2 Duties

- (a) Review applications for Medical Staff appointment/reappointment and/or Privileges and make recommendations to the MEC in accordance with the applicable procedures set forth in the Medical Staff Credentials Policy or APC Policy.
- (b) Consider requests for new services/procedures in accordance with the applicable procedure set forth in the Medical Staff Credentials Policy.
- (c) Review and recommend adoption and amendment of Delineations of Privileges (*i.e.*, Privilege sets).
- (d) Review and consider Practitioner/APC professional practice evaluation data in conjunction with the clinical privileging process.
- (e) Fulfill such other duties as may be set forth in the Medical Staff governing documents.

### 3.10-3 Meetings

- (a) The Credentials Committee will:
  - (1) Meet monthly and as otherwise needed upon request of the committee chair.
  - (2) Maintain a record of its proceedings and actions.
  - (3) Report to the MEC.

## **3.11 MULTIDISCIPLINARY PEER REVIEW COMMITTEE**

### 3.11-1 Composition

- (a) Voting members:
  - (1) At least ten (10) Practitioners appointed to the active or associate Medical Staff category with Privileges, in Good Standing, at Ahuja, Conneaut, Geauga, and/or Geneva representative of a cross-section of the Medical Staff Departments and Divisions. The chair of the MPRC must be a Practitioner who is appointed to the active Medical Staff category.
  - (2) The MPRC may include an APC representative(s), with the right to vote on APC cases, at the discretion of the Chief of Staff in consultation with the MEC.
- (b) *Ex Officio* (non-voting) members:
  - (1) The individuals set forth in Section 3.2-4.

- (2) Quality Department representative(s)

### 3.11-2 Duties

- (a) Perform the duties set forth in the Practitioner/APC Peer Review Policy.
- (b) Perform the duties set forth in the:
  - (1) Practitioner/APC Conduct Policy with respect to reports of unprofessional conduct by Practitioners or APCs.
  - (2) Practitioner/APC Impairment Policy with respect to reports of Practitioner or APC impairment (*e.g.*, mental, physical, alcohol/drug related).
- (c) The goal of the educational and collegial/remedial efforts by the MPRC pursuant to, as applicable, the Practitioner/APC Peer Review Policy, Practitioner/APC Conduct Policy, and/or Practitioner/APC Impairment Policy is to arrive at voluntary, responsive actions by the Practitioner or APC to appropriately resolve the clinical/quality, conduct, and/or impairment concerns that have been raised.

### 3.11-3 Meetings

- (a) The MPRC will:
  - (1) Meet monthly and as otherwise needed upon request of the committee chair.
  - (2) Maintain a record of its proceedings and actions.
  - (3) Report to the MEC.

## **3.12 SPECIAL MEDICAL STAFF COMMITTEES**

3.12-1 Special Medical Staff committees may be created by the MEC as necessary.

3.12-2 A special Medical Staff committee shall fulfill the purpose for which it is created, act in accordance with the authority delegated to it, and report to the MEC.

## **3.13 MEDICAL STAFF PARTICIPATION IN HOSPITAL COMMITTEES**

3.13-1 Hospital functions requiring participation of, rather than direct oversight by, the Medical Staff may be fulfilled by Medical Staff representation on Hospital committees established to perform such functions including, but not limited to, infection control, utilization review, pharmacy and therapeutics, medical record review, and other administrative and clinical functions as may be required for the operation of the Hospital.

3.13-2 Appointment of Practitioners and APCs to Hospital committees shall be made by the Chief of Staff in consultation with the Hospital President or CMO.

3.13-3 Information from Hospital committees shall be reported to the Medical Staff, the MEC, the Medical Staff Leadership Councils (or other standing Medical Staff committees), and/or Medical Staff Departments/Divisions as necessary and applicable.

## ARTICLE IV

### MEDICAL STAFF MEETINGS, MEDICAL STAFF DEPARTMENT/DIVISION MEETINGS, AND MEDICAL STAFF COMMITTEE MEETINGS

#### 4.1 MEDICAL STAFF MEETINGS

- 4.1-1 Regular Meetings. The Medical Staff must meet at least annually and may meet more frequently as determined by the MEC. Advance notice of Medical Staff meetings shall be communicated, in writing, to all individuals entitled to attend such meetings in a manner determined appropriate by the Chief of Staff.
- 4.1-2 Special Meetings. Unless otherwise provided in the Medical Staff governing documents:
- (a) The Hospital President, CMO, Chief of Staff, MEC, or at least twenty-five percent (25%) of the voting Members of the Medical Staff (upon written request submitted to the Chief of Staff) may call a special meeting of the Medical Staff.
  - (b) Written notice, distributed in a manner determined appropriate by the Chief of Staff, shall be delivered to all individuals entitled to attend the meeting not less than one (1) day before the special meeting or in accordance with such longer notice period as may be specified elsewhere in the Medical Staff governing documents.
  - (c) No business shall be transacted at any special Medical Staff meeting except that stated in the notice calling the meeting.
- 4.1-3 Agenda. The agenda for Medical Staff meetings shall be established by the Chief of Staff. At a minimum, the agenda must include review and action regarding the previous meeting's minutes, applicable reports, old business, and new business.
- 4.1-4 Attendance
- (a) Attendance at Medical Staff meetings is encouraged but not required.
  - (b) The attendance of an individual at a Medical Staff meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.
  - (c) The Hospital President and CMO may attend Medical Staff meetings without vote on Medical Staff matters unless otherwise granted Medical Staff appointment in a Medical Staff category with the right to vote on Medical Staff matters.

#### 4.2 MEDICAL STAFF DEPARTMENT AND DIVISION MEETINGS

- 4.2-1 Regular Meetings
- (a) Each Medical Staff Department and Division shall establish a meeting schedule as determined by the applicable Department Chair (in consultation with the Associate Department Chairs) or Division Chief.

- (b) Advance notice of Medical Staff Department and Division meetings shall be communicated, in writing, to all individuals entitled to attend such meetings in a manner determined appropriate by the Department Chair (in consultation with the Associate Department Chairs) or Division Chief.

4.2-2 Special Meetings. Unless otherwise provided in the Medical Staff governing documents:

- (a) The applicable Medical Staff Department Chair (in consultation with the Associate Department Chairs), Division Chief, CMO, Chief of Staff, MEC, or at least twenty-five percent (25%) of the voting members of the applicable Medical Staff Department or Division (upon written request submitted to the applicable Department Chair or Division Chief) may call a special meeting of a Medical Staff Department or Section.
- (b) Written notice, distributed in a manner determined appropriate by the applicable Medical Staff Department Chair (in consultation with the Associate Department Chairs) or Division Chief, shall be delivered to all individuals entitled to attend the meeting not less than one (1) day before the special meeting or in accordance with such longer notice period as may be specified elsewhere in the Medical Staff governing documents.
- (c) No business shall be transacted at any special Medical Staff Department or Division meeting except that stated in the notice calling the meeting.

4.2-3 Agenda. The agenda for Medical Staff Department and Division meetings shall be established by the applicable Department Chair (in consultation with the Associate Department Chairs) or Division Chief. At a minimum, the agenda must include review and action regarding the previous meeting's minutes, applicable reports, old business, and new business.

4.2-4 Attendance

- (a) Attendance at Medical Staff Department and Division meetings is encouraged but not required.
- (b) The attendance of an individual at a Medical Staff Department or Division meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.
- (c) A Medical Staff Department Chair and the Associate Department Chairs may attend meetings of any Division within his/her Department, without vote, unless the Department Chair or an Associate Department Chair otherwise holds Privileges in the Division and is entitled to vote.
- (d) The Hospital President, CMO, and Chief of Staff may attend meetings of any Medical Staff Department or Division, without vote, unless they otherwise hold Privileges in the Department and/or Division and are entitled to vote.

### **4.3 MEDICAL STAFF COMMITTEE MEETINGS**

- 4.3-1 Regular Meetings. Each Medical Staff committee shall establish a meeting schedule as determined by the applicable committee chair. Advance notice of Medical Staff committee meetings shall be communicated, in writing, to all individuals entitled to attend such meetings in a manner determined appropriate by the committee chair.
- 4.3-2 Special Meetings. Unless otherwise provided in the Medical Staff governing documents:
- (a) The applicable Medical Staff committee chair, CMO, Chief of Staff, MEC, or at least twenty-five percent (25%) of the voting members of the applicable Medical Staff committee (upon written request submitted to the applicable Medical Staff committee chair) may call a special meeting of a Medical Staff committee.
  - (b) Written notice, distributed in a manner determined appropriate by the applicable Medical Staff committee chair, shall be delivered to all individuals entitled to attend the meeting not less than one (1) day before the special meeting or in accordance with such longer notice period as may be specified elsewhere in the Medical Staff governing documents.
  - (c) No business shall be transacted at any special Medical Staff committee meeting except that stated in the notice calling the meeting.
- 4.3-3 Agenda. The agenda for Medical Staff committee meetings shall be established by the applicable committee chair. At a minimum, the agenda must include review and action regarding the previous meeting's minutes, applicable reports, old business, and new business.
- 4.3-4 Attendance
- (a) Voting members of a Medical Staff committee are expected to attend and participate in meetings of the committee(s) on which they serve.
  - (b) The attendance of an individual at a Medical Staff committee meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.
  - (c) See, also, Section 3.2-4.

### **4.4 QUORUM REQUIREMENTS**

- 4.4-1 Medical Staff Meetings
- (a) The presence at a Medical Staff meeting of at twenty-five percent (25%) of the Medical Staff Members eligible to vote shall constitute a quorum for any regular or special meeting of the Medical Staff.
  - (b) The required quorum must be present in order for any action (*i.e.*, a vote) to be taken at a Medical Staff meeting.

- (c) All action taken at a Medical Staff meeting at which a quorum is present at the time that the vote is taken shall be binding even though less than a quorum exists at a later time in the meeting.

#### 4.4-2 Medical Staff Department and Division Meetings

- (a) The presence at a Medical Staff Department or Division meeting of at least twenty-five percent (25%) of the Department or Division members eligible to vote shall constitute a quorum for any regular or special meeting of a Department or Division.
- (b) The required quorum must be present in order for any action (*i.e.*, a vote) to be taken at a Medical Staff Department or Division meeting.
- (c) All action taken at a Medical Staff Department or Division meeting at which a quorum is present at the time that the vote is taken shall be binding even though less than a quorum exists at a later time in the meeting.

#### 4.4-3 Medical Staff Committee Meetings

- (a) MEC. The presence at a MEC meeting of at least fifty percent (50%) of the MEC members eligible to vote shall constitute a quorum for any regular or special meeting of the MEC.
- (b) Medical Staff Leadership Councils. The presence at a Medical Staff Leadership Council meeting of at least fifty percent (50%) of the Medical Staff Leadership Council members eligible to vote shall constitute a quorum for any regular or special meeting of the Medical Staff Leadership Council.
- (c) Credentials Committee. The presence at a Credentials Committee meeting of at least fifty percent (50%) of the Credentials Committee members eligible to vote shall constitute a quorum for any regular or special meeting of the Credentials Committee.
- (d) MPRC. The presence at an MPRC meeting of at least fifty percent (50%) of the MPRC members eligible to vote shall constitute a quorum for any regular or special meeting of the MPRC.
- (e) Other Medical Staff Committees. Unless otherwise provided in the Medical Staff governing documents, the presence at a Medical Staff committee meeting of at least twenty five percent (25%) of the committee members eligible to vote (but not less than three such members) shall constitute a quorum for any regular or special meeting of that Medical Staff committee.
- (f) The required quorum must be present in order for any action (*i.e.*, a vote) to be taken at a Medical Staff committee meeting.
- (g) All action taken at a Medical Staff committee meeting at which a quorum is present at the time that the vote is taken shall be binding even though less than a quorum exists at a later time in the meeting.

## **4.5 EX-OFFICIO COMMITTEE MEMBERS, GUESTS & ADMINISTRATIVE SUPPORT**

### 4.5-1 *Ex-Officio*

- (a) *Ex-Officio* committee members may not vote and are not counted for purposes of determining a quorum unless otherwise specified in the Medical Staff governing documents.
- (b) *Ex-Officio* committee members are entitled to stay for the entire meeting.

### 4.5-2 Guests

- (a) Guests may be invited to attend all, or part, of a Medical Staff meeting (by the Chief of Staff), a Medical Staff Department/Section meeting (by the Department Chair/Associate Department Chairs or Division Chief), or a Medical Staff committee meeting (by the committee chair) in order to make a requested presentation or provide requested information after which such guests are excused.
- (b) Guests may not vote and are not counted for purposes of determining a quorum.

### 4.5-3 Administrative Support

- (a) Medical Staff Services staff shall provide support to standing Medical Staff committees as needed.

## **4.6 MANNER OF ACTION**

### 4.6-1 Manner of Action at a Meeting

- (a) Except as otherwise specified in the Medical Staff governing documents, individuals may participate in and act at any meeting in person, by conference call, video conference, or other telecommunication equipment through which all persons participating in the meeting can communicate with each other in real-time. Participation by such means shall constitute attendance and presence in person at the meeting.
- (b) Unless otherwise provided in the Medical Staff governing documents:
  - (1) The action of a majority of the Medical Staff Members present and eligible to vote at a Medical Staff meeting at which a quorum is present is the action of the Medical Staff.
  - (2) The action of a majority of the members present and eligible to vote at a Department, Division, or Medical Staff committee meeting at which a quorum is present is the action of that Department, Division, or Medical Staff committee.

#### 4.6-2 Manner of Action without a Meeting

- (a) Unless otherwise specified in the Medical Staff governing documents, action may be taken without a meeting of the Medical Staff, a Department, Division, or Medical Staff committee upon presentation of the issue, by ballot, to each member eligible to vote thereon.
  - (1) Ballots shall be distributed to each individual eligible to vote on the matter at issue in such manner as determined appropriate by the Chief of Staff (with respect to the Medical Staff), by the applicable Department Chair (in consultation with the Associate Department Chairs) or Division Chief (with respect to a Medical Staff Department or Section) or by the applicable chair (with respect to a Medical Staff committee).
  - (2) Ballots must be returned by the specified deadline according to the instructions that accompany the ballot. Ballots received after the stipulated deadline shall not be counted.
  - (3) A majority of the total ballots returned by the specified deadline shall be the action of the Medical Staff, Department, Division, or Medical Staff committee, as applicable.
- (b) Notwithstanding the above, a recommendation by the MEC with respect to a summary suspension or formal corrective action investigation cannot be made by the MEC without holding a MEC meeting in the manner set forth in Section 4.6-1 (a).

### 4.7 VOTING METHODS

4.7-1 Unless otherwise provided in the Medical Staff governing documents, voting may occur in any of the following ways as determined by the Chief of Staff (for the Medical Staff), the Department Chair (in consultation with the Associate Department Chairs) or Division Chief (for the applicable Medical Staff Department or Division), or chair (of the applicable Medical Staff committee):

- (a) By a show of hands or voice ballot at a meeting at which a quorum is present.
- (b) By written ballot at a meeting at which a quorum is present.
- (c) By ballot, without a meeting, as set forth in Section 4.6-2.

4.7-2 Voting by proxy is not permitted.

4.7-3 Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote provided that such individual is eligible to vote.

### 4.8 MINUTES

4.8-1 Minutes shall be prepared and retained by the Medical Staff for meetings of the Medical Staff, Departments, Divisions, and all Medical Staff committees.

- 4.8-2 Such minutes shall, at a minimum, include a record of the attendance of members/guests, recommendations made, and any votes taken.
- 4.8-3 The Medical Staff and each Medical Staff Department, Division, and committee shall maintain a file of the minutes of each of its meetings in accordance with the Hospital record retention policy, as such policy may be amended from time to time.
- 4.8-4 Documentation of peer review activities shall be kept separately in a peer review committee's meeting minutes and materials. Such peer review committee minutes and materials are designated and maintained as protected peer review documents.

#### **4.9 CONDUCT OF MEETINGS**

- 4.9-1 Common sense shall be applied in the conduct of meetings. The chair of the meeting shall conduct the meeting in a reasonable and professional manner.
- 4.9-2 *Robert's Rules of Order* may be consulted for guidance but shall not be controlling.

#### **4.10 ADOPTION/AMENDMENT & APPROVAL OF MEDICAL STAFF POLICY**

- 4.10-1 This Medical Staff Organization Policy may be adopted or amended and approved in accordance with the applicable procedure set forth in the Medical Staff Bylaws.

**CERTIFICATION OF ADOPTION AND APPROVAL**

Adopted by the UH Ahuja Medical Executive Committee

January 21, 2026

Adopted by the UH Conneaut Medical Executive Committee

January 9, 2026

Adopted by the UH Geauga Medical Executive Committee

January 14, 2026

Adopted by the UH Geneva Medical Executive Committee

January 9, 2026

Approved by the Board

January 23, 2026