

Medical Staff Bylaws

University Hospitals East Market Unified Medical Staff

Table of Contents

DEFINITIONS.....	4
ARTICLE 1 PURPOSES OF THE MEDICAL STAFF	8
1.1. Purposes of the Medical Staff.....	8
1.2. Organized Health Care Arrangement.....	8
1.3. Use of an Authorized Designee	8
1.4. Not a Contract.....	8
ARTICLE 2 MEDICAL STAFF APPOINTMENT AND PRIVILEGING	9
2.1. Nature of Medical Staff Appointment and/or Privileges	9
2.2. Qualifications for Medical Staff Appointment and/or Privileges	9
2.3. Obligations of Medical Staff Appointment and/or Privileges.....	11
2.4. Overview of the Credentialing, Medical Staff Appointment/Reappointment, and Privileging Process	13
ARTICLE 3 MEDICAL STAFF CATEGORIES.....	15
3.1. Active Medical Staff Category	15
3.2. Associate Medical Staff Category.....	16
3.3. Affiliate Medical Staff Category.....	17
3.4. Honorary/Emeritus Medical Staff Category	18
ARTICLE 4 MEDICAL STAFF OFFICERS.....	20
4.1. Designation of Medical Staff Officers	20
4.2. Qualifications of Medical Staff Officers.....	20
4.3. Nomination Process	21
4.4. Election of the Vice-Chief of Staff and the Associate Vice-Chiefs of Staff.....	21
4.5. Automatic Succession of the Vice-Chief of Staff to Chief of Staff & each Associate Vice-Chief of Staff to Associate Chief of Staff	22
4.6. Term.....	22
4.7. Vacancy.....	23
4.8. Resignation	23
4.9. Removal.....	23
4.10. Duties of Medical Staff Officers.....	24
4.11. Requirements Regarding Meetings of the Medical Staff.....	25
ARTICLE 5 MEDICAL STAFF DEPARTMENTS & DIVISIONS	26
Applicability of Article	26

5.1.	Medical Staff Departments	26
5.2.	Medical Staff Divisions	26
5.3.	Assignment to Medical Staff Departments and Divisions	26
5.4.	Medical Staff Department Chair/Associate Medical Staff Department Chair Qualifications	26
5.5.	Nomination of the Medical Staff Department Chairs and Associate Medical Staff Department Chairs 27	
5.6.	Election of the Medical Staff Department Chairs and Associate Medical Staff Department Chairs.....	27
5.7.	Term.....	28
5.8.	Vacancy.....	29
5.9.	Resignation	29
5.10.	Removal	29
5.11.	Medical Staff Department Chair and Associate Medical Staff Department Chair Duties	30
5.12.	Medical Staff Divisions Chiefs	31
5.13.	Requirements Regarding Meetings of Medical Staff Departments and Divisions	31
ARTICLE 6	MEDICAL EXECUTIVE COMMITTEE	32
6.1.	Medical Executive Committee Composition	32
6.2.	MEC Duties	33
6.3.	MEC Meetings	34
6.4.	Creation, Modification, or Elimination of Standing Medical Staff Committees	34
6.5.	Selection/Removal of Members/Chairs of Standing Medical Staff Committees & Requirements Regarding Meetings of Standing Medical Staff Committees.....	34
ARTICLE 7	COLLEGIAL INTERVENTION/REMEDICATION, CORRECTIVE ACTION, SUMMARY SUSPENSION & AUTOMATIC SUSPENSION/AUTOMATIC TERMINATION	35
7.1.	Collegial Intervention & Remediation.....	35
7.2.	Corrective Action Process.....	35
7.3.	Summary Suspension.....	39
7.4.	Grounds for Automatic Suspension of Medical Staff Appointment and/or Privileges.....	40
7.5.	Grounds for Automatic Termination of Medical Staff Appointment and Privileges.....	43
7.6.	Consistency of Action.....	44
ARTICLE 8	HEARING AND APPELLATE REVIEW PROCEDURES	46
8.1.	Overview.....	46
8.2.	Medical Staff Fair Hearing Policy	46
ARTICLE 9	CONFIDENTIALITY, IMMUNITY, REPORTING, AND RELEASES	47
9.1.	Special Definitions.....	47

9.2. Authorizations and Conditions.....	47
9.3. Confidentiality of Information.....	47
9.4. Immunity from Liability.....	48
9.5. Activities and Information Covered.....	48
9.6. Releases.....	49
9.7. Cumulative Effect.....	49
ARTICLE 10 UNIFIED MEDICAL STAFF.....	50
10.1. Voting to Accept or Reject a Unified Medical Staff.....	50
10.2. Unified Medical Staff Governing Documents.....	50
10.3. Medical Staff Leadership.....	50
10.4. Opting Out.....	50
ARTICLE 11 GENERAL PROVISIONS.....	51
11.1. Conflict Management Process.....	51
11.2. Medical History & Physical Examinations.....	51
ARTICLE 12 ADOPTION AND AMENDMENT OF MEDICAL STAFF BYLAWS, POLICIES, AND RULES & REGULATIONS.....	52
12.1. Medical Staff Bylaws.....	52
12.2. Technical Amendments to the Medical Staff Bylaws.....	53
12.3. Medical Staff Policies.....	53
12.4. Medical Staff Rules & Regulations.....	54
12.5. Resolution of Document Conflicts.....	54
12.6. Access to Current Medical Staff Documents.....	55

DEFINITIONS

Advanced Practice Clinician or **APC** means those physician assistants, advanced practice registered nurses, and eligible allied health professionals, 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 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 thirty (30) days (or in excess of fourteen (14) days with respect to a summary suspension) or terminates a Practitioner's Medical Staff appointment and/or Privileges on the basis of clinical competency or professional conduct.

Affiliate Hospital means the System hospitals other than the Hospital.

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/subcommittee or individual authorized by the Board to act on its behalf in designated matters.

Chief Medical Officer or **CMO** means the Physicians appointed to serve as the chief medical executive for a Hospital or the East Market, as applicable, and as a liaison to the Medical Staff.

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/State 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's Medical Staff appointment and/or Privileges are not currently suspended.

Hospital means the University Hospitals Ahuja Medical Center (Ahuja), University Hospitals Geneva Medical Center (Geneva), University Hospitals Conneaut Medical Center (Conneaut), University Hospitals Regionals Medical Center dba University Hospitals Geauga Medical Center (Gauga), and each such Hospital's provider-based locations, if any, all of which comprise the University Hospitals Health System East Market. A reference to "Hospital" may be read as an individual Hospital(s) or the Hospitals collectively, as applicable to the context in which the term is used in the Medical Staff governing documents for purposes of a unified 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.

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 Medical Staff.

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

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. The Ahuja, Geneva, Conneaut, and Geauga Medical Staffs have elected to create a unified Medical Staff. References to "Medical Staff" in the Medical Staff governing documents shall mean the East Market unified Medical Staff.

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 Medical Staff Department Chair (Department Chair).
- Medical Staff Departments may be further divided into Medical Staff clinical Divisions each led by a Medical Staff Division Chief (Division Chief).

Medical Staff Member or **Member** means a Practitioner who has been granted appointment to the 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, adopted/amended and approved in the manner set forth in Article 12, 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 Policy, and Professional Practice Evaluation Policies.

Medical Staff Rules & Regulations or **Rules & Regulations** means the rules and regulations of the Medical Staff, adopted/amended and approved in the manner set forth in Article 12, that address issues related to clinical care, treatment, and services provided by Practitioners and APCs with Privileges at the Hospital.

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, or Psychologist.

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.

Primary Hospital Designation

The following definition applies for purposes of voting on a facility specific Associate Vice-Chief of Staff, Associate Medical Staff Department Chair of Medicine, Associate Medical Staff Department Chair of Surgery and the at-large voting members of a facility specific Medical Staff Leadership Council:

Primary Hospital means the Hospital at which a Medical Staff Member who is entitled to vote exercises his/her Privileges the majority of the time during a Medical Staff appointment and Privilege period (*i.e.*, where the majority of the Practitioner’s Patient Encounters occur).

Each Medical Staff Member entitled to vote must designate his/her Primary Hospital, for voting purposes, upon initial Medical Staff appointment and privileging and, thereafter, at the time of each Medical Staff reappointment and regrant of Privileges. In the event that a Medical Staff Member eligible to vote fails to make such designation, the Member’s existing Primary Hospital designation shall continue until the next designation period.

Professional Liability Insurance means professional liability insurance coverage of such kind, in such amount (but not less than \$1,000,000.00 per occurrence/\$3,000,000.00 annual aggregate), and underwritten by such insurers as required and approved by the Hospital 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 University Hospitals Health System.

ARTICLE 1 PURPOSES OF THE MEDICAL STAFF

1.1. Purposes of the Medical Staff

1.1.1. The purposes of the Medical Staff are to:

- a. Adopt & amend the Medical Staff Bylaws and Rules & Regulations.
- b. Oversee the quality of care, treatment, and services provided by privileged Practitioners and APCs.
- c. Fulfill such other responsibilities as set forth in the Medical Staff governing documents.

1.2. Organized Health Care Arrangement

1.2.1. All Practitioners granted Medical Staff appointment and/or Privileges (and APCs granted Privileges) at the Hospital shall be deemed to be part of an Organized Health Care Arrangement as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related regulations (the Privacy Rule).

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, CMO, Chief of Staff, Medical Staff Department Chair, *etc.*), then reference to the individual shall 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.

1.4.2. Any and all contracts of association or employment shall control contractual and financial relationships between the Hospital and Practitioners.

ARTICLE 2 MEDICAL STAFF APPOINTMENT AND PRIVILEGING

2.1. Nature of Medical Staff 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 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 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 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 Medical Staff Appointment and/or Privileges

Unless otherwise provided in these Medical Staff Bylaws, to be eligible for appointment to the Medical Staff and/or 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 required 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.
- e. Be able to participate in Federal/State 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 the current ability to competently perform the Privileges requested or held 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 and be a Medicare and Medicaid participating provider as set forth in the Medical Staff Credentials Policy.
- 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:
 1. set forth in the applicable Medical Staff category, if Medical Staff appointment is requested/held.
 2. set forth in the applicable Delineation of Privileges, if Privileges are requested/held.
 3. recommended by the Medical Executive Committee and approved by the Board.

2.2.3. Waiver Process

- a. A qualification for Medical Staff appointment and/or Privileges that is required for state licensure is not eligible for waiver (*i.e.*, cannot be waived).
- b. A written request for a waiver of a qualification (not otherwise required for state licensure – *i.e.*, that can be considered for waiver) may be submitted by the Practitioner for consideration by the MEC and Board.
 - 1. Such qualification may be waived, at the sole discretion of the Board, based upon the Practitioner’s demonstrated exceptional circumstances and a Board determination that such waiver will serve the best interests of patient care.
 - 2. The MEC will review the waiver request and make a recommendation to the Board regarding whether to grant or deny the request for a waiver.
 - 3. Upon receipt of the MEC’s recommendation, the Board shall either grant or deny the waiver request.
- c. Once a waiver is granted, it shall remain in effect from the time it is granted until the Practitioner’s resignation or termination of Medical Staff appointment and/or Privileges unless a shorter time period is otherwise recommended by the MEC and approved by the Board. The Practitioner must thereafter reapply for the waiver.
- d. No Practitioner is entitled to a waiver. A determination by the Board not to grant a Practitioner’s request for a waiver; or, the Hospital’s inability to process an application; or, termination of a Practitioner’s Medical Staff appointment and/or Privileges based upon failure to satisfy the qualifications for Medical Staff appointment and/or Privileges does not give rise to any procedural due process rights pursuant to the Medical Staff Bylaws or Fair Hearing Policy nor does it create a reportable event for purposes of federal or state law.
- e. Unless a waiver is requested and subsequently granted, a Practitioner’s failure to:
 - 1. Satisfy the applicable qualification(s) at the time of initial application shall result in the Hospital’s inability to process the application because the Practitioner fails to meet baseline qualifications.
 - 2. Continuously satisfy the applicable qualification(s) following attainment of Medical Staff appointment and/or Privileges shall be addressed, as applicable, in the manner set forth in Section 7.4 and/or Section 7.5 or as otherwise appropriate pursuant to the Medical Staff Bylaws and Policies.

2.3. Obligations of Medical Staff 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 at the Hospital who has agreed to provide backup coverage for the Practitioner's patients in the event the Practitioner is not available. Exceptions may be considered on a case-by-case basis, for good cause, by the Medical Executive Committee and Board.
- c. Comply with the Medical Staff Bylaws, Policies, Rules & Regulations, the Hospital's governing documents, System and Hospital policies (including, but not limited to, policies related to HIPAA privacy/confidentiality, corporate compliance, conflicts of interest, *etc.*), and applicable laws, rules, regulations, and accreditation standards.
- d. Perform such Medical Staff, Department/Division, committee, and Hospital functions for which he/she is responsible by Medical Staff appointment, election, or otherwise.
- e. 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.
- f. Appropriately utilize the Hospital's electronic health record system for order entry and for all other appropriate functionalities.
- g. 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.
- h. Participate in providing care, treatment, and services consistent with the Hospital's mission.
- i. Assist with Medical Staff approved clinical education training programs for students, interns, and residents.
- j. Provide education (within the Practitioner's specialty expertise) for other Practitioners, APCs, and Hospital staff as requested.
- k. Refuse to engage in improper inducements for patient referrals or in division of fees.
- l. Provide consultations, as requested, and participate in call coverage as required.
- m. Abide by generally recognized standards of medical/professional ethics.
- n. Work in a cooperative and professional manner with others so as not to adversely affect the delivery of quality patient care.
- o. Timely complete required Hospital education and training as directed by the MEC.

- p. Participate in quality assurance, peer review, professional practice evaluation, and utilization review activities whether related to oneself or others.
- q. Cooperate with 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.
- r. Comply with such notice requirements as are set forth in the Medical Staff governing documents.
- s. Comply with mandatory training requirements as set forth in the Professional Performance Policy Evaluation or System/Hospital policy.
- t. Satisfy such other responsibilities as:
 - 1. set forth in the applicable Medical Staff category, if Medical Staff appointment is held.
 - 2. set forth in the Medical Staff Bylaws, Policies, and/or Rules and Regulations.
 - 3. Recommended by the MEC and approved by the Board.

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

2.4. Overview of the Credentialing, Medical Staff Appointment/Reappointment, and Privileging Process

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

- a. Applications for Medical Staff 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 Medical Staff Department Chair/Division Chief, the 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 Medical Staff 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 Medical Staff 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 Medical Staff appointment, for Medical Staff 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, CMO, 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).
- 2.4.6. Granting of telemedicine Privileges to distant-site Practitioners who will not practice on-site at the Hospital 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 Medical Staff Category

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

- a. Meet the qualifications set forth in Section 2.2 of these Bylaws.
- b. Have not less than twenty-five (25) Patient Encounters at the Hospital within each three (3) year appointment and Privilege period and provide for continuous care of their patients.
 1. If a Practitioner fails to have at least twenty-five (25) Patient Encounters at the Hospital within a three (3) year Medical Staff appointment and Privilege period, the Practitioner shall be automatically transferred to another appropriate Medical Staff category, if any, for which the Practitioner is qualified at the time of application for Medical Staff reappointment.
 2. If the Practitioner fails to qualify for another Medical Staff category, he/she will be considered ineligible for Medical Staff reappointment.
 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.

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

- a. Exercise such Privileges as are granted.
- b. Attend Medical Staff meetings; vote on Medical Staff matters.
- c. Attend meetings of the Medical Staff Department/Division of which he/she is a member; vote on Department/Division matters.
- d. Hold Medical Staff office subject to satisfaction of the applicable qualifications.
- e. Serve as a Medical Staff Department Chair, Associate Medical Staff Department Chair, or Division Chief subject to satisfaction of the applicable qualifications.
- f. 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.

3.1.3. Duties. Members of the active Medical Staff category 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 applicable 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. Timely pay Medical Staff dues, fees, and assessments.

3.2. Associate Medical Staff Category

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

- a. Meet the qualifications set forth in Section 2.2 of these Bylaws.
- b. Have not more than twenty-four (24) Patient Encounters at the Hospital within each three (3) year appointment and Privilege period and provide for continuous care of their patients.
- c. A Practitioner granted Medical Staff appointment pursuant to 3.2.1 (b) who exceeds the maximum number of Patient Encounters permitted shall be transferred to the active Medical Staff category at the time of Medical Staff reappointment and regrant of Privileges in the absence of a showing, satisfactory to the MEC and Board, that this was due to unusual circumstances unlikely to occur again in the next Medical Staff appointment and Privilege period; **OR** the Practitioner:
 - 1. Primarily practices at an accredited hospital other than this Hospital and is granted Medical Staff appointment and Privileges at the Hospital 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. Primarily practices at an accredited hospital other than this Hospital and is granted Medical Staff appointment and Privileges at the Hospital 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. Is granted Medical Staff appointment and Privileges at the Hospital 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. Is employed by or contracted with a group that holds an exclusive contract with the Hospital for professional medical services and is granted Medical Staff appointment and Privileges at the Hospital for the sole purpose of providing on-site Hospital-based contracted exclusive professional medical services (*e.g.*, anesthesia, emergency medicine, pathology, radiology, *etc.*) regardless of the number of Patient Encounters; unless the Practitioner routinely provides such services at the Hospital and requests and is granted appointment to the active Medical Staff category with Privileges.

- 3.2.2. Prerogatives. Each Member of the associate Medical Staff category with Privileges may:
- a. Exercise such Privileges as are granted.
 - b. Attend Medical Staff meetings; vote on Medical Staff matters.
 - c. Attend meetings of the Medical Staff Department/Division of which he/she is a member; vote on Department/Division matters.
 - d. Not serve as Chief of Staff or Vice-Chief of Staff.
 - e. Serve as an Associate Chief of Staff or Associate Vice-Chief of Staff subject to satisfaction of the applicable qualifications.
 - f. Not serve as a Medical Staff Department Chair or Division Chief.
 - g. Serve as an Associate Medical Staff Department Chair subject to satisfaction of the applicable qualifications.
 - h. Not chair a Medical Staff committee.
 - 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 associate Medical Staff category with Privileges shall:

- a. Satisfy the general responsibilities set forth in Section 2.3 of these Bylaws.
- b. Participate, as required by applicable 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. Timely pay Medical Staff dues, fees, and assessments.

3.3. Affiliate Medical Staff Category

3.3.1. Qualifications. To qualify for appointment to the affiliate Medical Staff category, 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.

3.3.2. Prerogatives. Each Member of the affiliate 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/Division of which he/she is a member but may not vote on Department/ Division matters.
- d. Not hold Medical Staff office.
- e. Not serve as a Medical Staff Department Chair, Associate Medical Staff Department Chair, or Division Chief.
- f. Not serve as a member or chair of a Medical Staff committee.
- g. 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.

3.3.3. Duties. Members of the affiliate 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 Practitioner granted Medical Staff appointment without Privileges.
- b. Timely pay Medical Staff dues, fees, and assessments.

3.4. Honorary/Emeritus Medical Staff Category

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

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

3.4.2. Prerogatives. Each Member of the honorary/emergitus Medical Staff category 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/Division of which he/she is a member but may not vote on Department/Division matters.
- d. Not hold Medical Staff office.
- e. Not serve as a Medical Staff Department Chair, Associate Medical Staff Department Chair, or Division Chief.
- f. Not serve as a member or chair of a Medical Staff committee.

- 3.4.3. Duties. Members of the honorary/emeritus Medical Staff category shall have no duties and are not required to pay Medical Staff dues, fees, or assessments.

ARTICLE 4 MEDICAL STAFF OFFICERS

4.1. Designation of Medical Staff Officers

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

- a. Chief of Staff
- b. Vice-Chief of Staff
- c. Associate Chief of Staff for Ahuja
- d. Associate Vice-Chief of Staff for Ahuja
- e. Associate Chief of Staff for Conneaut
- f. Associate Vice-Chief of Staff for Conneaut
- g. Associate Chief of Staff for Geauga
- h. Associate Vice-Chief of Staff for Geauga
- i. Associate Chief of Staff for Geneva
- j. Associate Vice-Chief of Staff for Geneva

4.2. Qualifications of Medical Staff Officers

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

- a. Chief of Staff & Vice-Chief of Staff
 - 1. Be a Physician Member of the active Medical Staff category in Good Standing.
 - 2. Have and maintain Privileges, in Good Standing, at Ahuja, Conneaut, Geauga, and/or Geneva.
 - 3. The Chief of Staff and Vice-Chief of Staff may not have the same Primary Hospital designation.
- b. Associate Chiefs of Staff & Associate Vice-Chiefs of Staff
 - 1. Be a Physician Member of the active or associate Medical Staff category in Good Standing.
 - 2. Have and maintain Privileges, in Good Standing, at the Hospital at which the Physician will serve/serves as the Associate Chief of Staff or Associate Vice-Chief of Staff.
- c. Be willing and able to faithfully discharge the duties of his/her office.

- d. Not have a disqualifying conflict of interest as set forth in the applicable conflict of interest policy.

4.3. Nomination Process

4.3.1. Vice-Chief of Staff

- a. The MEC shall nominate one or more qualified eligible Physicians for the Medical Staff office of Vice-Chief of Staff.
- b. The MEC shall seek (in such manner as determined appropriate by the MEC) and consider nominations received from the Medical Staff Members eligible to vote.
- c. The nominations for Vice-Chief of Staff shall be communicated to the Medical Staff prior to the election in such manner as determined appropriate by the MEC.

4.3.2. Associate Vice-Chiefs of Staff

- a. The Medical Staff Leadership Council at each Hospital shall nominate one or more qualified eligible Physicians for the Medical Staff office of Associate Vice-Chief of Staff at each Hospital.
- b. Each Medical Staff Leadership Council shall seek (in such manner as determined appropriate by the Medical Staff Leadership Council) and consider Associate Vice-Chief of Staff nominations received from the Medical Staff Members eligible to vote at the applicable Hospital based upon each such Practitioner's Primary Hospital designation.
- c. The nominations for the Associate Vice-Chief of Staff at each Hospital shall be communicated to the Medical Staff Members eligible to vote at the applicable Hospital (based upon each such Practitioner's Primary Hospital designation) prior to the election in such manner as determined appropriate by the applicable Medical Staff Leadership Council.

- 4.3.3. If, following the nomination process, there is only one qualified candidate seeking election for a Medical Staff office, then such candidate shall be appointed to that office without further Medical Staff action. In such event, the Medical Staff shall be so notified.

4.4. Election of the Vice-Chief of Staff and the Associate Vice-Chiefs of Staff

4.4.1. Election of the Vice-Chief of Staff

- a. Provided that there are two (2) or more qualified eligible candidates seeking election for the Medical Staff office of Vice-Chief of Staff, the Vice-Chief of Staff shall be elected in one of the following ways at the discretion of the MEC:
 - 1. 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

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. The candidate who receives a majority vote of the total ballots returned by the stipulated date shall be elected as the Vice-Chief of Staff.

4.4.2. Election of the Associate Vice-Chiefs of Staff

- a. Each Associate Vice-Chief of Staff shall be elected by ballot without a Medical Staff meeting provided that there are two (2) or more qualified eligible candidates seeking election for the same Associate Vice-Chief of Staff position.
- b. Ballots shall be distributed to each Medical Staff Member eligible to vote at the applicable Hospital based upon each such Practitioner's Primary Hospital designation. 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 as Associate Vice-Chief of Staff.

- 4.4.3. If there are more than two (2) nominees for the same office 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. **Automatic Succession of the Vice-Chief of Staff to Chief of Staff & each Associate Vice-Chief of Staff to Associate Chief of Staff**

- 4.5.1. The Vice-Chief of Staff shall automatically succeed to the Medical Staff office of Chief of Staff following completion of the Vice-Chief of Staff's term.
- 4.5.2. Each Associate Vice-Chief of Staff shall automatically succeed to the Medical Staff office of Associate Chief of Staff at the applicable Hospital following completion of the Associate Vice-Chief of Staff's term.

4.6. **Term**

- 4.6.1. The Chief of Staff, the Vice-Chief of Staff, the Associate Chiefs of Staff, and the Associate Vice-Chiefs of Staff shall each serve a two (2) year term.
- 4.6.2. Each such Medical Staff officer shall serve until the end of his/her term, and until a successor attains office, unless the then serving Medical Staff officer sooner resigns or is removed from the office.

- 4.6.3. The Chief of Staff, the Vice-Chief of Staff, the Associate Chiefs of Staff, and the Associate Vice-Chiefs of Staff are not eligible to serve for subsequent consecutive terms with the limited exceptions set forth in Section 4.7.

4.7. Vacancy

- 4.7.1. In the Medical Staff office of Chief of Staff. In the event of a vacancy in the office of the Chief of Staff, the Vice-Chief of Staff will automatically succeed to the office of Chief of Staff and will serve for the remainder of the vacating Chief of Staff's current term followed by a subsequent two (2) year term as the Chief of Staff.
- 4.7.2. In the Medical Staff office of Vice-Chief of Staff. In the event of a vacancy in the office of the Vice-Chief of Staff, a new Vice-Chief of Staff will be nominated and elected in the manner set forth in Section 4.3 and Section 4.4 and will serve for the remainder of the vacating Vice-Chief of Staff's current term followed by a subsequent two (2) year term as the Vice-Chief of Staff.
- 4.7.3. In the Medical Staff office of Associate Chief of Staff. In the event of a vacancy in the office of an Associate Chief of Staff, the Associate Vice-Chief of Staff will automatically succeed to the office of Associate Chief of Staff and will serve for the remainder of the vacating Associate Chief of Staff's current term followed by a subsequent two (2) year term as the Associate Chief of Staff.
- 4.7.4. In the Medical Staff office of Associate Vice-Chief of Staff. In the event of a vacancy in the office of the Associate Vice-Chief of Staff, a new Associate Vice-Chief of Staff will be nominated and elected in the manner set forth in Section 4.3 and Section 4.4 and will serve for the remainder of the vacating Associate Vice-Chief of Staff's current term followed by a subsequent two (2) year term as the Associate Vice-Chief of Staff.

4.8. Resignation

- 4.8.1. The Chief of Staff or Vice-Chief of Staff may resign at any time by giving written notice to the MEC.
- 4.8.2. An Associate Chief of Staff or Associate Vice-Chief of Staff may resign at any time by giving written notice to the applicable Medical Staff Leadership Council.
- 4.8.3. Such resignation shall take effect on the date specified in the resignation notice or as otherwise agreed upon by the MEC or Medical Staff Leadership Council, as applicable, and the resigning Medical Staff officer.

4.9. Removal

- 4.9.1. The Chief of Staff or Vice-Chief of Staff may be removed:
- a. by the Board; or
 - b. 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 a quorum is present; or

- c. by a majority vote, in favor of removal, of the Medical Staff Members eligible to vote on such Medical Staff officer who are in attendance at a special Medical Staff meeting at which a quorum is present.
- 4.9.2. An Associate Chief of Staff or Associate Vice-Chief of Staff may be removed by a majority vote, in favor of removal, by the Medical Staff Members eligible to vote on such Medical Staff officer at the applicable Hospital (based upon each such Practitioner's Primary Hospital designation) who are in attendance at a special Medical Staff meeting at which a quorum is present.
- 4.9.3. A Medical Staff officer 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 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.
- 4.9.4. Permissible grounds for removal of a Medical Staff officer include, but are not limited to:
 - a. Failure to continuously satisfy the qualifications for the office pursuant to Section 4.2.1 (a) or (b) and (c).
 - b. Failure to perform the duties of the office in a timely and appropriate manner.
 - c. Inability to fulfill the duties of the office.
 - d. 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.
- 4.9.5. Automatic termination of Medical Staff appointment and/or Privileges shall result in automatic removal of a Practitioner from his/her Medical Staff office.
- 4.9.6. Automatic removal of a Practitioner from his/her Medical Staff office shall also occur as a result of a disqualifying conflict of interest pursuant to Section 4.2.1 (d) and the applicable conflict of interest policy.

4.10. Duties of Medical Staff Officers

- 4.10.1. The Chief of Staff shall:
 - a. Serve as chair of the Medical Executive Committee, with vote, and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided in the Medical Staff governing documents.
 - b. Oversee the Vice-Chief of Staff.
 - c. Oversee the Associate Chiefs of Staff.
 - d. Perform such other duties as set forth in the Medical Staff governing documents.
- 4.10.2. The Vice-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 in the Medical Staff governing documents.
- b. Automatically succeed to the office of Chief of Staff pursuant to Section 4.5.1 or Section 4.7.1.
- c. Perform such duties as requested by the Chief of Staff and/or as otherwise set forth in the Medical Staff governing documents.

4.10.3. Each Associate Chief of Staff shall:

- a. Serve as chair of the applicable Medical Staff Leadership Council, with vote, and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided in the Medical Staff governing documents.
- b. Oversee the applicable Associate Vice-Chief of Staff.
- c. Perform such duties as requested by the Chief of Staff and/or as otherwise set forth in the Medical Staff governing documents.

4.10.4. Each Associate Vice-Chief of Staff shall:

- a. Serve as a voting member of the applicable Medical Staff Leadership Council and as a voting or *Ex Officio* (non-voting) member of such other Medical Staff committees as provided in the Medical Staff governing documents.
- b. Automatically succeed to the office of Associate Chief of Staff pursuant to Section 4.5.2 or Section 4.7.3.
- c. Perform such duties as requested by the Chief of Staff and/or as otherwise set forth in the Medical Staff governing documents

4.11. Requirements Regarding Meetings of the Medical Staff

- 4.11.1. 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 & DIVISIONS

Applicability of Article

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.
- 5.1.3. Each Medical Staff Department shall have a Medical Staff Department Chair and an Associate Medical Staff Department Chair.

5.2. Medical Staff Divisions

- 5.2.1. Medical Staff Divisions 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 Medical Staff Department Chair/Associate Medical Staff Department Chair, and approval by the Board.
- 5.2.2. The current Medical Staff Divisions are set forth in the Medical Staff Organization Policy.
- 5.2.3. Each Medical Staff Division shall have a Medical Staff Division Chief.

5.3. Assignment to Medical Staff Departments and Divisions

- 5.3.1. Each Practitioner shall be assigned to the Medical Staff Department and Division that most clearly reflects his/her professional training and experience in the clinical area in which his/her practice is concentrated.

5.4. Medical Staff Department Chair/Associate Medical Staff Department Chair Qualifications

- 5.4.1. Each Medical Staff Department Chair and Associate Medical Staff Department Chair shall:
 - a. Medical Staff Department Chairs
 - 1. Be a Physician Member of the active Medical Staff category in Good Standing.
 - 2. Have and maintain Privileges, in Good Standing, in a specialty within the Medical Staff Department at Ahuja, Conneaut, Geauga, and/or Geneva.
 - b. Associate Medical Staff Department Chairs
 - 1. Be a Physician or Podiatrist Member of the active or associate Medical Staff category in Good Standing.

2. Have and maintain Privileges, in Good Standing, in a specialty within the Medical Staff Department at the Hospital at which the Physician will serve/serves as the Associate Medical Staff Department Chair.
- 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.

5.5. Nomination of the Medical Staff Department Chairs and Associate Medical Staff Department Chairs

5.5.1. Medical Staff Department Chairs

- a. The MEC shall nominate one or more qualified eligible Physicians for each Medical Staff Department Chair position.
- b. The MEC shall seek (in such manner as determined appropriate by the MEC) and consider nominations received from the respective Medical Staff Department members eligible to vote.
- c. The nominations for each Medical Staff Department Chair shall be communicated to the respective Medical Staff Department members prior to the election in such manner as determined appropriate by the MEC.

5.5.2. Associate Medical Staff Department Chairs

- a. The Medical Staff Leadership Council at each Hospital shall nominate one or more qualified eligible Physicians or Podiatrists for the Associate Medical Staff Department Chair positions at each Hospital.
- b. Each Medical Staff Leadership Council shall seek (in such manner as determined appropriate by the Medical Staff Leadership Council) and consider nominations received from the respective Medical Staff Department members eligible to vote at the applicable Hospital based upon each such Practitioner's Primary Hospital designation.
- c. The nominations for the Associate Medical Staff Department Chairs at each Hospital shall be communicated to the respective Medical Staff Department Members eligible to vote at the applicable Hospital (based upon each such Practitioner's Primary Hospital designation) prior to the election in such manner as determined appropriate by the applicable Medical Staff Leadership Council.

- 5.5.3. If, following the nomination process, there is only one qualified candidate seeking election for a Medical Staff Department Chair or Associate Medical Staff Department Chair position, then such candidate shall be appointed to that position without further Medical Staff Department action. In such event, the Medical Staff Department members shall be so notified.

5.6. Election of the Medical Staff Department Chairs and Associate Medical Staff Department Chairs

5.6.1. Election of Medical Staff Department Chairs

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

1. By a majority vote of the members of the respective Medical Staff Department eligible to vote who are present at a Department meeting at which a quorum is present.

OR

2. By ballot without a Medical Staff 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 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 Department Chair.

5.6.2. Election of the Associate Medical Staff Department Chairs

a. Each Associate Medical Staff Department Chair shall be elected by ballot without a Medical Staff Department meeting provided that there are two (2) or more qualified eligible candidates seeking election for the same Associate Medical Staff Department Chair position.

b. Ballots shall be distributed to each Medical Staff Department member eligible to vote at the applicable Hospital based upon each such Practitioner's Primary Hospital designation. 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 as the applicable Associate Medical Staff Department Chair.

5.6.3. 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.

5.7. Term

5.7.1. Each Medical Staff Department Chair and Associate Medical Staff Department Chair shall serve a two (2) year term.

- 5.7.2. Each such Medical Staff Department Chair and Associate Medical Staff Department Chair shall serve until the end of his/her term, and until a successor attains the position, unless the then serving Department Chair or Associate Department Chair sooner resigns or is removed from the position.
- 5.7.3. The Medical Staff Department Chairs and Associate Medical Staff Department Chairs are not eligible to serve for subsequent consecutive terms with the limited exception set forth in Section 5.8.

5.8. Vacancy

- 5.8.1. A vacancy in a Medical Staff Department Chair or Associate Medical Staff Department Chair position shall be filled in the same manner in which the original position was filled for the remainder of the vacating Medical Staff Department Chair's or Associate Medical Staff Department Chair's unexpired term followed by a subsequent two (2) year term.

5.9. Resignation

- 5.9.1. A Medical Staff Department Chair may resign at any time by giving written notice to the MEC.
- 5.9.2. An Associate Medical Staff Department Chair may resign at any time by giving written notice to the applicable Medical Staff Leadership Council.
- 5.9.3. Such resignation shall take effect on the date specified in the resignation notice or as otherwise agreed upon by the MEC or Medical Staff Leadership Council and the resigning Medical Staff Department Chair or Associate Medical Staff Department Chair, as applicable.

5.10. Removal

- 5.10.1. A Medical Staff Department Chair may be removed:
- a. by the Board; or
 - b. 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 a quorum is present; or
 - c. by a majority vote, in favor of removal, of the Medical Staff Department members eligible to vote on such Department Chair who are in attendance at the special Medical Staff Department meeting at which a quorum is present.
- 5.10.2. An Associate Medical Staff Department Chair may be removed by a majority vote, in favor of removal, by the Medical Staff Department members eligible to vote on such Associate Medical Staff Department Chair at the applicable Hospital (based upon each such Practitioner's Primary Hospital designation) who are in attendance at the special Medical Staff Department meeting at which a quorum is present.
- 5.10.3. A Medical Staff Department Chair or Associate Medical Staff Department Chair 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 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.

- 5.10.4. Permissible grounds for removal of a Medical Staff Department Chair or Associate 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) or (b) and (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 that results in a final Adverse decision.
- 5.10.5. 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 Department Chair or Associate Medical Staff Department Chair.
- 5.10.6. Automatic removal of a Practitioner from his/her position as a Medical Staff Department Chair or Associate Medical Staff Department Chair shall 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.

5.11. Medical Staff Department Chair and Associate Medical Staff Department Chair Duties

- 5.11.1. Each Medical Staff Department Chair and/or Associate Medical Staff Department Chair shall:
- a. Be responsible for clinical and administrative activities of the Medical Staff Department, unless otherwise provided for by the Hospital, and report on such activities as requested by the Hospital President, the CMO, the MEC, or the Board.
 - b. Chair Medical Staff Department meetings (Medical Staff Department Chair). An Associate Medical Staff Department Chair may chair a Medical Staff Department meeting in the Department Chair's absence.
 - c. Provide continuing surveillance of the professional performance of all Practitioners and APCs in the Medical Staff Department who have delineated Privileges.
 - d. Recommend to the Medical Staff the criteria for Privileges that are relevant to the care provided in the Medical Staff Department.
 - e. Recommend Privileges for each member of the Medical Staff Department.
 - f. Assess and recommend to the relevant Hospital authority off-site sources for needed patient care, treatment, and services not otherwise provided by the Medical Staff Department or the Hospital.

- g. Integrate the Medical Staff Department into the primary functions of the Hospital.
- h. Coordinate and integrate interdepartmental and intradepartmental services.
- i. Assist with development, as necessary, and implementation of 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. Continuously assess and improve the quality of care, treatment, and services provided by Practitioners/APCs with Privileges in the Medical Staff Department.
- l. Maintain quality control programs, as appropriate.
- m. Provide for the orientation and continuing education of all Practitioners/APCs in the Medical Staff Department.
- n. Assist with the initial FPPE and OPPE process for Practitioners/APCs with Privileges in the Medical Staff Department.
- o. Recommend space and other resources needed by the Medical Staff Department.
- p. Manage the on-call rosters for the Medical Staff Department.
- q. Serve as a voting or *Ex Officio* (non-voting) member of such Medical Staff committees as provided in the Medical Staff governing documents.
- r. Perform such other duties with respect to the Medical Staff Department as provided by applicable accreditation standards, set forth in the Medical Staff governing documents, or requested by a Medical Staff officer.

5.12. Medical Staff Divisions Chiefs

5.12.1. Information regarding Medical Staff Division Chiefs is set forth in the Medical Staff Organization Policy.

5.13. Requirements Regarding Meetings of Medical Staff Departments and Divisions

5.13.1. Requirements with respect to meetings of Medical Staff Departments and Divisions (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. Medical Executive Committee Composition

6.1.1. The composition of the Medical Executive Committee shall be as follows:

- a. Voting members: The Chief of Staff, Vice-Chief of Staff, the Medical Staff Department Chair of Medicine and Department Chair of Surgery will serve on the MEC as part of the numbers reflected below. The Chief of Staff will chair the MEC.
 1. Five (5) qualified eligible Practitioners appointed to the active Medical Staff category with Privileges, in Good Standing, at Ahuja.
 2. Four (4) qualified eligible Practitioners appointed to the active Medical Staff category with Privileges, in Good Standing, at Geauga.
 3. One (1) qualified eligible Practitioners appointed to the active Medical Staff category with Privileges, in Good Standing, at Geneva.
 4. One (1) qualified eligible Practitioners appointed to the active Medical Staff category with Privileges, in Good Standing, at Conneaut.
- b. Ex Officio (non-voting) members:
 1. Hospital Presidents
 2. Hospital Chief Operating Officers
 3. CMOs
 4. An APC representative

6.1.2. 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. The voting members of the MEC attain their position on the MEC as follows:

- a. The Chief of Staff attains office (and may be removed from office) in the manner set forth in Article 4.
- b. The Vice-Chief of Staff attains office (and may be removed from office) in the manner set forth in Article 4.
- c. The Medical Staff Department Chairs attain their position as a Department Chair (and may be removed from such position) in the manner set forth in Article 5.
- d. The remainder of the voting members of the MEC (as set forth in Section 6.1.1 (a)) are appointed to their position on the MEC (and may be removed from such

position) by a majority vote of the members of the applicable Medical Staff Leadership Council eligible to vote who are present at a Medical Staff Leadership Council meeting at which a quorum is present.

6.1.4. Voting members of the MEC may not have a disqualifying conflict of interest as set forth in the applicable conflict of interest policy.

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. Report at Medical Staff meetings.
- c. 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/granted.
- d. Make recommendations directly to the Board regarding:
 1. Practitioner applications for Medical Staff membership (*i.e.*, Medical Staff appointment/reappointment and Medical Staff category) following receipt of a recommendation from the Credentials Committee.
 2. Practitioner and APC applications for Privileges following receipt of a recommendation from the Credentials Committee.
 3. Delineation of Privileges following the procedure for adoption and amendment of Delineation of Privileges set forth in the Medical Staff Credentials Policy.
 4. The MEC's review of and action on reports from the various Medical Staff committees, Departments, Divisions, and other assigned activity groups.
- e. Serve as a liaison between the Medical Staff, Hospital administration, and the Board.
- f. Establish mechanisms to provide effective communication between the Medical Staff, Hospital administration, and the Board.
- g. Ensure that the Medical Staff's accountability to the Board for the medical care rendered to patients in the Hospital is fulfilled.
- h. Oversee the quality of patient care, treatment, and services provided by Practitioners and APCs granted Privileges to do so.

- i. Oversee and monitor the professional, clinical, quality/performance improvement, and peer review/professional practice evaluation activities of the Medical Staff to help create and maintain a culture of safety and quality.
- j. Implement, as applicable, the Medical Staff procedure for corrective action, summary suspension, hearings/appeals, and/or automatic suspension/automatic termination of Medical Staff appointment and/or Privileges.
- k. Make recommendations to the Medical Staff for adoption and amendment of the Medical Staff Bylaws and Rules & Regulations in accordance with the applicable procedure set forth in Article 12.
- l. Adopt and amend Medical Staff Policies subject to the applicable procedure set forth in Article 12.
- m. Implement and enforce the Medical Staff Bylaws, Policies, and Rules and Regulations and applicable System/Hospital policies.
- n. Perform such other duties 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 call of the MEC chair and shall maintain a record of its proceedings and actions.
- 6.3.2. The minutes of the MEC 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/REMEDICATION, CORRECTIVE ACTION, SUMMARY
SUSPENSION & AUTOMATIC SUSPENSION/AUTOMATIC TERMINATION**

7.1. Collegial Intervention & Remediation

- 7.1.1. Prior to initiating 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 CMO as its administrative agent) may elect to attempt to resolve the concerns in a collegial manner as it determines appropriate.
- 7.1.2. An appropriately designated Medical Staff peer review committee may enter into a voluntary remediation agreement with a Medical Staff Member, consistent with the applicable Medical Staff Policy (e.g., conduct, peer review), 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 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 remediation prior to implementing corrective action on the basis of a single incident.
- 7.1.5. A written record of any collegial intervention and/or remediation efforts will be prepared and maintained in the Medical Staff Member's confidential peer review file.

7.2. Corrective Action Process

7.2.1. Grounds for 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.

7.2.2. Request for Initiation of Corrective Action

- a. Any of the following may request that corrective action be initiated:
 - 1. An officer of the Medical Staff

2. The chair or associate chair of any Medical Staff Department in which the Practitioner exercises Privileges
 3. Any standing committee or subcommittee of the Medical Staff (including the MEC or a Medical Staff Leadership Council) or chair thereof
 4. The CMO
 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 Corrective Action

- a. Upon receipt of a request for 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 remediation consistent with the applicable Medical Staff governing documents.
 3. Initiate a corrective action investigation.

7.2.4. Commencement of Corrective Action

- a. A matter shall be deemed to be under investigation as of the start of an MEC meeting at which a request for 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 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 corrective action investigation, the matter shall remain under 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 corrective action investigation.

7.2.5. Conducting a Corrective Action Investigation

- a. The MEC may conduct such investigation itself; assign this task to a Medical Staff officer, Medical Staff Department Chair/Associate Medical Staff Department Chair, Division Chief, CMO, or a 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 thirty (30) days.

5. Imposition of a suspension of all, or any part, of the Medical Staff Member's Privileges for a period of up to thirty (30) 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 of up to thirty (30) 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 thirty (30) days.
8. Recommendation of a suspension of all, or any part, of a Medical Staff Member's Privileges for a period in excess of thirty (30) 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 thirty (30) 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, or to reduce the substantial likelihood of injury or imminent danger to the life, health, or safety of any individual at the Hospital (*e.g.*, patient, employee, visitor, *etc.*), any of the following have the authority to summarily suspend the Medical Staff appointment and/or all, or any portion, of the Privileges of such Practitioner:

1. Chief of Staff
2. Medical Staff Department Chair with approval of the Chief of Staff
3. Medical Executive Committee
4. Medical Staff Leadership Council
5. Hospital President or CMO
6. Board or its chair

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 Medical Staff Department Chair/Associate Medical Staff Department Chair or Division Chief 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.*, 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 in 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/Medical Staff Office 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/State Health Program

1. Whenever a Practitioner is suspended from participating in a Federal/State 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 a grand jury indictment 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 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 an obstetrical patient who has been under his/her care and management.

3. Attend to the management of any patient under his/her care whose admission or outpatient procedure was scheduled prior to the effective date of the automatic suspension.

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 (during which time the Practitioner is automatically suspended pursuant to Section 7.4.1 (c)), 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/State Health Program
 - 1. Whenever a Practitioner is ineligible to participate in or is excluded or precluded from participating in a Federal/State 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.

7.5.2. Upon the imposition of an automatic suspension or automatic termination of Medical Staff appointment and/or Privileges, the Chief of Staff, the applicable Medical Staff Department Chair/Associate Medical Staff Department Chair, or Division Chief 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

- 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 medical staff appointment and/or privileges, the following automatic actions shall occur:
 - a. With the exception of an automatic suspension for delinquent medical records and/or non-payment of dues (as applicable), if a Practitioner's medical staff appointment and/or privileges are automatically suspended or automatically terminated, in whole or in part, at an Affiliate Hospital(s), the Practitioner's Medical Staff 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 the Fair Hearing Policy.
 - b. If a Practitioner's medical staff 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 Medical Staff 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 medical staff 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 Medical Staff 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 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 medical staff 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 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 gave rise to 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 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 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 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 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 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/Division, 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 UNIFIED MEDICAL STAFF

10.1. Voting to Accept or Reject a Unified Medical Staff

10.1.1. At the request of the Board, Medical Staffs within a multi-hospital System whose separately Medicare certified hospitals share the same Board must initially vote to opt in or out of a unified Medical Staff by a majority vote that is consistent with the method for amending the Medical Staff Bylaws as set forth in Section 12.1.2 (d); provided, however, that only Practitioners appointed to the active or associate Medical Staff category who hold Privileges to practice on-site at the Hospital may vote on whether to accept or reject a unified Medical Staff.

10.2. Unified Medical Staff Governing Documents

10.2.1. There shall be one set of Medical Staff governing documents applicable to a unified Medical Staff that reflects the unique needs, circumstances, patient populations, and services of the System Hospitals and Medical Staffs that elect a unified Medical Staff.

10.3. Medical Staff Leadership

10.3.1. No one Hospital is permitted to have Physicians with the same Primary Hospital designation serving in more than two (2) of the following Medical Staff leadership positions at the same time: the Chief of Staff, the Medical Staff Department Chair of Medicine, or the Medical Staff Department Chair of Surgery.

10.4. Opting Out

10.4.1. Should a Medical Staff elect to become part of a unified Medical Staff but at a later date wish to “opt out” of that relationship, a vote to opt out of such unified Medical Staff may be called consistent with the methodology for opting out set forth in the unified Medical Staff Credentials Policy then in effect.

10.4.2. The opt out decision may not be delegated to the Medical Executive Committee of the unified Medical Staff.

10.4.3. Periodic notice of the right to opt out of a unified Medical Staff shall be provided in accordance with the process set forth in the unified Medical Staff Credentials Policy then in effect.

ARTICLE 11 GENERAL PROVISIONS

11.1. Conflict Management Process

11.1.1. 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 twenty-five percent (25%) of the total 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.

11.2. Medical History & Physical Examinations

11.2.1. 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).

11.2.2. 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).

11.2.3. 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).

11.2.4. 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.

11.2.5. 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.

**ARTICLE 12 ADOPTION AND AMENDMENT OF MEDICAL STAFF BYLAWS, POLICIES,
AND RULES & REGULATIONS**

12.1. Medical Staff Bylaws

12.1.1. Adoption & 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 CMO, the MEC or chair of another standing Medical Staff committee, a Medical Staff officer, Medical Staff Department Chair/Associate Medical Staff Department Chair, Division Chief, or by petition signed by not less than twenty-five percent (25%) of the total Medical Staff Members eligible to vote.
- c. Neither the Medical Staff nor the Board may unilaterally adopt or amend the Medical Staff Bylaws or Rules & Regulations.

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

- a. The MEC may, but is not required to, request review of the Medical Staff Bylaws, or an amendment thereto, by the Medical Staff Leadership Council prior to MEC action.
- b. Following receipt and consideration of a recommendation from the Medical Staff Leadership Council, if any, 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.
- c. The Medical Staff Bylaws, or amendments thereto, shall be made available for review by the voting Members of the Medical Staff at least ten (10) days prior to a Medical Staff vote regarding adoption or amendment.
- d. Adoption or amendment of the Medical Staff Bylaws 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.

12.1.3. Action by the Board Regarding the 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.

12.2. **Technical Amendments to the Medical Staff Bylaws**

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

12.2.2. Such technical amendments shall be effective immediately and shall be deemed approved if not objected to by the Medical Staff within thirty (30) days or the Board within ninety (90) days after adoption by the MEC and communication of such technical amendments to the Medical Staff and Board.

12.3. **Medical Staff Policies**

12.3.1. 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 the Medical Staff Bylaws subject to Board approval.
- b. The MEC may, but is not required to, request review of a Medical Staff Policy, or an amendment thereto, by the Medical Staff Leadership Council prior to MEC action.
- c. Following receipt and consideration of a recommendation, if any, from the Medical Staff Leadership Council, the MEC shall proceed to act upon the Medical Staff Policy.
- d. Adoption or amendment of Medical Staff Policies 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.

- e. Any Medical Staff Member eligible to vote 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 twenty-five percent (25%) of the total 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.

12.3.2. 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.

12.4. **Medical Staff Rules & Regulations**

- 12.4.1. Medical Staff Rules & Regulations may be adopted and amended by the Medical Staff and Board in the same manner as set forth in Section 12.1 for adoption and amendment of the Medical Staff Bylaws.

12.5. **Resolution of Document Conflicts**

- 12.5.1. 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.
- 12.5.2. 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.
- 12.5.3. 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.

12.6. Access to Current Medical Staff Documents

- 12.6.1. 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 Privileges at the Hospital.

ADOPTION & APPROVAL

ADOPTED BY THE MEDICAL STAFF

January 12, 2026

APPROVED BY THE BOARD

January 23, 2026