

**REVISED & RESTATED
BYLAWS
OF THE MEDICAL STAFF
OF
STEVENS HOSPITAL
AND
RULES AND REGULATIONS
2009**

TABLE OF CONTENTS

	<i>Page</i>
ARTICLE I	INTERPRETATION AND OTHER CONVENTIONS 1
Section 1.	Name 1
Section 2.	Definitions..... 1
Section 3.	Construction..... 3
Section 4.	Citations 3
Section 5.	Titles, Headings and Captions 3
Section 6.	Time Periods 3
Section 7.	Severability 4
ARTICLE II	PREAMBLE, OBJECTIVES, COVENANTS AND FINANCES 5
Section 1.	Recitals..... 5
Section 2.	Purposes 5
Section 3.	Special Covenants..... 6
Section 4.	Finances 10
ARTICLE III	MEDICAL STAFF MEMBERSHIP 12
Section 1.	Nature of Medical Staff Membership 12
Section 2.	Qualifications for Membership 12
Section 3.	Conditions and Duration of Appointment..... 13
ARTICLE IV	CATEGORIES OF THE MEDICAL STAFF..... 14
Section 1.	The Medical Staff 14
Section 2.	The Active Staff..... 14
Section 3.	The Active Community Staff..... 14
Section 4.	The Courtesy Staff 15
Section 5.	The Provisional Staff 15
Section 6.	The Emeritus Staff 16
ARTICLE V	PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT..... 17
Section 1.	Application for Appointment..... 17
Section 2.	Appointment Process 18
Section 3.	Reappointment Process..... 20
Section 4.	Leave of Absence..... 23
ARTICLE VI	CLINICAL PRIVILEGES 24
Section 1.	Clinical Privileges Restricted..... 24
Section 2.	Temporary Privileges..... 24
Section 3.	Disaster Privileges 25
Section 4.	Emergency Privileges 26
ARTICLE VII	CORRECTIVE ACTION 27
Section 1.	Procedures for Corrective Action 27
Section 2.	Summary Suspension Procedures 28

Section 3.	Automatic Suspension of Privileges or Termination of Staff Membership	30
ARTICLE VIII	HEARING PROCEDURES.....	32
Section 1.	Right to Hearing.....	32
Section 2.	Request for Hearing	32
Section 3.	Notice of Hearing.....	32
Section 4.	Composition of Hearing Committee.....	33
Section 5.	Clarification of Issues	33
Section 6.	Conduct of Hearing.....	34
ARTICLE IX	ALLIED HEALTH PROFESSIONALS.....	37
Section 1.	General.....	37
Section 2.	Minimum Qualifications.....	37
Section 3.	Additional Qualifications/Requirements	38
Section 4.	Clinical Privileges.....	38
Section 5.	Scope of Clinical Privileges.....	39
Section 6.	Process For Granting Clinical Privileges.....	39
Section 7.	Performance Improvement.....	39
Section 8.	Application of Bylaws/Prerogatives	39
Section 9.	Termination of Privileges	40
Section 10.	Hearing Procedure	40
ARTICLE X	OFFICERS.....	42
Section 1.	Officers of the Medical Staff	42
Section 2.	Qualifications of Officers	42
Section 3.	Election of Officers.....	42
Section 4.	Term of Office	43
Section 5.	Vacancies in Office.....	43
Section 6.	Duties of Officers.....	43
Section 7.	Recall	44
ARTICLE XI	SERVICES.....	46
Section 1.	Organization of Services.....	46
Section 2.	Qualifications, Selection and Tenure of Service Chiefs	46
Section 3.	Functions of Service Chiefs	47
Section 4.	Composition and Functions of Service Committees.....	48
ARTICLE XII	COMMITTEES.....	50
Section 1.	Executive Committee.....	50
Section 2.	Credentials Committee.....	52
Section 3.	Joint Conference Committee.....	53
Section 4.	Quality Council.....	54
Section 5.	Medical Records and Utilization Review Committee	54
Section 6.	Pharmacy and Therapeutics Committee	55
Section 7.	Infection Control Committee	57

	<u>Page</u>
Section 8. Cancer Control Committee	57
Section 9. Critical Care Committee	58
Section 10. Bylaws Committee.....	59
Section 11. Institutional Review Committee	59
ARTICLE XIII MEDICAL STAFF MEETINGS	61
Section 1. Annual Meeting	61
Section 2. Special Meetings.....	61
Section 3. Quorum	61
Section 4. Attendance Requirements	62
Section 5. Agenda	62
ARTICLE XIV COMMITTEE AND SERVICE COMMITTEE MEETINGS	63
Section 1. Regular Meetings	63
Section 2. Special Meetings.....	63
Section 3. Notice of Meetings.....	63
Section 4. Quorum	63
Section 5. Manner of Action.....	63
Section 6. Rights of Ex Officio Members.....	63
Section 7. Minutes	64
ARTICLE XV REVIEW BY OUTSIDE CONSULTANTS	65
ARTICLE XVI HISTORY AND PHYSICAL.....	66
ARTICLE XVII RULES AND REGULATIONS	67
ARTICLE XVIII AMENDMENTS	68
ARTICLE XIX ADOPTION AND EFFECTIVE DATE.....	69

Appendix A – Rules and Regulations of the Medical Staff

ARTICLE I
INTERPRETATION AND OTHER CONVENTIONS

Section 1. **Name**

The name of this organization shall be the “Medical Staff of Stevens Hospital”.

Section 2. **Definitions**

As used in these Bylaws, the following terms shall have the following meanings:

- a. “Administrator” means the chief executive officer appointed by the Governing Body to act in its behalf in the overall management of the Hospital or the chief executive officer’s designee.
- b. “Adverse Recommendation” means a recommendation of the Executive Committee to deny, suspend or terminate Medical Staff membership or to deny, reduce, suspend or terminate Clinical Privileges of a Practitioner in accordance with Article VII of these bylaws, which shall entitle the affected Practitioner to a Hearing but does not include any of the recommendations or actions set forth in Article II, Section 3(c).
- c. “Allied Health Professionals” or “AHPs” means individuals who are qualified by training, experience and current competence in a discipline which the Governing Body, with the Medical Executive Committee’s recommendation, has determined by policy to allow to practice in the Hospital.
- d. “Chief Medical Officer” means the chief medical officer of Stevens Hospital.
- e. “Chief of Service” or “Chief” means the Medical Staff member duly appointed or elected in accordance with these Bylaws to serve as the head of a given Service and its respective Service Committee.
- f. “Clinical Privileges” or “Privileges” means the permission which pursuant to these Bylaws may be granted to a Practitioner to render specific diagnostic and therapeutic services in the Hospital.
- g. “District” means Public Hospital District No. 2, Snohomish County, Washington, a municipal corporation organized and existing pursuant to Chapter 70.44 RCW.
- h. “Executive Committee” means the Executive Committee of the Medical Staff.
- i. “Governing Body” means the Board of Commissioners of the District.

- j. “Hearing” means a proceeding before a Hearing Committee conducted pursuant to Article VIII, Section 5.
- k. “Hearing Committee” means a committee appointed pursuant to Article VIII, Section 4, for the purpose of conducting a Hearing.
- l. “Hospital” means Stevens Hospital, a general acute care hospital owned and operated by the District and located in Edmonds, Washington.
- m. “Independent AHP” means an AHP who has a recognized but limited scope of practice within medicine and is licensed and permitted within the State of Washington to provide services independently in a hospital, e.g., without the direction or immediate supervision of a physician.
- n. “Investigation” means a review of an individual practitioner’s professional competence or conduct initiated by the Executive Committee (a) in accordance with the process described in Article VII, Section 1(b)(iii), or (b) after a practitioner’s clinical privileges have been summarily suspended in accordance with Article VII, Section 2. Focused professional practice evaluation, ongoing professional practice evaluation or other forms of general or routine review of cases conducted prior to initiation of an Investigation by the Executive Committee are not Investigations and do not entitle the Practitioner to hearing rights under the Medical Staff Bylaws.
- o. “Medical Staff” means all physicians holding unlimited licenses, duly licensed podiatric physicians and duly licensed dentists who are privileged to attend patients in the Hospital, but does not include Allied Health Professionals or other persons holding licenses.
- p. “Medical Staff Bylaws” or “Bylaws” means these Bylaws which shall provide for the organization and governance of the Medical Staff and establish the procedures applicable to the granting, delineation, reduction and exercise of Clinical Privileges, appointment and reappointment to Medical Staff membership, and the suspension and termination of such Privileges and membership at the Hospital.
- q. “Patient Contact” means the admission of a patient to the Hospital, the admission of a patient to the emergency room, the performance of out-patient surgery, assisting at surgery, or a consultation for a patient or documented participation in a patient’s care in either the Hospital or its emergency room.
- r. “Performance Improvement” means activities of the Hospital or Medical Staff that relate to the Performance Plan.
- s. “Performance Improvement Plan” means the plan adopted by the Governing Body to address Hospital-wide process, design and performance measurement, assessment, and improvement of patient care in accordance with RCW 70.41.200.
- t. “Practitioner” means a medical physician, an osteopathic physician, a podiatric physician or a dentist duly licensed as such under the laws of the State of Washington.

- u. “Service” means that group of Practitioners who have Clinical Privileges in or have been assigned to one of the general areas of medicine, surgery, and obstetrics, pediatrics, psychiatry, ancillary service, emergency service and family practice in accordance with their professional interests pursuant to an for the purposes of these Bylaws.
- v. “Service Committee” means that functional division of the Medical Staff responsible for the quality of care delivered in each respective Service.
- w. “Special Notice” means written notice given either by personal delivery or by certified mail, return receipt requested.
- x. “Supervised AHP” means any AHP who does not qualify as an Independent AHP.
- y. “Supervising Practitioner” means a Practitioner who has agreed to supervise a Supervised AHP in compliance with the requirements of the Bylaws and the rules, regulations and policies of the Medical Staff and the Hospital.

Section 3. Construction

As used in these Bylaws, personal pronouns shall be interpreted to refer to persons of either gender and relative words whenever applicable to more than one person shall be read as if written in the plural.

Section 4. Citations

Citations to Articles and Sections appearing in these Bylaws refer to provisions of these Bylaws unless otherwise specified.

Section 5. Titles, Headings and Captions

The titles, headings and captions appearing in these bylaws are used and intended for convenience of description or reference only and shall not be construed or interpreted to limit, restrict or define the scope or effect of any provision.

Section 6. Time Periods

All time periods referred to in these Bylaws for action by committees or panels of the Medical Staff, the Administrator or the Governing Body and references to meetings at which action should be taken by them are advisory only and not mandatory. While no such actions shall be required to be accomplished in less time than that specified, extensions should be granted or permitted for reasonable cause or the convenience of participants. Time periods within which

Practitioners are permitted to request a Hearing, or to take other action, are intended to impose mandatory limitations and shall be strictly construed.

Section 7. Severability

If any provision of these Bylaws or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the remainder of these Bylaws or the application of the provision of other persons or circumstances shall not be affected.

ARTICLE II

PREAMBLE, OBJECTIVES, COVENANTS AND FINANCES

Section 1. Recitals

It is the purpose of the Hospital to serve as a general hospital providing patient care, education and research.

It is recognized that the Medical Staff is responsible for the quality of medical care in the Hospital and must accept and discharge this responsibility, subject to the ultimate authority of the Governing Body, and that the cooperative efforts of the Medical Staff, the Administrator and the Governing Body are necessary to fulfill the Hospital's obligations to its patients.

THEREFORE, the Practitioners practicing in the Hospital shall conduct the affairs of the Medical Staff in conformity with these amended and restated Bylaws which, subject to and in consideration of the special covenants enumerated in Section 3 of this Article II, are adopted and approved by the Medical Staff and the Governing Body to supersede and replace effective as of the date set forth in Article XIX those bylaws previously adopted by the Medical Staff on December 9, 1997, and approved by the Governing Body on January 21, 1998, heretofore in effect, as amended. On and after such effective date, the provisions of these Bylaws shall provide the sole and exclusive means for the granting, delineation, reduction and exercise of Clinical Privileges, appointment and reappointment to Medical Staff membership, and the suspension or termination of such Privileges and membership at the Hospital which is owned and operated by the District, a special function governmental until organized under the laws of the State of Washington, subject to the Local Government Antitrust Act of 1984 and granted the immunities set forth therein.

Section 2. Purposes

The purposes of the Medical Staff are to:

Promote quality care for all patients admitted to or treated in any of the facilities or Services of the Hospital, toward which end the Medical Staff will abide by and perform in an official capacity for the District designated aspects of the Performance Improvement Plan;

Strive for quality professional performance by all Practitioners authorized to practice in the Hospital through the appropriate delineation of the Clinical Privileges that each Practitioner may exercise in the Hospital and through ongoing review and evaluation of each Practitioner's performance, and in so doing act in an official capacity for and at the direction of the District pursuant to these Bylaws;

Provide an appropriate educational setting that will maintain scientific standards and that will lead to continuous advancement in professional knowledge and skill;

Initiate and maintain rules and regulations for the governance of the Medical Staff; and

Provide a means whereby issues concerning the Medical Staff and the Hospital may be discussed by the Medical Staff with the Governing Body and the Administrator.

Section 3. Special Covenants

- a. Findings, Conditions and Consideration. It is found by the Medical Staff and the Governing Body that:

The cost of defending and paying judgments and settlements in suits instituted by patients alleging medical malpractice and by Practitioners contesting denials, suspensions or terminations with respect to Medical Staff membership and Privileges have become significant and alarming;

Neither the Governing Body nor the Medical Staff wishes to inhibit inappropriately the making of applications for Medical Staff membership and Privileges or the legitimate exercise and pursuit of rights and remedies by Practitioners for which ample provision is made in these Bylaws;

Considerable time, effort, expense and inconvenience necessarily will attend the observance by all participants of the requirements of these Bylaws established both to promote quality care and protect the rights of Practitioners applying for or exercising Clinical Privileges at the Hospital;

Both the Governing Body and the Medical Staff wish to encourage the voluntary and collegial resolution in good faith of differences of opinion among professional Practitioners regarding the delineation and exercise of Clinical Privileges in the best interests of quality patient care, and also to reduce or avoid, insofar as reasonably possible, unnecessary contested Hearings, review actions adversely affecting Practitioners that must be reported pursuant to federal or state statutes and the risk of contentious claims against members of the Medical Staff participating in peer review and Performance Improvement activities.

The Governing Body and the Medical Staff, in the interest of the District and the Hospital, the present and future members of the Medical Staff, the quality of care rendered to patients in the Hospital, and of the public served by and supporting the Hospital, wish to make certain covenants which shall be conclusively deemed accepted by a Practitioner upon his/her applying for or exercising Clinical Privileges at the Hospital.

ACCORDINGLY, as conditions and in consideration of the approval and acceptance of these Bylaws by the Governing Body and the Medical Staff, respectively, the provisions of this Section 3 of this Article II hereinafter set forth are mutually covenanted, agreed to and accepted, and shall be conclusively deemed to be agreed to by any Practitioner upon his/her requesting or exercising Privileges at the Hospital or filing an application for

membership on the Medical Staff, and in consideration of the Practitioner being permitted to exercise such Privileges or the acceptance and processing of such application by the Hospital and the Medical Staff.

- b. Immunity from Liability. The following shall be express conditions to any Practitioner's request or application for, or exercise of, Clinical Privileges at the Hospital:

First, that any act, communication, report, recommendation or disclosure, with respect to any such Practitioner, for the purpose of achieving and maintaining quality patient care in the Hospital or any other health care facility operated by the District, shall be absolutely confidential and privileged from disclosure, except as provided in these Bylaws, to the fullest extent permitted by law.

Second, that such privilege shall extend to members of the Medical Staff and of the Governing Body, the Administrator, all representatives and employees of the District, and to third parties who supply information to any of the foregoing authorized to receive, release or act upon the same. For the purpose of this Article II, the term "third parties" means both individuals and organizations from whom information has been requested by authorized representatives of the District, the Hospital or the Medical Staff.

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

Fourth, that such immunity shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with the Hospital's or any other health care institution's activities related but not limited to: (1) applications for appointment to Medical Staff membership or Clinical Privileges, (2) periodic reappraisals for reappointment or Clinical Privileges, (3) corrective action, including summary suspension, (4) interviews and Hearings, (5) medical care evaluations, (6) utilization reviews, and (7) other Hospital or Medical Staff committee activities related to quality patient care and professional conduct.

Fifth, that the acts, communications, reports, recommendations and disclosures referred to in this Article II may relate to a Practitioner's professional or personal qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.

Sixth, that in furtherance of the foregoing, each Practitioner shall upon application for Medical Staff membership or Clinical Privileges execute releases in accordance with the tenor and import of this Article II in favor of the individuals and organizations specified herein; provided, that even in the absence of such executed release or releases, all of the consents, authorizations, releases, rights, privileges and immunities provided by this Article II and by Article V of these Bylaws shall be deemed conclusively to be given and accepted as conditions of any Practitioner's request or application for, or exercise of, Clinical Privileges at the Hospital or other health care facilities operated by the District.

Seventh, that the consents, authorizations, releases, rights, privileges and immunities provided by Article V of these Bylaws for the protection of the Hospital's Practitioners, other appropriate Hospital or District officials, agents and personnel, and third parties, in connection with applications for initial appointment, shall also be fully applicable to the additional activities and procedures covered by this Article II.

Eighth, that the provisions in these Bylaws and in application forms relating to authorizations, confidentiality of information and waivers, releases and immunities from liability shall be cumulative of other protections provided by law, and shall not be either in limitation thereof or limited thereby.

- c. Limitation on Hearings. Notwithstanding any other provision of these Bylaws, no Practitioner shall be entitled as a right to more than one Hearing pursuant to Article VIII, in connection with any matter which shall have been the subject of an Adverse Recommendation. Any such entitlement may be waived as provided in these Bylaws, and failure to accept any Special Notice prescribed in these Bylaws shall constitute receipt thereof. None of the following actions or recommendations, among others as provided in these Bylaws, shall be deemed to be an Adverse Recommendation or otherwise entitle a Practitioner to a Hearing; and no suit ever shall be commenced or maintained by a Practitioner with respect to any such matter:

Letters of warning, admonition, censure or reprimand;

Requirements for consultation or conditions of probation in connection with the exercise of any Privileges;

Automatic suspension of Privileges or termination of Medical Staff membership pursuant to Article VII, Section 3;

Denial, termination or reduction of temporary or emergency Privileges;

Denial of transfer from provisional staff to active or courtesy staff and denial of reappointment to the Medical Staff for lack of sufficient Patient Contacts;

Denial of an application for initial appointment to the Medical Staff because proper responses from references have not been timely received pursuant to Article V, Section 2(a);

Denial of staff reappointment because of failure to complete and timely return an application for reappointment or interval information form;

Denial of staff reinstatement following leave of absence because of failure to timely request reinstatement or provide a statement of activities and completed current interval information form; and

Any actions or recommendations of committees other than Adverse Recommendations of the Executive Committee.

- d. Limitation on Reapplication. No Practitioner whose application for Medical Staff membership at the Hospital has been denied or whose staff membership at the Hospital has been finally terminated following corrective action or summary suspension pursuant to these Bylaws or the Medical Staff Bylaws previously in effect at the Hospital shall be permitted to submit another application requesting such membership for a period of at least two years following that final action.
- e. Exhaustion of Remedies. No suit shall be commenced by any Practitioner concerning membership on the Medical Staff or Privileges at the Hospital until all remedies with respect to those subjects pursuant to these Bylaws have been finally exhausted.
- f. Liability for Fees and Costs. In any suit concerning membership on the Medical Staff or Privileges at the Hospital commenced by a Practitioner against the District, the Hospital, the Governing Body, their representatives or employees, or the Medical Staff of the Hospital or members thereof, seeking damages or other relief, the final judgment of a court of competent jurisdiction may award the prevailing party or parties actual reasonable attorneys fees and other reasonable costs of suit and expenses incurred to be allocated among the parties by the court with respect both to contribution and entitlement to receive.
- g. Insurance. Upon request or application for Medical Staff membership, reappointment or Privileges, and at such other times as may be reasonable, every Practitioner shall provide the Hospital with a certificate of professional liability insurance coverage establishing general and professional liability (malpractice) insurance coverage appropriate for the Privileges requested or exercised of at least \$1,000,000 for any one occurrence and \$3,000,000 annual aggregate. The certificate of insurance coverage shall be provided by an insurer that is authorized to act in that capacity by the Insurance Commissioner of the State of Washington pursuant to Title 48 RCW and that maintains paid-in capital or basic surplus in amounts no less than the minimum amounts required by Chapter 48.05 RCW. Each Practitioner shall give or cause to be given to the Hospital thirty days prior written notice of cancellation or termination of any such policies.
- h. Confidentiality of Peer Review and Performance Improvement Information. Confidentiality is essential to the effective functioning of peer review and Performance Improvement activities in which candid participation by Practitioners should be encouraged at the Hospital. Accordingly, the proceedings, reports and written records of Service Committees and their subcommittees, Hearing Committees, all ad hoc committees appointed pursuant to these Bylaws, and those other committees identified in Article XII, in addition to the Executive Committee, the Credentials Committee and the Performance Improvement Committee, whose duty it is to evaluate professional competency and qualifications or to review and evaluate the quality of patient care, together with the records pertaining to such matters of the District and of those employees of the District who serve such committees and panels as staff persons, shall be in the possession and control of the Administrator. The Administrator shall preserve, to the fullest extent permitted by law, the confidentiality of all such information and material which shall be used and released only in the manner and for the purposes described in these Bylaws and the Performance Improvement Plan to evaluate

professional competency and qualifications, including limiting the extent of practice of persons in the Hospital, and to review and evaluate the quality of patient care. Unauthorized release or disclosure of such information and material by a Practitioner shall be a ground for corrective action. In addition, and not by way of limitation, it is intended that all information and documents, including complaints and incident reports, created, collected and maintained about health care providers arising out of matters that are subject to evaluation by any review committee conducting Performance Improvement reviews shall be maintained and protected from unauthorized disclosure as provided in this subsection to the fullest extent permitted by law.

- i. Annual Filing Requirements. As conditions for continuing membership on the Medical Staff, each Practitioner shall file annually with the Hospital: (i) on January 1 of each year a certificate of professional liability insurance coverage as required by Article II, Section 3(g), and a copy of the Practitioner's current DEA license; and (ii) any other information necessary to comply with requirements of state or federal laws applicable to the Practitioner's Medical Staff Membership and Clinical Privileges.
- j. Obligations to Furnish Information. As conditions for continuing membership on the Medical Staff, each Practitioner, at any time upon request of the Administrator or President of the Medical Staff, shall complete and provide the Hospital promptly a new application or interval information form together with any other then current information prescribed by these Bylaws in connection with the appointment, reappointment or return from leave of absence processes.

Section 4. Finances

- a. Application Fee. The application fee to be paid by each applicant for appointment to the Medical Staff shall be established from time to time by the Executive Committee, with the approval of the Governing Body. Such fee shall be paid by the applicant at the time the application is submitted and before it is processed.
- b. Annual Dues. A schedule of Medical Staff annual dues which may vary for different categories shall be established from time to time by the Executive Committee, with the approval of the Governing Body. All members of the Medical Staff, except Emeritus Staff, shall pay dues. Dues will be payable annually on January 1 of each calendar year and will be in arrears after sixty days. The Medical Staff membership and all the Privileges of any Practitioner whose dues are in arrears shall be automatically and finally terminated without a Hearing or any of the procedural rights provided in Article VIII.
- c. Medical Staff Funds. All fees, dues and other money received by the Medical Staff will be held in a Medical Staff fund in the custody and control of the Secretary-Treasurer, who will provide an accounting at least annually and whenever requested by the President of the Medical Staff or the Governing Body. The appropriation or other disposition of any Medical Staff funds shall be authorized by the Executive Committee.

ARTICLE III

MEDICAL STAFF MEMBERSHIP

Section 1. Nature of Medical Staff Membership

Membership on the Medical Staff is a privilege which shall be extended only to professionally competent physicians and dentists who continuously meet the qualifications, standards and requirements set forth in these Bylaws.

Section 2. Qualifications for Membership

- a. Only physicians and dentists licensed to practice in the State of Washington, who document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others, with sufficient adequacy to assure the Medical Staff and the Governing Body that any patient treated by them in the Hospital will be given quality care, shall be qualified for membership on the Medical Staff. No physician or dentist shall be entitled to membership on the Medical Staff or to the exercise of particular Clinical Privileges in the Hospital merely by virtue of the fact that the Practitioner is duly licensed to practice medicine, podiatric medicine and surgery or dentistry in this or in any other state, or that the Practitioner is a member of any professional organization, or that the Practitioner had in the past, or presently has, such Privileges at another hospital. In addition, (i) after April 19, 1989, initial appointment to the Medical Staff shall require that each allopathic or osteopathic physician be certified by a member board of the American Board of Medical Specialties or have successfully completed an approved residency in a specialty appropriate to the Service in which he requests assignment and Privileges; and (ii) after January 1, 2004, initial appointment to the Medical Staff shall require that each allopathic or osteopathic physician be certified by a member board of the American Board of Medical Specialties or become certified by a member board of the American Board of Medical Specialties within five years of the date that he or she is initially appointed to the Medical Staff and maintain such certification so long as he or she is a member of the Medical Staff. Each podiatric physician must be certified by the American Board of Podiatric Surgery or have successfully completed a surgical residency program approved by the Council on Podiatric Medical Education. Alternatively, in exceptional circumstances, such initial appointment shall require that the physician applicant be, and for at least the immediately preceding five years have been: (i) a member of the active medical staff of an acute care hospital with standards of practice comparable to those of the Hospital and accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Medical Association, and (ii) practicing with extensive, well-documented clinical experience in a field appropriate to the Service in which he requests assignment and Privileges.

- b. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he/she will strictly abide by the Principles of Medical Ethics of the American Medical Association, the Code of Ethics of the American Osteopathic Association, the Code of Ethics of the American Podiatric Medical Association or by the Code of Ethics of the American Dental Association, whichever may be applicable and shall comply with the standards of any accreditation organization with which the Hospital participates, including the Joint Commission on Accreditation of Healthcare Organizations, Medicare and Medicaid.

Section 3. Conditions and Duration of Appointment

- a. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments or termination of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws.
- b. Initial appointments shall be to the provisional Medical Staff for a period of twelve months. A single reappointment to the provisional Medical Staff may be permitted for another twelve-month period pursuant to Article IV, Section 4. Appointments and reappointments to other categories of the Medical Staff shall be for a period of not more than two years.
- c. Appointment to the Medical Staff shall confer on the appointee only such Clinical Privileges as have been granted by the Governing Body, in accordance with these Bylaws.
- d. Every application for staff appointment and acceptance of appointment or reappointment shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every Medical Staff member's obligations to provide continuous care and supervision of his/her patients, to abide and be bound by the Medical Staff Bylaws, and with all other reasonable and lawful standards, policies, and rules of the Hospital, to comply with the standards of any accreditation organization with which the Hospital participates including the Medicare and Medicaid programs and to accept committee assignments and to accept consultation assignments.
- e. Any restriction, reduction or alteration in the licensure of any appointee or Medical Staff member must be immediately reported in writing to the Medical Staff Office.

ARTICLE IV

CATEGORIES OF THE MEDICAL STAFF

Section 1. The Medical Staff

The Medical Staff shall be divided into active, active community, courtesy, provisional, and emeritus categories.

Section 2. The Active Staff

The active staff shall consist of Practitioners, who regularly have Patient Contacts at the Hospital, who are located closely enough to the Hospital to provide continuous care to their patients, and who shall assume all the functions and responsibilities of membership on the active staff, including, where appropriate, emergency service care and consultation assignments. Members of the active staff shall be granted particular Clinical Privileges in and assigned to specific Services, shall be assigned membership in a Service consistent with the nature of their practices, shall be eligible to vote, to hold office and to serve on Medical Staff committees, and shall attend Medical Staff and Medical Staff committee meetings. Any active staff member who has fewer than ten Patient Contacts in a year shall be transferred to either the active community staff or courtesy staff, unless the Executive Committee in its sole discretion, upon the petition of an affected Practitioner who maintains active staff status only at the Hospital, determines that the Practitioner may remain a member of the active staff.

Section 3. The Active Community Staff

The active community staff shall consist of Practitioners qualified for staff membership (i) who regularly have Patients Contacts at the Hospital or regularly treat patients who result in Patient Contacts for other members of the Medical Staff, (ii) who assume some of the functions and responsibilities of membership on the active staff, such as emergency service care and participation in Medical Staff Committees, but who voluntarily elect not to provide services to inpatients other than normal uncomplicated neonates, and (iii) who are located closely enough to the Hospital to carry out their functions and responsibilities of membership on the Medical Staff. Members of the active community Medical Staff who wish to render specific diagnostic or therapeutic services in the hospital shall be granted appropriate Clinical Privileges in specific Services. Members of the active community Medical Staff also shall be assigned membership in a Service consistent with the nature of their practices, shall be eligible to vote, to hold office and to serve on Medical Staff committees, and shall attend Medical Staff and Medical Staff committee meetings.

Section 4. The Courtesy Staff

The courtesy staff shall consist of Practitioners qualified for staff membership but who only occasionally have Patient Contacts at the Hospital. Courtesy staff members shall be granted particular Clinical Privileges in and assigned to specific Services, but shall not be eligible to vote or hold office in this Medical Staff organization. No member shall be appointed to the courtesy staff after having failed to meet the responsibilities of active staff membership. Any courtesy staff member who has over ten Patient Contacts in a year shall be transferred to the active staff unless the Executive Committee in its sole discretion, upon the petition of the affected Practitioner, determines that the Practitioner may remain a member of the courtesy staff.

Section 5. The Provisional Staff

- a. All initial appointments to the Medical Staff shall be to the provisional staff for a period of twelve months. At the conclusion of such first twelve months, the Credentials Committee will recommend the Practitioner: (i) be appointed to the courtesy staff, active staff or active community staff according to the Practitioner's original application; (ii) be reappointed to the provisional staff for a second twelve-month period allowing additional observation; or (iii) be terminated from the Medical Staff. Only one reappointment for additional observation may be granted an appointee, at the conclusion of which second twelve month period failure to transfer an appointee from provisional to courtesy staff, active staff or active community staff status shall be deemed a termination of the Practitioner's staff appointment. No Practitioner shall be so transferred unless either (i) during the immediately preceding twelve month period the Practitioner shall have had a minimum of ten Patient Contacts affording an adequate opportunity to evaluate the Practitioner's performance; (ii) the Practitioner shall be a Practitioner who is a member of the active staff at an acute care hospital located in the State of Washington with standards of practice comparable to those of the Hospital and accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association in which case the Practitioner may, if otherwise clearly qualified, be appointed to the courtesy staff regardless of the number of Patient Contacts; or (iii) the Practitioner satisfies the criteria specified in Article IV, Section 3, to be appointed to the Active Community Staff. A provisional appointee whose membership is terminated for a reason other than insufficient Patient Contacts shall have the rights accorded by these Bylaws to a member of the Medical Staff who has failed to be reappointed.
- b. Provisional staff members shall be provisionally granted particular Clinical Privileges in and assigned to specific Services. Their performances shall be observed by the respective Chiefs of such Services to determine the eligibility of such provisional members for courtesy, active staff or active community staff membership and for exercising the clinical privileges provisionally granted to them.
- c. Provisional staff members are not eligible to vote or hold office, but may be assigned to committees as nonvoting members by the President of the Medical Staff.

Section 6. The Emeritus Staff

- a. The emeritus staff shall consist of Practitioners who are former members of the active or courtesy staff, retired in good standing from professional practice, not necessarily residing year-round in the community, who wish to maintain contact with the Hospital.
- b. A member or former member of the Medical Staff who wishes to join or be reappointed to the emeritus staff shall submit a letter requesting such status to the Executive Committee. Such letter shall be considered by the Executive Committee and if recommended for approval shall be forwarded to the Governing Body for a decision on the proposed appointment. Appointments shall be for an indefinite period. There will be no appeal from a determination by the Executive Committee not to recommend approval or from a decision by the Governing Body not to appoint or reappoint.
- c. Emeritus staff members may attend Medical Staff meetings and medical educational programs, and may use the Medical Staff library. They shall have no vote at any such meetings, unless such right to vote is expressly granted by the Executive Committee, and shall not be eligible for Medical Staff office.
- d. Members of the emeritus staff shall neither be granted Privileges nor be entitled to admit, treat or otherwise attend patients at the Hospital. The procedural provisions of Articles V, VII and VIII regarding notices and Hearings have no application to them and they are not subject to the insurance requirements of Article II or to any attendance requirements.

ARTICLE V

PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1. Application for Appointment

- a. All applications for appointment to the Medical Staff shall be in writing, shall be signed by the applicant verifying that the information furnished is accurate and complete, and shall be submitted on a form furnished by the Administrator with the approval of the Executive Committee indicating the particular Privileges requested and Service assignment preference. The application shall require a picture of adequate quality to ensure identification, detailed information concerning the applicant's professional and personal qualifications, shall provide for the furnishing of the names of at least three persons (all of whom do not have or contemplate a medical practice affiliation with the applicant) who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's personal and professional competence and ethical character, and shall include information as to: (i) whether the applicant's membership status and/or clinical privileges have ever been revoked, suspended, reduced or not renewed or voluntarily relinquished at any other hospital or institution; (ii) whether the applicant's membership in local, state or national medical societies, or the applicant's license to practice any profession in any jurisdiction, has ever been denied, suspended or voluntarily relinquished or terminated; (iii) whether the applicant's narcotics license has ever been suspended or revoked; (iv) the nature and disposition of any criminal charges ever brought against the applicant; (v) the status of the applicant's current mental and physical health with respect to the applicant's ability to safely perform the requested specific privileges and the general duties of Medical Staff membership; and (vi) any information called for in Article V, Section 3(b), and not referred to above. The application also shall require detailed information concerning the applicant's present malpractice insurance coverage and the applicant's malpractice experience, and shall include a consent to release of information from all his/her present and past malpractice insurance carriers.
- b. The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, personality, ethics and other qualifications, and for resolving any doubts about such qualifications.
- c. By applying for appointment to the Medical Staff, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application; authorizes the Hospital to consult with members of medical staffs of other hospitals with which the applicant has been associated and with others who may have information bearing on the applicant's competence, character, personal and ethical qualifications; consents to the Hospital's inspection of all records and documents that may be material to an evaluation of the applicant's professional and personal qualifications and competence to carry out the Clinical Privileges the applicant requests as well as of his/her moral and ethical qualifications for staff membership; releases absolutely from any liability all

representatives of the District, the Hospital and its Medical Staff for their acts performed in connection with evaluating the applicant and his/her credentials and releases absolutely from any liability all individuals and organizations who provide information to the Hospital concerning the applicant's competence, ethics, character and other qualifications for staff appointment and Clinical Privileges, including otherwise privileged or confidential information.

- d. The application form shall include a statement that the applicant has received and read the Bylaws of the Hospital Governing Body and the Bylaws and rules and regulations of the Medical Staff and that the applicant agrees to be bound by the terms thereof if he/she is granted membership and/or Clinical Privileges and to be bound by the terms thereof without regard to whether or not the applicant is granted membership and/or Clinical Privileges in all matters relating to consideration of his/her application. The application also shall contain a statement releasing from liability all representatives of the Hospital, the Medical Staff and other individuals and organizations as provided for in this Article V and in Article II of these Bylaws.

Section 2. Appointment Process

- a. The completed application shall be submitted to the Administrator who shall collect or verify the references, licenses and other qualification evidence submitted. References must be furnished on forms provided by the Administrator who shall promptly inform the applicant by Special Notice of any problems in obtaining the references or other information required. Upon such notification, it shall be the applicant's obligation to obtain and furnish the required information. If such information is not received within sixty days thereafter the application shall be finally and conclusively deemed denied without right to a Hearing and the applicant shall be so informed by the Administrator. When collection and verification is satisfactorily accomplished, including information from other hospitals and federal and state agencies, the Administrator shall assemble the application and all supporting materials and transmit them to the Credentials Committee.
- b. Within 120 days after receipt by the Credentials Committee of the completed application and supporting materials, it shall make a written report of its recommendations to the Executive Committee. Prior to making this report, the Credentials Committee shall examine the evidence of the character, professional and personal competence, qualifications and ethical standing of the Practitioner and shall determine, through information contained in references given by the Practitioner and from other sources available to the committee, including an appraisal from the Service or Services in which Privileges are sought, whether the Practitioner has established and meets all of the necessary qualifications for the category of staff membership, Service assignment and Clinical Privileges requested by the Practitioner.
- c. The Service Committees responsible for the quality of care delivered in every Service in which the Practitioner seeks Clinical Privileges shall provide the Credentials Committee specific, written recommendations for delineating the Practitioner's Clinical Privileges,

and these recommendations shall be made a part of the report. Prior to action by the Credentials Committee, the Chief of any such Service or the chairperson of the Credentials Committee may meet with the Practitioner and discuss any changes or reductions in the privileges requested that seem appropriate and any agreement reached as a result shall be written, signed by the Practitioner and the Chief or chairperson and included in the report of the Credentials Committee. No such voluntary change or reduction at this preliminary screening stage shall be deemed to adversely affect the Practitioner. Together with its report, the Credentials Committee shall transmit to the Executive Committee the completed application and a recommendation that the Practitioner be either provisionally appointed to the Medical Staff or denied Medical Staff membership, or that the application be deferred for further consideration.

- d. At its next regular meeting after receipt of the application and the report and recommendation of the Credentials Committee, the Executive Committee shall determine whether to recommend to the Governing Body that the Practitioner be provisionally appointed to the Medical Staff, or that the Practitioner be denied Medical Staff membership. All recommendations to appoint must also specifically recommend staff category, Service assignment and the Clinical Privileges to be granted, which may be qualified by probationary conditions or requirements for consultation relating to such Clinical Privileges. Such conditions or requirements shall not be deemed to adversely affect the Practitioner.
- e. When the recommendation of the Executive Committee is favorable to the Practitioner, the Administrator shall promptly forward it, together with all supporting documentation, to the Governing Body.
- f. When the recommendation of the Executive Committee is an Adverse Recommendation either in respect to appointment to the staff or Clinical Privileges, the affected Practitioner shall be entitled to the procedural Hearing rights provided in Article VIII of these Bylaws.
- g. In the event a Hearing is held and if, after the Executive Committee has considered the report and recommendation of the Hearing Committee and the Hearing record, the Executive Committee's reconsidered recommendation is favorable to the Practitioner, it shall be processed in accordance with Article V, Section 2(e). If such recommendation continues to be an Adverse Recommendation, the Administrator shall promptly so notify the Practitioner by Special Notice and forward such Adverse Recommendation together with all supporting documentation, including the Hearing record and the report and recommendation of the Hearing Committee, to the Governing Body.
- h. At its next regular meeting after receipt of a favorable recommendation from the Executive Committee concerning a Practitioner, or after receipt of an Adverse Recommendation from the Executive Committee including such a recommendation following a Hearing, the Governing Body shall consider the matter and may reach a decision or defer final action. In the case of an Adverse Recommendation following a Hearing, the Governing Body may, but need not, request from the Executive Committee and from the affected Practitioner written statements of their respective positions

supporting and opposing the Adverse Recommendation, and the reasons therefor with reference to information in the Hearing record. No new facts shall be presented and oral argument before the Governing Body shall not be permitted.

- i. Whenever a Practitioner's rights to review under Article VIII, including a Hearing before a Hearing Committee, have been waived or are deemed waived following an Adverse Recommendation, such Adverse Recommendation shall become final and effective immediately.
- j. The Governing Body's decision pursuant to Article V, Section 2(h), shall be final and conclusive, except that whenever the Governing Body's decision would be contrary to the recommendation received by it from the Executive Committee, the Governing Body shall promptly refer the matter to the Joint Conference Committee for review and a recommendation to be provided within fourteen days. After receipt of the Joint Conference Committee's recommendation, which shall be given great weight, the Governing Body shall make its final decision. All decisions to appoint shall include a delineation of the Clinical Privileges which the Practitioner may exercise, and the fact that an Adverse Recommendation may be held in abeyance shall never be deemed to confer Privileges where none existed before.
- k. When the Governing Body's decision is final, or when an Adverse Recommendation becomes final as provided in Article V, Section 2(i), notice thereof shall be given by the Administrator to the President of the Medical Staff, to the Executive Committee, to the Chief of Service concerned, and by Special Notice to the affected Practitioner. All reports required under federal or state law also shall be filed.

Section 3. Reappointment Process

- a. Every six months, the Credentials Committee shall review all pertinent information available on one quarter of the regular Medical Staff scheduled for periodic appraisal, for the purpose of determining its recommendations for reappointments to the Medical Staff and for the granting of Clinical Privileges for the ensuing two-year period, and shall transmit its recommendations, in writing, to the Executive Committee. Each Practitioner who is a member of the active, active community or courtesy Medical Staff thus shall be reviewed every two years.
- b. At least ninety days prior to the commencement of consideration by the Credentials Committee of the regularly scheduled reappointment of a Medical Staff member, the Administrator shall send to such Practitioner by Special Notice an interval information form approved by the Executive Committee for use in considering reappointment and privilege delineation. Each Medical Staff member who desires reappointment shall, within thirty days after receipt thereof, return the completed interval information form to the Administrator indicating the category of staff membership, Service assignment and the particular Privileges that the Practitioner is requesting, and approving such standing orders as may be appropriate. Failure to so return the form shall result in automatic termination of Medical Staff membership sixty days after the Practitioner's receipt

thereof. The interval information form shall be a form prescribed by the Administrator and shall contain information necessary to maintain as current the Medical Staff file on the Practitioner's health care-related activities other than as a member of the staff. This interval information shall include, without limitation, details about the following for the period since the Practitioner's last such report or the Practitioner's original application if there has been no previous reappointment:

- (i) Continuing training, education and experience that qualify the Practitioner for the Privileges sought on reappointment;
- (ii) The Practitioner's current physical and mental health status;
- (iii) The name and address of any other health care organization, clinic or practice setting where the Practitioner provided professional services during the preceding period;
- (iv) Memberships, awards or other recognitions conferred or granted by any professional health care societies, institutions or organizations;
- (v) Sanctions of any kind imposed by any other health care institution, professional health care organization, licensing authority or other governmental entity;
- (vi) Facts about malpractice claims, suits and settlements, and involvement as a party in any litigation, civil or criminal; and
- (vii) Such other specific information about the Practitioner's professional ethics, personal and professional qualifications and abilities as may bear on the Practitioner's ability to provide quality patient care in the Hospital, without disruption of operations in the Hospital, including an updating of any information called for in Article V, Section 1(a), and not referred to above.

In addition, each courtesy staff member shall provide evidence that the Practitioner is a current member of the active staff of an acute care hospital located in the State of Washington, accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association with standards of practice comparable to those of the Hospital. Such membership shall be a requirement for reappointment as a member of the courtesy staff.

The Administrator shall, in timely fashion, seek to add to or verify the information made available on each interval information form and to collect any other materials or information deemed pertinent, such as information regarding the staff member's professional activities, performance and conduct in the Hospital, including references to utilization review, other peer review and Performance Improvement proceedings and incident reports. If the interval information form provided by the Practitioner is not complete, the Practitioner shall be notified by Special Notice of any problems in obtaining the information required. Upon such notification, it shall be the Practitioner's obligation to obtain and furnish the required information. Failure to return such information within 15 days of the date of the Special Notice shall result in automatic

termination of Medical Staff membership. When collection and verification have been accomplished, including information from other hospitals and federal and state agencies, the Administrator shall transmit the interval information form and supporting materials to the Chief of each Service in which the Practitioner is requesting Privileges. Such Chiefs of Services shall review the interval information form and the practitioner's file and shall forward to the Credentials Committee their reports and recommendations that appointment be: (i) renewed; (ii) renewed with changes in staff category, Service assignment or Clinical Privileges; or (iii) terminated. In the course of such review a Chief may meet with the Practitioner and discuss any changes or reductions in the Privileges requested that seem appropriate and any agreement reached as a result shall be written, signed by the Practitioner and the Chief and included in the report to the Credentials Committee. No such voluntary change or reduction at this preliminary screening stage shall be deemed to adversely affect the Practitioner.

- c. The Credentials Committee shall review the interval information form, Performance Improvement Monitoring Report and all other pertinent information available on each Practitioner being considered for reappointment, including the recommendations of the Chiefs of the Services in which the Practitioner is requesting Privileges, and shall transmit to the Executive Committee its report and recommendation that appointment be: (i) renewed; (ii) renewed with changes in staff category, Service assignment or Clinical Privileges; or (iii) terminated. Any minority views also shall be reduced to writing by the Credentials Committee and transmitted with the majority report. Where nonreappointment or a change in Clinical Privileges is recommended by the Credentials Committee, the reason for such recommendation shall be stated. A Practitioner may, but need not, be invited to attend a meeting of the Credentials Committee for a discussion of the Practitioner's requested reappointment. If as a result of such appearance or otherwise an agreement is reached changing or reducing the Privileges of such Practitioner, or withdrawing the Practitioner's application for reappointment, it shall be written and signed by the Practitioner and the chairperson of the Credentials Committee, and shall not be deemed to adversely affect the Practitioner. Each recommendation concerning the reappointment of a Medical Staff member and the Clinical Privileges to be granted upon reappointment shall be based upon such member's then current professional competence and clinical judgment in the treatment of patients, the Practitioner's ethics and conduct, his/her attendance at Medical Staff meetings and participation in staff affairs, his/her compliance with the District Bylaws and the Medical Staff Bylaws, rules and regulations, his/her cooperation with Hospital personnel, his/her use of the Hospital's facilities for his/her patients, his/her relations with other Practitioners, and the Practitioner's demonstrated attitudes toward patients, the Hospital and the public.
- d. Within sixty days after receiving the recommendations of the Credentials Committee, the Executive Committee shall make written recommendations to the Governing Body, through the Administrator, concerning the reappointment, nonreappointment, Service assignment and/or Clinical Privileges of each Practitioner then scheduled for periodic appraisal. Where nonreappointment or a reduction in Clinical Privileges has been recommended by the Credentials Committee, the affected Practitioner may, but need not, be permitted to make an appearance before the Executive Committee prior to its taking action in the matter. This appearance shall not constitute a Hearing, shall be preliminary

in nature, and none of the procedural rules provided in these Bylaws with respect to Hearings shall apply thereto. A record of such appearance shall be made by the Executive Committee.

- e. Thereafter, the appropriate procedures provided in Article V, Sections 2(e) and 2(f), relating respectively to action following favorable and Adverse Recommendations by the Executive Committee on applications for initial appointment, shall be followed.

Section 4. Leave of Absence

- a. A staff member may obtain a voluntary leave of absence from the Medical Staff by submitting written notice to the Executive Committee and the Administrator stating a termination date for the contemplated leave by estimating as nearly as possible the intended duration thereof which may not exceed twenty-four months. During the period of a leave the staff member's privileges shall be suspended.
- b. The affected staff member may request reinstatement of his/her privileges by submitting a written notice to that effect to the Administrator for transmittal to the Executive Committee after review by the Chief of the Service to which he is assigned. The staff member on leave also shall submit therewith both a detailed written statement of the member's relevant activities during the leave and a current interval information form of the kind described in Article V, Section 3(b) which shall be reviewed by the Service Chief. Such Chief may meet with the staff member and discuss any changes or reductions in privileges that may be appropriate and any agreement reached as a result shall be written, signed by the staff member and the Chief and included in the report that the Chief shall submit to the Executive Committee with the Chief's recommendations regarding reinstatement. No such voluntary change or reduction at this preliminary screening stage shall be deemed to adversely affect the staff member.
- c. The Executive Committee shall make a recommendation to the Governing Body concerning the reinstatement of the member's privileges. A resulting Adverse Recommendation in circumstances corresponding to those described in Article V, Section 2(f), with respect to initial applications shall entitle the Practitioner to an opportunity for a Hearing pursuant to Article VIII. Failure to request reinstatement or to provide a satisfactory statement of activities during the leave as provided above shall result in automatic termination of staff membership and privileges without right to a Hearing. A request for staff membership subsequently received from a staff member so terminated shall be submitted and processed in the manner specified for applications for initial appointments.

ARTICLE VI
CLINICAL PRIVILEGES

Section 1. Clinical Privileges Restricted

- a. Every Practitioner practicing at the Hospital by virtue of Medical Staff membership or otherwise shall, in connection with such practice, be entitled to exercise only those particular Clinical Privileges specifically granted to the Practitioner by the Governing Body, except as provided in Article VI, Section 3, dealing with emergency Privileges.
- b. Every initial application for staff appointment must contain a request for the specific Clinical Privileges desired by the applicant and for assignment to a Service consistent with the nature of the practice. The evaluation of such requests shall be based upon the applicant's education, training, experience, demonstrated personal and professional competence and judgment, references and other relevant information, including an appraisal by the Service in which such Privileges are sought. The applicant shall have the burden of establishing his/her qualifications and current competency in the Clinical Privileges requested.
- c. Periodic redetermination of Clinical Privileges and the increase or curtailment of same shall be based upon the direct observation of care provided, review of the records of patients treated in this or other hospitals and practice settings, and review of the records of the Medical Staff which document the evaluation of the member's participation in the delivery of medical care.
- d. Applications for additional Clinical Privileges must be in writing. To assure uniformity they must be submitted on the form prescribed by the Administrator on which the Clinical Privileges desired and the Practitioner's relevant recent training experience must be stated. Such applications shall be processed in the manner provided in Article III and Article V for applications for initial appointment.

Section 2. Temporary Privileges

- a. **Obtaining Temporary Privileges.** Requests for temporary Privileges shall be in writing and shall be approved by the CEO upon the recommendation of the President of the Medical Staff. Temporary Privileges are not routinely granted to applicants. A valid verification from primary source, if feasible, of a valid Washington State license, training and current competence, shall be required of all requests or applications for temporary Privileges. Proof of professional liability coverage, a completed clinical privileges request form, State Patrol check form, and immunization history form are also required.
- b. **General Requirements.** Medical Staff members with temporary Privileges shall consist of those Practitioners who:

- 1) Are undergoing the procedure for appointment or reappointment to the Medical Staff and serve an important patient care need that mandates immediate authorization to practice; or
- 2) Do not plan to join the Medical Staff but who (i) wish to assist or provide temporary coverage for a member of the Medical Staff and no other Medical Staff Member can provide such assistance or coverage or (ii) serve some other important patient care need that mandates immediate authorization to practice.

Temporary Privileges are granted on a case by case basis by the CEO at the recommendation of the President of the Medical Staff for an initial period of time not to exceed six months. Any extension(s) of temporary Privileges shall be at 45-day intervals.

- c. Exercising Temporary Privileges. In exercising temporary Privileges, the applicant shall act under the supervision of the President of the Medical Staff, who shall be solely responsible for his or her conduct and professional activities on the Medical Staff.
- d. Special Requirements. Special requirements of supervision and reporting may be imposed by the President of the Medical Staff on any practitioner granted temporary Privileges, or during the initial appointment period.
- e. Termination. The President of the Medical Staff may at any time, terminate a physician, dentist's or other practitioner's temporary Privileges. Where it is determined that the life or health of any Hospital patient(s) would be endangered by continued treatment by the practitioner, then termination may be imposed by the President of the Medical Staff, and the same shall be immediately effective. In such cases, the President of the Medical Staff, or, in his or her absence, a designee, shall assign a member of the Medical Staff to assume responsibility for the care of such terminated Practitioner's patient(s) until they are discharged from the Hospital. The wishes of the patient(s) shall be considered, where feasible, in the selection of such substitute Practitioner.
- f. Insurance Requirements. Practitioners seeking temporary Privileges shall be required to carry professional liability insurance with limits in compliance with Article II, Section 3(g), hereof, unless higher limits are specified by the Governing Body, and shall provide a certificate of insurance in compliance with the requirements of Article II, Section 3(g), hereof.

Section 3. Disaster Privileges

During a disaster in which the Hospital-wide emergency management plan or disaster plan has been activated, the President of the Medical Staff, the Chief Medical Officer, the Administrator, or their designee(s), may grant disaster Privileges, at his or her discretion on a case-by-case basis, to any qualified Practitioner or Allied Health Professional in accordance with Medical Staff Policy. A Practitioner or Allied Health Professional requesting or granted disaster Privileges shall not be entitled to any of the rights afforded by these Bylaws to members of the Medical Staff, including any hearing rights.

Section 4. Emergency Privileges

In the case of emergency any physician or dentist, to the degree permitted by the Practitioner's license, shall be permitted and assisted to do everything reasonably necessary to care for a patient, using every facility of the Hospital reasonably necessary, including the calling for any consultation reasonably necessary. When an emergency situation no longer exists, such physician or dentist must request the Privileges necessary to continue to treat the patient. In the event such Privileges are denied or the Practitioner does not desire to request Privileges, the patient shall be assigned by the President of the Medical Staff or Chief of the appropriate Service to a qualified member of the Medical Staff. For the purpose of this Section an "emergency" is defined as a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

ARTICLE VII
CORRECTIVE ACTION

Section 1. Procedures for Corrective Action

- a. Whenever the activities or professional conduct of any Practitioner with Clinical Privileges is considered to be lower than the standards or aims of the Medical Staff or to be disruptive of the operations of the Hospital, corrective action against such Practitioner may be requested by any member of the Medical Staff, by any officer of the Medical Staff, by any Service Committee or its Chief, by any standing committee of the Medical Staff or its chairperson by the Administrator or by the Governing Body. All requests for corrective action originating outside an Executive Committee meeting shall be in writing, shall be addressed to the Executive Committee and shall be supported by reference to the specific activities or conduct which constitute the grounds or reasons for the request.
- b. The Executive Committee at its first regular meeting upon receiving such a request shall consider the matter and may in its discretion take any of the following actions:
 - (i) Deny the request if it is found to be without merit;
 - (ii) Issue a letter of warning, admonition, censure or reprimand, if such corrective action is deemed appropriate;
 - (iii) Forward the request to the Chief of the Service to which the Practitioner is assigned for Investigation by an ad hoc committee appointed as hereinafter provided if further corrective action leading to reduction or termination of Clinical Privileges or termination of the Practitioner's Medical Staff membership could be appropriate in due course, or if requirements for consultation or conditions of probation should be considered; or
 - (iv) Summarily suspend all or part of the Practitioner's Clinical Privileges pursuant to Article VII, Section 2, if the Executive Committee believes under the circumstances that such a suspension is appropriate at once.

Before taking action on a request for corrective action or the report of an ad hoc investigating committee appointed pursuant to Article VII, Section 1(c), the Executive Committee may, but need not, invite the affected Practitioner to appear before it for an interview. Such appearance shall not constitute a Hearing, shall be preliminary in nature, and none of the procedural rules provided in Article VIII of these Bylaws with respect to Hearings shall apply thereto. A summary nonverbatim record of such appearance shall be made by the Executive Committee.

Denial by the Executive Committee of a request for corrective action pursuant to subsection (i) above shall conclude the matter. Corrective action pursuant to subsection (ii) shall be reported to the Administrator, who in turn shall inform the

affected Practitioner by Special Notice. However, only a summary suspension pursuant to subsection (iv) shall entitle the affected Practitioner to a Hearing conducted in accordance with Article VIII at this stage of the proceedings.

- c. Upon receipt of a request for corrective action forwarded by the Executive Committee pursuant to subsection (iii) of Article VII, Section 1(b), the Chief of the Service to whom the request is referred shall promptly appoint two or more physicians who, together with the Chief of Service, shall constitute an ad hoc investigating committee, and conduct an Investigation including an informal investigative conference or conferences with the Practitioner in an effort to ascertain the pertinent facts and conciliate or resolve the matter without further proceedings if that appears, at the discretion of such chief, to be appropriate. In the event such informal efforts achieve what in the opinion of such chief would be a satisfactory agreed result the chief shall so advise the Executive Committee in writing, the report to be signed both by the Chief and the affected Practitioner, asking the Executive Committee to concur at its next regular meeting. Whether or not a satisfactory agreed result is achieved, the chief shall furnish the Executive Committee before its next regular meeting the written report of the Investigation signed by the chief and including a recommended disposition of the matter.
- d. At the first regular Executive Committee meeting after receiving a report from an ad hoc investigating committee appointed by a Chief of a Service in response to a request for corrective action referred for that purpose, or at its next such meeting if action is deferred to permit an appearance by the affected Practitioner, the Executive Committee shall again consider the matter and may approve and adopt such report, take any of the actions described in subsections (i), (ii) or (iv) of Article VII, Section 1(b), make an Adverse Recommendation, or impose requirements for consultation or conditions of probation which shall not be deemed to adversely affect the Practitioner.
- e. An Adverse Recommendation by the Executive Committee that could result in reduction or termination of specific Clinical Privileges, or termination of Medical Staff membership shall entitle the affected Practitioner to the procedural Hearing rights provided in Article VIII of these Bylaws.

Section 2. Summary Suspension Procedures

- a. Whenever action must be taken immediately in the best interest of patient care in the Hospital, the President of the Medical Staff, the Executive Committee, the Chief Medical Officer, a Chief of Service, a Service Committee, the Administrator or the Governing Body, each shall have the authority to summarily suspend all or any portion of the Clinical Privileges of a Practitioner. Such summary suspension shall become effective immediately upon imposition. A written report describing with particularity the circumstances resulting in any such summary suspension and the degree by which the Privileges of the affected Practitioner have been reduced shall be sent by Special Notice to the affected Practitioner and filed with the President of the Medical Staff and the

Administrator. The emergency room and the admitting office shall be notified of any such summary suspension as soon as reasonably possible.

- b. A Practitioner whose Clinical Privileges have been summarily suspended shall be entitled to request promptly in writing that the Executive Committee consider the matter within such reasonable time period thereafter as the Executive Committee may be convened. Such consideration shall be informal in nature and be accomplished in such manner as the President of the Medical Staff in his/her sole discretion may determine. The procedural provisions of Article VIII shall have no application to such an appearance, but at least a summary nonverbatim record shall be made of the proceedings. If the affected Practitioner does not request such an informal consideration, the Executive Committee may consider the matter of any summary suspension at a regular meeting to which that Practitioner has been invited by Special Notice and afforded an opportunity to appear and be heard.
- c. After duly considering the matter, and no later than fourteen (14) days after the Summary Suspension became effective, the Executive Committee may recommend the making permanent, modification, continuation or termination of the terms of the summary suspension, or recommend that the Medical Staff membership of the Practitioner be terminated. If the Executive Committee does not recommend immediate termination of the summary suspension, or recommends that Medical Staff membership be terminated, the affected Practitioner shall, after Special Notice thereof in accordance with Article VIII, Section 2, be entitled to request a Hearing before a Hearing Committee in conformity with Article VIII, but the terms of the summary suspension as sustained or as modified by the Executive Committee shall remain in effect pending a final decision thereon pursuant to the provisions of Article VIII, subject to such terms and conditions, if any, as may be agreed upon by the affected Practitioner and the President of the Medical Staff as provided in Article VIII, Section 2(e).
- d. Immediately upon the imposition of a summary suspension, the President of the Medical Staff or responsible Chief of Service shall have authority to provide for alternative medical coverage for the patients of the suspended Practitioner still in the Hospital at the time of such suspension. The wishes of the patients shall be considered in the selection of such alternative Practitioner where feasible.
- e. Pending consideration and a recommendation by the Executive Committee regarding a summary suspension, or pending a final decision thereon pursuant to Article VIII, the affected Practitioner may request that the suspension be made voluntary upon such terms and conditions as may be acceptable to the President of the Medical Staff. If such an agreement is reached by them, it shall be written, signed by both and become effective at once for the temporary period involved unless sooner rescinded by the President of the Medical Staff as may be done at any time at the President of the Medical Staff's discretion, without cause or notice, and thereby reinstate immediately the summary suspension then in effect.

Section 3. Automatic Suspension of Privileges or Termination of Staff Membership

- a. A temporary suspension of all of a Practitioner's Privileges, including the privilege of admitting patients at the Hospital, shall be imposed automatically for failure to complete medical records in accordance with the rules and regulations of the Medical Staff effective until such medical records are completed. Any Practitioner thus suspended may be invited by Special Notice to attend a meeting of the Executive Committee where corrective action will be considered. The Medical Staff membership of any Practitioner thus suspended in any calendar year for six consecutive weeks shall be terminated automatically, requiring reapplication before any Privileges again may be exercised in the Hospital unless such Practitioner has been granted a voluntary leave of absence upon written request therefor pursuant to Article V, Section 4(a).
- b. A temporary suspension of all of a Practitioner's Privileges, including the privilege of admitting patients at the Hospital, shall be imposed automatically for failure to provide satisfactory evidence of current malpractice insurance as required by Article II, Section 3(g), or upon receipt by the Administrator of notice of cancellation of such insurance, and the affected Practitioner shall be so informed by Special Notice.
- c. A temporary suspension of all of a Practitioner's Privileges, including the privilege of admitting patients at the Hospital, shall be imposed automatically for failure to timely renew and maintain current professional licensure as required by Article III, Section 2(a), and the affected Practitioner shall be so informed by Special Notice.
- d. Action by the State Board of Medical Examiners, Medical Disciplinary Board, or other agency of the State of Washington, revoking or suspending a Practitioner's license to practice medicine shall automatically and finally terminate the Practitioner's Medical Staff membership at the Hospital and all Privileges and the Practitioner shall be so informed by the Administrator by Special Notice.
- e. The Medical Staff membership and all the Privileges of any Practitioner whose Medical Staff dues are in arrears pursuant to Article II, Section 4(b) shall be automatically and finally terminated without a Hearing or any of the procedural rights provided in Article VIII, and the affected Practitioner thus terminated shall be so informed by Special Notice.
- f. In the event of an automatic suspension or termination pursuant to Article VII, Section 3, alternative coverage for the patients of an affected Practitioner in the Hospital shall be arranged as provided in Article VII, Section 2(d). The President of the Medical Staff and all Chiefs of Services shall cooperate both in making arrangements for such coverage and in strictly enforcing such automatic suspensions or terminations of which the emergency room and the admitting office shall be promptly notified.
- g. A Practitioner subject to automatic suspension of admitting Privileges or Clinical Privileges or termination of Medical Staff membership, pursuant to this Article VII, Section 3, shall not be entitled to any of the procedural rights of Article VIII, such a suspension or termination not being the result of an Adverse Recommendation.

ARTICLE VIII
HEARING PROCEDURES

Section 1. Right to Hearing

- a. When a Practitioner receives notice of an Adverse Recommendation of the Executive Committee, the Practitioner shall be entitled to a Hearing before a Hearing Committee of the Medical Staff appointed pursuant to Article VIII, Section 4.
- b. All such Hearings shall be in accordance with the procedural provisions set forth in this Article VIII.

Section 2. Request for Hearing

- a. The Administrator shall be responsible for giving Special Notice of an Adverse Recommendation to any affected Practitioner who is entitled to a Hearing informing the Practitioner of the proposed action and the reasons therefore, the Practitioner's right to request a Hearing and the time within which it must be requested, and summarizing the Practitioner's rights in the Hearing. Refusal to accept such Special Notice or any other Special Notice provided for in these Bylaws shall constitute receipt thereof.
- b. The failure of a Practitioner to deliver to the Administrator by Special Notice a written request for a Hearing to which the Practitioner is entitled by these Bylaws within thirty calendar days of receipt of such notice shall be deemed a waiver of the Practitioner's right to such Hearing.
- c. Any Adverse Recommendation with respect to which a Hearing has been waived or deemed waived shall thereupon become final and effective immediately without further review. The Administrator shall inform the affected Practitioner of his/her status by Special Notice.

Section 3. Notice of Hearing

- a. Within forty-five days (45) after receipt of a request for Hearing from a Practitioner entitled to the same, the President of the Medical Staff shall schedule and arrange for such a Hearing and shall, through the Administrator, notify the Practitioner of the time, place and date so scheduled, by Special Notice. The Hearing date shall be not less than thirty days nor more than sixty days from the date of the notice of such Hearing given the Practitioner; provided, however, that a Hearing for a Practitioner who is under suspension which is then in effect shall be held as soon as arrangements therefore may reasonably be

made unless the Practitioner requests a postponement which will be considered pursuant to Article VIII, Section 6(d).

- b. The notice of Hearing shall state in concise language the time and place of the Hearing, the acts or omissions of the Practitioner which are to be the subject of the Hearing, a list of anticipated witnesses against the Practitioner, a list of specific or representative charts being questioned, if any, and/or such other reasons or subject matter considered in making the Adverse Recommendation as there may be, including any deficiencies or inadequacies noted in connection with an application for appointment or reappointment and the related references or documentation.

Section 4. Composition of Hearing Committee

- a. When a Hearing relating to an Adverse Recommendation is requested, such Hearing shall be conducted by a Hearing Committee of three individuals not in direct economic competition with the affected Practitioner, who may be members of the active staff, active community staff or other physicians appointed by the President of the Medical Staff, and one of the members so appointed shall be designated by the Practitioner as chairperson to preside unless a Hearing officer also is appointed. No Medical Staff member who has actively participated in the consideration of the Adverse Recommendation shall be appointed a member of the Hearing Committee, but knowledge of the matter shall not preclude appointment. The composition of such a Hearing Committee may vary from case to case.
- b. In addition to the three members of the Hearing Committee, at the President of the Medical Staff's discretion, a Hearing officer may be appointed who may, but need not, be a lawyer, to preside. If a Hearing officer is used, the Hearing officer should be experienced in presiding at and conducting Hearings. The Hearing officer may be permitted to participate in the deliberations of the Hearing Committee and to act as an advisor, but he may not vote.
- c. Alternatively, the President of the Medical Staff may appoint such a Hearing officer to conduct the Hearing independently, without a Hearing Committee, in which circumstances the independent Hearing officer shall exercise all the powers and perform all the duties of a Hearing Committee acting pursuant to these Bylaws.

Section 5. Clarification of Issues

- a. Outlines of Cases. At any time before or during the Hearing proceedings, the Hearing Committee may require the affected Practitioner and the Executive Committee each to submit an outline or written statement to the Administrator for transmittal to the Hearing Committee and to the other party setting forth, so far as is then reasonably known:
 - (i) Issues which each party proposes to raise at the Hearing;

- (ii) Witnesses whom each party expects to call at the Hearing and the subject or subjects on which they will testify;
 - (iii) A description of written or documentary evidence which each party anticipates introducing at the Hearing.
 - (iv) A short summary of what each party expects to demonstrate at the Hearing in support of its position; and
 - (v) The specific result or results requested from the Hearing Committee.
- b. Pre-Hearing Conference. Not less than seven days prior to the scheduled commencement of the Hearing, the Hearing Committee, its chairperson or the Hearing officer may require the parties to meet for the purpose of conducting a pre-hearing conference to discuss possible stipulations of facts, amendments to the grounds for action or the issues in dispute, and changes in the witness or evidence list of each party. Any further procedures established by the Hearing Committee for the conduct of the Hearing may be explained at that time.

Section 6. Conduct of Hearing

- a. There shall be at least a majority of the members of the Hearing Committee present when the Hearing takes place, and no member may vote by proxy.
- b. An accurate record of the Hearing shall be kept. The means shall be established by the President of the Medical Staff, in the President of the Medical Staff's discretion, and may involve the use of a court reporter, an electronic recording unit, detailed transcription or the taking of adequate minutes. If a court reporter is used, the cost of recording and transcribing the proceedings shall be borne equally by the affected Practitioner and the District, and such Practitioner's share of that cost shall be promptly paid by the Practitioner upon request therefor prior to being furnished a copy of the record.
- c. The personal presence of the Practitioner for whom the Hearing has been scheduled shall be required. A Practitioner who fails without good cause to appear and proceed at such Hearing shall be deemed to have waived his/her rights in the same manner as provided in Article VIII, Section 2(b), and to have accepted the Adverse Recommendation or decision involved, and the same shall thereupon become final and effective immediately.
- d. Postponement of Hearings beyond the time set forth in these Bylaws shall be made only with the approval of the Hearing Committee and the President of the Medical Staff. Granting of such postponements shall be only for good cause shown and in the sole discretion of the Hearing Committee and the President of the Medical Staff.
- e. The affected Practitioner shall be entitled to be accompanied by and/or represented at the Hearing by a member of the Medical Staff in good standing or by another person of the

Practitioner's choice, who may be a lawyer, as is permitted pursuant to Article VIII, Section 6(j).

- f. If no Hearing officer has been appointed, the chairperson of the Hearing Committee or the chairperson's designee shall preside over the Hearing to determine the order of procedure during the Hearing, to assure that all participants in the Hearing have a reasonable opportunity to present relevant oral and documentary evidence, and to maintain decorum.
- g. The Hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. Both the Practitioner for whom the Hearing is being held and the Executive Committee whose Adverse Recommendation prompted the Hearing shall, prior to or during such Hearing, be entitled to submit memoranda concerning any issue of procedure or fact. The Hearing Committee also may request such memoranda from either party, and all such memoranda shall become a part of the Hearing record. In addition, the Hearing Committee shall have the discretion to take official notice of any matters, either technical or scientific, relating to the issues under consideration which could have been judicially noticed by the courts of the State of Washington. Participants in the Hearing shall be informed of the matters to be officially noticed and they shall be noted in the record of the Hearing. The Practitioner requesting the Hearing shall have the opportunity to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority. Reasonable time shall be granted, if requested, to present written rebuttal of any evidence taken on official notice.
- h. The President of the Medical Staff shall appoint a member of the Executive Committee or some other Medical Staff member to represent the Executive Committee at the Hearing, to present the facts in support of the Adverse Recommendation and to examine witnesses, unless the use of legal counsel is permitted pursuant to Article VIII, Section 6(j). At any Hearing involving denial of Medical Staff appointment or reappointment, denial of a request for original or additional Clinical Privileges, or termination of staff membership for failure to advance from provisional staff status, it shall be incumbent on the Practitioner who requested the Hearing initially to come forward with evidence in support of the Practitioner's position. In all other cases it shall be incumbent on the Executive Committee whose recommendation prompted the Hearing initially to come forward with evidence in support of its position. Thereafter, the burden shall shift to the Practitioner who requested the Hearing to come forward with evidence in the Practitioner's support. In all cases in which a Hearing is conducted under this Article VIII, after all the evidence has been submitted by both parties, the Hearing Committee shall rule against the Practitioner who requested the Hearing unless it finds that such person has proved that the Adverse Recommendation of the Executive Committee whose decision prompted the Hearing was arbitrary and unreasoning, not supported by evidence, or otherwise unfounded.

- i. Both the affected Practitioner and the Executive Committee shall have the right to call and examine witnesses, to introduce written evidence, to cross-examine any witness on any matter relevant to the issues of the Hearing and to rebut any evidence. If the Practitioner does not testify in his/her own behalf, the Practitioner may be called and examined as if under cross-examination.
- j. The Hearings provided for in these Bylaws are for the purpose of resolving, on an intra-professional basis, matters bearing on professional competency and conduct. Accordingly, neither the affected Practitioner, nor the Executive Committee, shall be represented at any phase of the Hearing procedure by a lawyer unless the affected Practitioner chooses to be represented by counsel, in which case the Executive Committee also may do so. The foregoing shall not be deemed to deprive the Practitioner, the Executive Committee, the Administrator or the Governing Body of the right to legal counsel in connection with preparation for a Hearing or during deliberations with respect to such proceedings. If an affected Practitioner elects to be represented by a lawyer at a Hearing such counsel shall file an appearance with the Administrator by Special Notice at least fifteen days prior to the date fixed for such Hearing.
- k. The Hearing Committee may, without Special Notice, recess the Hearing and reconvene the same for the convenience of the participants, for the purpose of obtaining new or additional evidence or for consultation. Upon conclusion of the presentation of oral and written evidence the Hearing shall be closed. The Hearing Committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the Practitioner for whom the Hearing was convened and shall make a written recommendation. The recommendation of the Hearing Committee shall be based on evidence produced at the Hearing. This evidence may consist of: oral testimony of witnesses, who may but need not be sworn; memoranda of points and authorities presented in connection with the Hearing; any material contained in the records of the Hospital regarding the Practitioner who requested the Hearing so long as such material has been admitted into evidence at the Hearing and the affected Practitioner had the opportunity to comment on and, by other evidence, refute it; any and all applications, references and accompanying documents constituting the Practitioner's file; all officially noticed matters; and any other pertinent evidence admitted at the Hearing. The Hearing Committee may, but need not, make specific findings and conclusions, in support of its recommendation.
- l. Within thirty days after final adjournment of the Hearing, the Hearing Committee shall make a written report including a statement of the basis for its recommendation and shall forward the same together with the Hearing record and all other documentation to the Executive Committee. The report may recommend confirmation, modification or rejection of the original Adverse Recommendation of the Executive Committee. Thereafter, the procedure to be followed upon reconsideration by the Executive Committee shall be as provided in Article V, Section 2(g) et seq., of these Bylaws.

ARTICLE IX

ALLIED HEALTH PROFESSIONALS

Section 1. General

Allied Health Professionals authorized to provide services in the Hospital shall be limited to the categories of Independent AHPs and Supervised AHPs approved by the Governing Body upon the recommendation of Medical Executive Committee. The Governing Body may, from time to time, review and modify the categories or types of AHPs authorized to function in the Hospital, upon the recommendation of the Medical Executive Committee.

Section 2. Minimum Qualifications

All AHPs must meet the following minimum qualifications:

- a. Document their licensure, experience, background, training, ability, judgment, and physical and mental health status so as to demonstrate that any patient treated by them will receive care at the generally recognized professional level of quality and efficiency established by the Medical Staff and Hospital and that they are qualified to exercise the Clinical Privileges that they seek or have been granted;
- b. Have demonstrated, on the basis of documented references, to adhere to the lawful ethics of their respective professions;
- c. Commit to participate in and properly discharge such responsibilities as they are reasonably assigned and cooperate with the Medical Staff in assisting the Hospital in fulfilling its obligations related to patient care;
- d. Demonstrate the ability to work with and relate to Medical Staff Members, members of other health disciplines, Hospital management and employees, the Governing Body, visitors and the community in general, in a cooperative, professional manner that is essential for maintaining an environment appropriate to quality and efficient patient care;
- e. Be free of, or have under adequate control, any significant physical or mental health impairment and be free from abuse of any type of substance or chemical that affects cognitive, motor or communication ability in a manner that interferes with, or presents a reasonable probability of interfering with, the required qualifications;
- f. Be able to write and speak the English language so as to be understood by others, to understand both written and spoken English, and to prepare medical record entries and other required documentation in a legible manner; and

- g. Be located closely enough (office and residence) to the Hospital, as determined by the Medical Executive Committee, to provide continuous care to Patients in the Hospital.

Section 3. Additional Qualifications/Requirements

All AHPs must:

- a. Hold a valid license, certification, registration or other credential as required by the Washington State Department of Health, Professional Licensing Division or, if not regulated by the Professional Licensing Division, must at a minimum have been trained at a level consistent with certification standards in the AHP's specialty and have obtained such certification.
- b. Meet the applicable responsibilities and comply with the applicable provisions set forth in Articles II and III of the Bylaws;
- c. Refrain from any conduct or acts that are or could reasonably be interpreted as being beyond, or an attempt to exceed, the scope of practice authorized within the Hospital;
- d. Each AHP must accept assignment by the Credentials Committee to the Division of the Medical Staff most appropriate to the AHP's professional training and qualifications;
- e. A Supervised AHP must identify a Supervising Practitioner who (i) is a member of the Medical Staff, (ii) has agreed to be legally responsible for every action of that AHP and (iii) satisfies any additional qualifications set forth in the rules, regulations and policies of the Medical Staff and the Hospital;
- f. AHPs must carry professional liability insurance in the amount and coverage established by the Governing Body. Documentation of coverage must be provided to the Credentials Committee at the time of application for designation as an AHP, and at any subsequent time as requested by the Medical Staff Office. The malpractice insurance policy may be that of the AHP or, in the case of a Physician's employee, may be that of the employing Physician, as long as the policy covers the AHP; and
- g. A statement of additional qualifications for each category of AHP may be developed by the Credentials Committee (or a subcommittee thereof), subject to approval by the Medical Executive Committee and the Governing Body.

Section 4. Clinical Privileges

- a. An Independent AHP may exercise only such Clinical Privileges as are specifically granted him or her individually.

- b. A Supervised AHP may exercise only such Clinical Privileges as are specifically granted him or her individually and in accordance with the instructions and supervision of the AHP's Supervising Practitioner.

Section 5. Scope of Clinical Privileges

Written guidelines, policies, rules and regulations for the scope of Clinical Privileges and specified services that may be exercised or provided by each category of AHP shall be developed by the Credentials Committee with input, as appropriate, from (a) Physicians supervising or consulting with AHPs, (b) representatives of the AHP category under consideration, (c) the Division Chair, and (d) other representatives of the Medical Staff, Hospital administration, and the Hospital's other professional staff. Such guidelines, policies, rules and regulations are subject to the approval of the Medical Executive Committee. For each category of AHP, the guidelines, policies, rules and regulations shall include:

- a. A description of the services to be provided and procedures to be performed, including any special equipment, procedures or protocols specific tasks may require, and an assignment of responsibility for medical record documentation; and
- b. A definition of the degree of assistance that may be provided by an AHP in the care of patients in the Hospital and any limitations thereon, including the degree of Physician supervision, consultation, or collaboration required.

Section 6. Process For Granting Clinical Privileges

To practice at the Hospital, AHPs must apply and qualify for Privileges and be subject to biennial review of those Privileges. Applications for the initial granting of Privileges and biennial renewal shall be submitted and processed in the same manner as required by the Bylaws for applications submitted by Practitioners.

Section 7. Performance Improvement

The quality and efficiency of the care provided by AHPs within any Service shall be monitored and reviewed as part of the regular Medical Staff or Hospital Performance Improvement/risk management/utilization management processes, and AHPs shall cooperate and provide assistance as required by such bodies.

Section 8. Application of Bylaws/Prerogatives

AHPs shall be subject to the Bylaws unless specifically and expressly excepted therefrom, insofar as their terms and conditions logically apply or unless specifically provided otherwise in

this Article or other applicable provisions of these Bylaws. Although governed by these Bylaws, AHPs are not Members of the Medical Staff or eligible to hold office, vote (except in Committees as stated below), or audit medical care, but may be requested to advise the Medical Staff. AHPs may, however:

- 1) serve on Committees when so appointed and vote therein;
- 2) attend the meetings of the Division to which he or she is assigned; and
- 3) exercise such other prerogatives as the Medical Executive Committee, with the approval of the Governing Body, may accord AHPs in general or in a specific category of AHPs.

Section 9. Termination of Privileges

- a. All AHPs' Privileges automatically terminate when an AHP's certificate or license expires or is revoked or suspended.
- b. An AHP's Privileges may also be terminated for cause by the President or by the Chair of the Service to which the AHP is assigned.
- c. A Supervised AHP's Privileges automatically terminate when:
 - 1) the Medical Staff membership or applicable Privileges of the Supervising Practitioner are terminated, whether voluntary or involuntary,
 - 2) the Supervising Practitioner no longer agrees to act as the Supervising Practitioner, regardless of the reason;
 - 3) the relationship between the AHP and the Supervising Practitioner is otherwise terminated, regardless of the reason;
- d. An AHP's Privileges may also be terminated in any other manner set forth in these Bylaws applicable to a Practitioner.

Section 10. Hearing Procedure

- a. An AHP shall have the right to challenge an Adverse Recommendation of the Medical Executive Committee to the Governing Body or termination of the AHP's Privileges pursuant to Section 9 of this Article in accordance with the procedure set forth in this Section 10. The AHP may file a written grievance with the Medical Executive Committee within fifteen (15) days after the date of receipt of a notice of a proposed adverse action in accordance with Article VIII of these Bylaws. Upon receipt of the grievance, the Medical Executive Committee shall afford the AHP an opportunity for an interview concerning the grievance. The interview does not constitute a "Hearing," as

established by the Bylaws or any rights applicable to those Hearings. Before the interview, the AHP must be informed of the nature of the circumstances giving rise to the action and may present relevant information at the interview. A record of the interview and the decision on the action must be made by the Medical Executive Committee.

- b. Appellate Procedure. Within 10 days of an Adverse Recommendation of Medical Executive Committee under this Section, the AHP may request that the Governing Body review the decision. The request must be in writing, delivered to the CEO by certified mail or in person, and must include a statement of the reason for appeal and the specific facts or circumstances that justify further review. The Governing Body shall consider the recommendation of the Medical Executive Committee, together with any written comments by the AHP, and make a written final decision.
- c. Applicability of the Medical Staff Hearing Procedures to AHPs. This Section 10 is the sole and exclusive remedy available to an AHP who is the subject of an Adverse Recommendation or who has his or her Privileges limited or terminated, and nothing in the Bylaws may be interpreted to entitle an AHP to the procedural, Hearing, or appeal provisions applicable to the Medical Staff. Notwithstanding the preceding sentence, the Medical Executive Committee or the Governing Body, as the case may be, may, in its sole discretion, apply all or part of such provisions as it deems necessary or appropriate under the circumstances.

ARTICLE X

OFFICERS

Section 1. Officers of the Medical Staff

The officers of the Medical Staff shall be:

- a. President of the Medical Staff
- b. President-Elect
- c. Secretary-Treasurer

Section 2. Qualifications of Officers

Officers must be either members of the active staff or active community staff and either a medical physician or an osteopathic physician at the time of nomination and election and must maintain such qualifications during their terms of office. Failure to maintain such qualifications shall immediately create a vacancy in the office involved.

Section 3. Election of Officers

- a. A President-Elect and a Secretary-Treasurer shall be elected on the date of each annual meeting of the Medical Staff held in an even year. Only members of the active staff or active community staff shall be eligible to vote. Voting shall be by mail ballot. The list of nominees shall be set forth in writing on the ballot and the ballots shall be sent to each member of the active staff and active community staff a minimum of fourteen days prior to the deadline for the return of the ballots. To be elected, a minimum of fifty percent of the total number of active staff and active community staff must return their mail ballots by the voting deadline and the nominee must be approved by a majority of the total number of active staff and active community staff who return their ballots.. Should the situation arise where there are three or more candidates and no candidate receives a majority, the name of the candidate receiving the fewest votes shall be omitted from each successive mail ballot until a majority vote is obtained by one candidate.
- b. The nominating committee shall consist of members of the active staff or active community staff appointed by the President of the Medical Staff at least thirty days before the October Medical Staff meeting. This committee shall offer one or more nominees for each of the two offices and submit the nominees by mail to the active staff and active community staff members on or before October 1. No person shall be nominated by the committee without the nominee's consent.

- c. Nominations may also be made by a member of the active staff or active community staff by submitting nominee or nominees in writing to the nominating committee on or before September 15. No person shall be nominated without the nominee's consent.

Section 4. Term of Office

All officers shall serve a two-year term commencing on the first day of the year following the year in which they are elected in the cases of the President-Elect and the Secretary-Treasurer. The regular term of the President of the Medical Staff shall commence on the first day of the third year following the year in which the person is elected to the office of President-Elect.

Section 5. Vacancies in Office

If there is a vacancy in the office of Secretary-Treasurer, it shall be filled by a qualified member of the Medical Staff appointed by the Executive Committee. If there is a vacancy in the office of the President of the Medical Staff, the President-Elect shall serve out the remaining term before commencing the regular, full two-year term as President of the Medical Staff that follows. If there is a vacancy in the office of President-Elect, a nominating committee to be constituted in the manner provided in Article X, Section 3(b), shall be promptly appointed by the President of the Medical Staff. Such committee shall offer one or more nominees for the office of President-Elect in its report submitted to the Medical Staff at a special meeting of the Medical Staff called in accordance with Article XIII. Nominations may also be made from the floor at that Medical Staff meeting following presentation of the nominating committee report. When nominations are closed an election for the office of President-Elect shall be conducted at such meeting in the manner provided in Article X, Section 3(a). No person shall be nominated by the committee or from the floor without that person's consent.

Section 6. Duties of Officers

- a. President of the Medical Staff: The President of the Medical Staff shall serve as the chief administrative officer of the Medical Staff to:
- 1) Act in coordination and cooperation with the Administrator in all matters of mutual concern within the Hospital;
 - 2) Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff and Executive Committee;
 - 3) Serve on the Joint Conference Committee;
 - 4) Serve as ex officio member of all other Medical Staff committees without vote;

- 5) Be responsible for the enforcement of the Medical Staff Bylaws, and rules and regulations, for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested affecting a Practitioner;
 - 6) Appoint committee members to all standing, special and multidisciplinary Medical Staff committees except the Executive Committee;
 - 7) Represent the views, policies, needs and grievances of the Medical Staff to the Governing Body and to the Administrator;
 - 8) Receive and interpret the policies of the Governing Body to the Medical Staff and report to the Governing Body on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide quality medical care as chairperson of the Quality Council;
 - 9) Be responsible for the educational activities of the Medical Staff; and
 - 10) Be the spokesperson for the Medical Staff in its external professional and public relations.
- b. President-Elect: In the absence of the President of the Medical Staff, the President-Elect shall temporarily assume all the duties and the authority of the President of the Medical Staff. The President-Elect shall be a member of the Executive Committee of the Medical Staff and of the Joint Conference Committee. The President-Elect may succeed the President of the Medical Staff as provided in Article X, Section 5, when a vacancy occurs in that office.
- c. Secretary-Treasurer: The Secretary-Treasurer shall be a member of the Executive Committee of the Medical Staff. The Secretary-Treasurer shall keep accurate and complete minutes of all Medical Staff meetings, call Medical Staff meetings on order of the President of the Medical Staff, attend to all correspondence, and perform such other duties as ordinarily pertain to that office.

Section 7. Recall

Any officer to the Medical Staff may be recalled in the manner hereinafter provided.

- a. Initiation of Action: A recall action may be initiated by a petition therefor naming the affected officer, signed by at least forty percent of the total number of members of the active staff and active community staff filed with the Secretary-Treasurer. No cause need be stated nor shown.
- b. Notification Procedure: Immediately upon the filing of such a petition, the Secretary-Treasurer shall furnish the affected officer a true and complete copy thereof by Special

Notice, and promptly thereafter shall mail a true and complete copy of the same to each member of the active staff and active community staff together with a mail ballot.

- c. Balloting Procedure: The mail ballot must be sent to each member of the active staff and active community staff at least ten days prior to the deadline for the return of the ballot. The sole question presented by the ballot shall be whether the affected officer should be recalled.

- d. Result: The concurrence of sixty percent of the total number of active staff and active community staff shall be required to recall the affected officer. The President of the Medical Staff shall designate three tellers to supervise the receiving and counting of the ballots and they shall forthwith certify the result which shall be recorded in the records of the medical staff. The recall of an affected officer shall be effective immediately, and a vacancy created by recall shall be filled in the manner provided in Article X, Section 5.

ARTICLE XI

SERVICES

Section 1. Organization of Services

There shall be the Services identified in Article XI, Section 1, of which medicine, surgery, obstetrics, pediatrics, family practice, psychiatry, ancillary Service and emergency Service shall have clinical Service Committees responsible for establishing standards for the granting and exercise of Clinical Privileges in their respective areas of practice applicable to all Practitioners. The Service Committee for the Family Practice Service shall be responsible for establishing, in conjunction with the foregoing Service Committees, such standards applicable to family and general Practitioners. Each Service shall be headed by a Chief of Service and shall function under its respective Service Committee and the Executive Committee. Each member of the Medical Staff shall be assigned to an appropriate Service. The following Services are recognized:

- a. Medicine to include communicable diseases, cardiology, diseases of the lungs, gastroenterology, endocrinology, neurology, dermatology, physical medicine, oncology, hematology, rheumatology and other medicine specialties.
- b. Surgery to include neurological surgery, proctology, urology, thoracic surgery, orthopedic surgery, plastic surgery, traumatic surgery, neoplastic surgery, ophthalmology, otorhinolaryngology, gynecology, oral surgery, podiatric surgery, dentistry, general surgery and other surgical specialties.
- c. Obstetrics
- d. Pediatrics
- e. Psychiatry
- f. Ancillary Service to include anesthesia, pathology and radiology.
- g. Emergency Service to include work performed in the emergency room and by emergency room physicians. Members of the Medical Staff may treat patients in the emergency room as appropriate in accordance with their general Hospital Privileges.
- h. Family Practice

Section 2. Qualifications, Selection and Tenure of Service Chiefs

- a. Each chief shall be a member of the active staff or active community staff well qualified by training, experience and demonstrated ability for the position.

- b. Each chief shall serve for a two-year term following nomination and election in the manner provided in Article X, Section 3, for officers of the Medical Staff. The chiefs of family practice, obstetrics and gynecology, and ancillary Services shall be elected in odd years, while the chiefs of surgery, medicine, pediatrics, psychiatry and emergency Services next shall be elected in even years.
- c. Removal of a chief during the chief's term of office may be accomplished by a two-thirds majority vote of the Executive Committee, a simple majority of which immediately thereafter shall appoint a successor to serve out the remaining term. Similarly, in the event of a vacancy in the position of Chief of any Service for any reason other than removal, the Executive Committee at its next meeting shall appoint a successor to serve out the remaining term.

Section 3. Functions of Service Chiefs

Each chief shall:

- a. Be accountable for overseeing all professional and administrative activities within the particular Service, including the integration of the Service into the primary functions of the organization;
- b. Be responsible for the coordination and integration of interdepartmental and intradepartmental services;
- c. Be responsible for the development and implementation of policies and procedures that guide and support the provision of services;
- d. Make recommendations for a sufficient number of qualified and competent persons to provide care for the Service;
- e. Provide continuing surveillance of the professional performance of all individuals who have delineated Clinical Privileges in the Service;
- f. Recommend to the Medical Staff the criteria for Clinical Privileges in the department;
- g. Recommend Clinical Privileges for each member of the department;
- h. Participate in the determination of the qualifications and competence of Service personnel who are not licensed independent Practitioners and who provide patient care services;
- i. Assist in the continuous assessment and improvement of the quality of care and of services provided;
- j. Assist in the maintenance of Quality Control Programs as appropriate;
- k. Assist in the orientation and continuing education of all persons in the Service;

- l. Be a member of the Executive Committee, giving guidance on the overall medical policies of the Hospital and making specific recommendations and suggestions regarding the particular Service in order to promote quality patient care;
- m. Maintain continuing review of the professional performance of all Practitioners with Clinical Privileges in the particular Service, report regularly thereon to the Executive Committee, and initiate corrective action wherever appropriate;
- n. With the Service Committee of the particular Service, conduct patient care review required by these Bylaws and perform the other functions delineated in Article XI, Section 4;
- o. Be responsible for enforcement of the Governing Body Bylaws and of the Medical Staff Bylaws and rules and regulations within the particular Service;
- p. Be responsible for implementation within the particular Service of actions taken by the Executive Committee of the Medical Staff;
- q. Transmit to the Credentials Committee and Executive Committee the particular Service Committee's recommendations concerning the staff classification, the appointment and reappointment, and the delineation of Clinical Privileges for all Practitioners in the particular Service;
- r. Be responsible for the teaching, education and research program in the particular Service;
- s. Participate in every phase of administration of the particular Service through cooperation with the nursing service and the Hospital administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders and techniques;
- t. Assist in the preparation of such annual reports, including budgetary and long range planning, pertaining to the particular Service as may be required by the Executive Committee, the Administrator or the Governing Body; and
- u. Attend and preside at the committee meetings of the particular Service.

Section 4. Composition and Functions of Service Committees

- a. Each clinical Service Committee, the members of which shall be appointed annually by the President of the Medical Staff, shall establish criteria, consistent with the policies of the Medical Staff and of the Governing Body, for the granting and exercise of Clinical Privileges in such Service.
- b. Each Service Committee shall conduct an ongoing review of records of patients and other pertinent sources of medical information relating to patient care for the purpose of developing criteria to promote quality patient care.

- c. Such reviews shall include a consideration of all deaths, of patients with infections, complications, errors in diagnosis and treatment, of patients currently in the Hospital with unsolved clinical problems, of proper utilization of Hospital facilities and Services, and of other significant patient care matters. The review of surgical matters shall also include a monthly comprehensive tissue review for justification of all surgery performed, whether tissue was removed or not, for acceptability of the procedure chosen, and for agreement or disagreement between the preoperative and pathological diagnoses.
- d. Pursuant to these Bylaws, it shall be the duty of the Service Committees, acting in conjunction with other appropriate committees of the Medical Staff, including the Credentials Committee, the Executive Committee and the Joint Conference Committee, to evaluate the competency and qualifications of Practitioners and Allied Health Professionals for the purpose of assuring that the extent of practice of such persons at the Hospital is limited to the exercise of Clinical Privileges for which they are qualified on the basis of their education, training, experience, demonstrated personal and professional competence and judgment, references and other relevant information. Problems arising in the exercise of Clinical Privileges by a Practitioner in a particular Service shall be evaluated by the committee for the purpose of improving patient care. The confidentiality of the proceedings, reports and written records of all such committees in connection with such evaluations shall be preserved to the fullest extent permitted by law.
- e. Service Committees shall participate in the processes of planning and budgeting for the acquisition of equipment to be used in the Hospital by the affected Service Committee members.
- f. Service Chiefs or the President of the Medical Staff may constitute subcommittees by appointing Practitioners assigned to given Services, and such other Practitioners as may be deemed necessary or desirable, to assist in performing the duties and discharging the functions prescribed in this Article XI, Section 4. When those duties and functions include evaluating the competency and qualification of Practitioners and Allied Health Professionals or evaluating the quality of patient care, the confidentiality of the proceedings, reports and written records of such subcommittees shall be preserved to the fullest extent permitted by law.
- g. Each Service Committee shall meet at least quarterly and shall maintain a permanent record of its proceedings and activities.

ARTICLE XII

COMMITTEES

Section 1. Executive Committee

- a. Composition: The Executive Committee shall be a standing committee and shall consist of the officers of the Medical Staff, the Chief of each clinical Service and the Chairpersons of the Credentials Committee, Medical Records and Utilization Review Committee and the Critical Care Committee. The President of the Medical Staff shall preside. The Chief Medical Officer and Administrator shall be ex-officio members without vote and shall sit with the committee at all times.
- b. Duties: The duties of the Executive Committee shall be:
- 1) To represent and to act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws;
 - 2) To coordinate the activities and general policies of the various Services;
 - 3) To receive and act upon committee reports, approving or disapproving the same as it may deem appropriate;
 - 4) To implement policies of the Medical Staff not otherwise the responsibility of the Services;
 - 5) To provide liaison between Medical Staff and the Administrator and the Governing Body;
 - 6) To recommend action to the Administrator on matters of a medical administrative nature;
 - 7) To make recommendations on Hospital management matters including long range planning, to the Governing Body through the Administrator;
 - 8) To account to the Governing Body for the medical care rendered to patients in the Hospital through the participation in the Performance Improvement Plan;
 - 9) To ensure that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the Hospital;
 - 10) To provide for the preparation of all meeting programs, either directly or through delegation to a program committee or other suitable agent;
 - 11) To review the credentials of all applicants and to make recommendations for staff membership and delineation of Clinical Privileges;

- 12) To review periodically all information available regarding the performance and clinical competence of staff members and other Practitioners with Clinical Privileges and, after considering such reviews together with the recommendations of the Credentials Committee, to make recommendations for reappointments and renewal or changes in Clinical Privileges;
 - 13) To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the initiation of and/or participation in Medical Staff corrective or review measures when warranted;
 - 14) To establish policies and procedures for evaluating, monitoring and addressing Practitioner health issues, which procedures shall be separate from the corrective action procedures described in Article VII of these Bylaws; and
 - 15) To report at each Medical Staff meeting and periodically throughout the year.
- c. Meetings: The Executive Committee shall meet regularly at such intervals as the Committee deems necessary to perform its duties and specially when called by the President of the Medical Staff and maintain a permanent record of its proceedings and actions.
- d. Referendum: Any action of the Executive Committee, except those actions referred to in Article XII, Section 1(b)(2) and (3), relating to Services and committee reports, and (11), (12) and (13), relating to Clinical Privileges, may be reviewed and reversed in the manner hereinafter provided.
- 1) A referendum may be initiated by a petition presenting the sole question of whether a given action of the Executive Committee should be reversed, signed by at least twenty percent of the total number of members of the active staff and active community staff and filed with the Secretary-Treasurer within sixty days after the taking of the action of the Executive Committee sought to be reversed.
 - 2) Promptly after the filing of such a petition, the Secretary-Treasurer shall mail a true and complete copy of the same to each member of the active staff and active community staff, and the President of the Medical Staff shall appoint a referendum caucus committee consisting of three members of the Executive Committee and three signers of the petition, which caucus committee shall meet as soon as reasonably possible and discuss the question presented by the petition.
 - 3) At a special meeting of the Medical Staff occurring at least ten days after the prescribed mailing of a referendum petition to the members of the active staff and active community staff, the question presented by such petition shall be voted upon by written ballot following reports and recommendations regarding that question given, respectively, by a representative of the Executive Committee and a representative of the petitioners who participated in the meeting of the caucus committee. The sole question presented by the ballot, as by the initiating petition,

shall be whether a given action of the Executive Committee specified in that petition should be reversed.

- 4) Sixty percent of those active staff and active community staff members present and voting “yes” on the question presented shall be required to reverse a given action of the Executive Committee. The President of the Medical Staff shall designate three tellers to supervise the receiving and counting of the ballots and they shall forthwith certify the result which shall be recorded in the minutes of the meeting at which the vote is taken. The reversal of a given action of the Executive Committee shall be effective immediately. If a quorum is not present at the special meeting, the question shall be submitted to the active staff and community staff for vote by mail ballot. The mail ballot shall be sent to each member of the active staff and active community staff along with a written summary of the reports and recommendations regarding the question given, respectively, by a representative of the Executive Committee and a representative of the petitioners who participated in the meeting of the caucus committee. The ballot and summary shall be sent a minimum of fourteen days prior to the deadline for the return of the ballots. A minimum of fifty percent of the total number of active staff and active community staff must return their mail ballots by the voting deadline and a minimum of sixty percent of those active staff and active community staff members voting must vote “yes” on the question presented in order to reverse a given action of the Executive Committee.

Section 2. Credentials Committee

- a. Composition: The Credentials Committee shall be a standing committee and shall consist of at least four representatives from the Medical Staff who shall be appointed annually by the President of the Medical Staff, and a chairperson, who shall be elected in the manner in provided in Article XII, Section 2(b). The Administrator or the Administrator’s designee and the Chief Medical Officer shall be members without vote and shall sit with the committee at all times.
- b. Chairperson: The chairperson of the committee shall serve for a two-year term following nomination and election in the manner provided in Article X, Section 3, for officers of the Medical Staff. The chairperson shall be a member of the active staff or active community staff well qualified by training, experience and demonstrated ability for the position. The chairperson shall be elected in odd years. Removal of a chairperson during the chairperson’s term of office may be accomplished by a two-thirds majority vote of the Executive Committee, a simple majority of which immediately thereafter shall appoint a successor to serve out the remaining term. Similarly, in the event of a vacancy in the position of chairperson for any reason other than removal, the Executive Committee at its next meeting shall appoint a successor to serve out the remaining term.

- c. Duties: The duties of the Credentials Committee shall be:
- 1) To review the credentials of all applicants and to make recommendations for Staff membership, Service assignment and delineation of Clinical Privileges in compliance with Articles V and VI of these Bylaws;
 - 2) To make a report to the Executive Committee regarding each applicant for Medical Staff membership or Clinical Privileges, including specific consideration of the recommendations from the Services in which such applicant requests Privileges;
 - 3) To review periodically information available regarding the competence of staff members and as a result of such reviews to make recommendations for the granting of Privileges and reappointments as provided in Articles V and VI of these Bylaws;
 - 4) To investigate any breach of ethics that is reported to it; and
 - 5) To review reports that are referred by the Executive, Medical Record and Utilization Review Committees, or by any other committees provided for in these Bylaws, and by the President of the Medical Staff.
- d. Meetings: The Credentials Committee shall meet regularly at such intervals as the Committee deems necessary to perform its duties and specially when called by its chairperson, and shall maintain a permanent record of its proceedings and actions.

Section 3. Joint Conference Committee

- a. Composition: The Joint Conference Committee shall be a standing committee composed of the President of the Medical Staff and a member of the Governing Body. The Administrator, the President-Elect, and the Chief Medical Officer shall be ex-officio members without voting privileges. The chairperson of the Joint Conference Committee in even years shall be the President of the Medical Staff, and the chairperson in odd years shall be the Governing Body representative.
- b. Duties: The Joint Conference Committee shall conduct itself as a forum for the discussion of matters of Hospital policy and practice, especially those pertaining to efficient and effective patient care, and shall participate in corrective action to assure quality patient care in the manner provided in these Bylaws.
- c. Meetings: The Joint Conference Committee shall meet at least twice each year when called by the chairperson and may meet concurrently with the Quality Council. A permanent record shall be maintained of its proceedings and actions.

Section 4. Quality Council

- a. Composition: The composition of the Quality Council is defined in the Performance Improvement Plan.
- b. Duties: The duties of the Quality Council are defined in the Performance Improvement Plan.
- c. Meetings: The Quality Council shall meet at least quarterly and maintain permanent records of its proceedings and actions in the quality assurance office at the Hospital. The confidentiality of the proceedings, reports and written records of such committee shall be preserved to the fullest extent permitted by law.

Section 5. Medical Records and Utilization Review Committee

- a. Composition: The Medical Records and Utilization Review Committee shall consist of (i) at least three representatives from the Medical Staff, who shall be appointed annually by the President of the Medical Staff; (ii) a chairperson who shall be elected in the manner provided in Article XII, Section 5(b); and (iii) one each from the nursing service, Social Service and Hospital administration. The medical records administrator shall be a member of this committee.
- b. Chairperson: The chairperson of the committee shall serve for a two-year term following nomination and election in the manner provided in Article X, Section 3, for officers of the Medical Staff. The chairperson shall be a member of the active staff or active community staff well qualified by training, experience and demonstrated ability for the position. The chairperson shall be elected in even years. Removal of a chairperson during the chairperson's term of office may be accomplished by a two-thirds majority vote of the Executive Committee, a simple majority of which immediately thereafter shall appoint a successor to serve out the remaining term. Similarly, in the event of a vacancy in the position of chairperson for any reason other than removal, the Executive Committee at its next meeting shall appoint a successor to serve out the remaining term.
- c. Duties: The Medical Records function of the Committee shall be to review all medical records for timely completion, clinical pertinence, overall adequacy for use in Performance Improvement activities, and when necessary as medicolegal documents and to assure that such records satisfy the requirements of applicable law and regulations. Medical record reviews shall apply to inpatient, emergency room and ambulatory care records. The committee shall review the format of the complete medical record, the forms used in the medical record and the use of microfilm.

The committee also shall assess medical records to determine that they:

- 1) Properly describe the condition and progress of the patient;
- 2) Reflect the therapy provided and the results thereof;

- 3) Identify the persons responsible for actions taken; and
 - 4) Are sufficiently complete at all times to provide medical comprehension of the case in the event of transfer of responsibility of patient care to another Practitioner or institution.
- d. Duties: The Utilization Review function of the Committee shall be to formulate a written Utilization Review Plan which describes the Hospital's utilization review program. Written measurable criteria and length of stay norms as approved by the medical Staff shall be appended to the plan. The Utilization Review Plan shall be approved by the Medical Staff, the Administrator and the Governing Body on a yearly basis.

This committee shall also:

- 1) Evaluate the appropriateness of admissions, continued stays and support services;
 - 2) Evaluate Performance Improvement activities for identifying utilization review problems;
 - 3) Conduct concurrent reviews specific to problems identified with diagnoses, procedures and/or Practitioners;
 - 4) Conduct retrospective reviews for analyzing how under-utilization and over-utilization may affect the quality of patient care;
 - 5) Assist the discharge planning process by establishing criteria to facilitate discharge planning;
 - 6) Review blood transfusions at least quarterly for proper utilization and document the results; and
 - 7) Communicate the appropriate results of its studies and other pertinent data to the entire Medical Staff and make recommendations for the proper utilization of Hospital resources and facilities to improve the quality of patient care.
- e. Meetings: The committee shall meet regularly at such intervals as the Committee deems necessary to perform its duties and shall maintain a permanent record of its proceedings and activities.

Section 6. Pharmacy and Therapeutics Committee

- a. Composition: The Pharmacy and Therapeutics Committee shall consist of (i) at least two representatives from the Medical Staff, who shall be appointed annually by the President of the Medical Staff; (ii) a chairperson who shall be elected in the manner provided in Article XII, Section 6(b); and (iii) one each from the pharmaceutical service, the nursing service, the dietary service and from Hospital administration appointed annually by the

Administrator. The Hospital pharmacist shall be a member of and act as secretary for the committee. An appointed physician shall act as consultant for the dietary service.

- b. Chairperson: The chairperson of the committee shall serve for a two-year term following nomination and election in the manner provided in Article X, Section 3, for officers of the Medical Staff. The chairperson shall be a member of the active staff or active community staff well qualified by training, experience and demonstrated ability for the position. The chairperson shall be elected in even years. Removal of a chairperson during the chairperson's term of office may be accomplished by a two-thirds majority vote of the Executive Committee, a simple majority of which immediately thereafter shall appoint a successor to serve out the remaining term. Similarly, in the event of a vacancy in the position of chairperson for any reason other than removal, the Executive Committee at its next meeting shall appoint a successor to serve out the remaining term.

- c. Duties: This committee shall be responsible for the development and surveillance of all drug utilization policies and practices within the Hospital in order to promote satisfactory clinical results and a reduced potential for hazard. The committee shall assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs in the Hospital. It shall also perform the following specific functions:
 - 1) Serve as an advisory group to the Medical Staff and the pharmacist on matters pertaining to the choice of available drugs;
 - 2) Serve as an advisory group to the Medical Staff and the dietitian on matters pertaining to nutritional care of patients;
 - 3) Make recommendations concerning drugs to be stocked on the nursing unit floors and by other Services;
 - 4) Develop and review periodically a formulary or drug list for use in the Hospital;
 - 5) Prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same effective ingredients;
 - 6) Evaluate clinical data concerning new drugs or preparations requested for use in the Hospital; and
 - 7) Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs.

- d. Meetings: This committee should meet regularly at such intervals as the Committee deems necessary to fulfill its duties and reports to the Executive Committee regarding its activities.

Section 7. Infection Control Committee

- a. Composition: This committee shall consist of at least six representatives of the Medical Staff from the fields of surgery, medicine, obstetrics and gynecology, pediatrics and pathology appointed annually by the President of the Medical Staff. The President of the Medical Staff shall designate a chairperson who will preside. Membership of the Infection Control Committee shall include representatives from nursing, Hospital administration, microbiology and epidemiology. Representation from ancillary administrative services (housekeeping, central service, dietary, maintenance, pharmacy, emergency room and operating room) is to be obtained when appropriate on a consultative basis.
- b. Duties: The Infection Control Committee shall determine the type of surveillance to be used, provide standard criteria for all types of infections, review infections within the Hospital and recommend remedial action, support a preventative and corrective program designed to minimize infection hazards, and supervise and promote all aspects of infection control in the Hospital's activities.
- c. Meetings: This committee shall meet regularly at such intervals as the Committee deems necessary to fulfill its duties, shall maintain a permanent record of its proceedings and activities, and shall forward a written report of its activities to the Executive Committee.

Section 8. Cancer Control Committee

- a. Composition: This committee shall consist of the cancer liaison physician, who shall be appointed by the chairperson of the committee, and representatives of the Medical Staff from the fields of surgery, medical oncology, radiation oncology, gynecology, pathology, diagnostic radiology and primary care, Service Committees and others as deemed desirable to be appointed annually by the President of the Medical Staff who shall designate a chairperson to preside. In appointing representatives from the Medical Staff, the President of the Medical Staff shall ensure that the committee membership includes at least one physician representing the five major cancer sites of breast, prostate, lung, colon/rectum and skin. Representatives from Hospital administration, nursing service, cancer registry and others considered appropriate also may be included on the committee.
- b. Duties:
 - 1) To promote access by patients to consultative services in all disciplines;
 - 2) To assure that educational programs, conferences and other clinical activities cover the entire spectrum of cancer and are pertinent to the needs of the Hospital and Medical Staff;
 - 3) To perform an audit role regarding patient care, either directly by performing patient care studies with an ongoing review of cancer incidence, diagnosis and therapy, or by review of audit data supplied by other committees;

- 4) To actively supervise the cancer data base for quality control of abstracting, staging and reporting; and
 - 5) To carry out the responsibilities of, and monitor and maintain compliance with the standards applicable to, a cancer control committee as specified by the Commission on Cancer.
- c. Meetings: The committee shall meet no less frequently than quarterly and at such other times as the Committee deems necessary to fulfill its duties, shall maintain a permanent record of its proceedings and activities, and shall send written reports of its activities to the Executive Committee.

Section 9. Critical Care Committee

- a. Composition: This committee shall consist of representatives of the Medical Staff from the fields of medicine, cardiology, surgery, neurosurgery, anesthesiology and family practice, and others as deemed desirable, who shall be appointed annually by the President of the Medical Staff, and a chairperson, who shall be elected in the manner provided in Article X, Section 9(b). The committee should also include representatives from Hospital administration, nursing service and such others as may be deemed appropriate.
- b. Chairperson: The chairperson of the committee shall serve for a two-year term following nomination and election in the manner provided in Article X, Section 3, for officers of the Medical Staff. The chairperson shall be a member of the active staff or active community staff well qualified by training, experience and demonstrated ability for the position. The chairperson shall be elected in odd years. Removal of a chairperson during the chairperson's term of office may be accomplished by a two-thirds majority vote of the Executive Committee, a simple majority of which immediately thereafter shall appoint a successor to serve out the remaining term. Similarly, in the event of a vacancy in the position of chairperson for any reason other than removal, the Executive Committee at its next meeting shall appoint a successor to serve out the remaining term.
- c. Duties: The committee shall supervise medical activities in the critical care unit to include formulation of standing orders, development of policies and procedures, assessment of equipment needs and evaluation of patient care to include deaths and complications that arise in the critical care unit and recommend corrective action. The Critical Care Committee shall provide assessments of critical care unit patients as requested by the Medical Staff or nursing staff. The committee shall participate in the long-range planning and physical development of the critical care unit.
- d. Meetings: The committee shall meet regularly at such intervals as the Committee deems necessary to fulfill its duties, shall maintain a permanent record of its proceedings and activities, and shall send written reports of its activities to the Executive Committee.

Section 10. Bylaws Committee

- a. Composition: This committee shall consist of at least three representatives of the Medical Staff appointed annually by the President of the Medical Staff who shall designate a chairperson to preside. The committee should also include representatives from Hospital administration, legal counsel and others as may be deemed appropriate by the Administrator and the President of the Medical Staff.
- b. Duties: The committee shall ensure that the Bylaws and the rules and regulations of the Medical Staff appropriately and accurately reflect current policies of the Hospital and the Medical Staff. It shall have the responsibility to prepare, review and revise proposed amendments to the Medical Staff Bylaws and the rules and regulations as provided in these Bylaws. Errors in grammar, punctuation, reference and cross-reference appearing in these Bylaws may be corrected by the Bylaws Committee, subject to the approval of the Executive Committee without resort to the amendment process described in Article XVIII.
- c. Meetings: This committee shall meet on the call of the chairperson at least annually on a sufficient number of occasions to perform its duties, and minutes of its actions shall be kept.

Section 11. Institutional Review Committee

- a. Composition: This committee shall consist of at least five members appointed annually by the President of the Medical Staff and shall include the Hospital Chaplain and representatives from varied professional backgrounds with at least one lay member who is not employed by the Hospital. The President of the Medical Staff shall appoint a member of the Medical Staff to preside as chairperson.
- b. Duties: The committee shall be responsible for the Hospital's appropriate use of experimental/investigational drugs and medical devices. The committee shall ensure that the patients' rights are protected and that patients will not be subject to inappropriate research projects or improper conduct of clinical investigations. The policies and procedures adopted shall reflect the requirements of the United States Food and Drug Administration for the formation and functioning of Institutional Review Committees.
- c. Meetings: This committee shall meet regularly at such intervals as the Committee deems necessary to fulfill its duties and send quarterly reports to the Executive Committee regarding its activities.

ARTICLE XIII

MEDICAL STAFF MEETINGS

Section 1. Annual Meeting

- a. The Medical Staff shall hold its annual meeting in the month of October, which shall be the sole regularly scheduled meeting of the Medical Staff. Elections of officers for the ensuing period shall be conducted at the October meeting pursuant to these Bylaws.
- b. The Executive Committee shall, by resolution adopted on motion at a regular meeting thereof, designate the time and place for the annual meeting of the Medical Staff. Notice of the original resolution and any changes thereto shall be given to each member of the Medical Staff in the same manner as provided in Section 2 of this Article XIII for notice of a special meeting.

Section 2. Special Meetings

- a. The President of the Medical Staff, the Executive Committee, or not less than twenty-five of the members of the active staff or active community staff may at any time file a written request with the President of the Medical Staff that within fourteen days of the filing of such request, a special meeting of the Medical Staff shall be called and held. The President of the Medical Staff shall designate the time, place and purpose of any such special meeting.
- b. Written notice stating the place, day, hour and purpose of any special meeting of the Medical Staff shall be delivered, either personally or by mail, to each member of the active staff or active community staff not less than three days before the date of such meeting, by or at the direction of the President of the Medical Staff. If mailed, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each staff member at the Practitioner's address as it appears on the records of the Hospital. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

Section 3. Quorum

The presence of twenty percent of the total membership of the active staff and active community staff at any regular or special meeting shall constitute a quorum for purposes of amendment of these Bylaws, and the rules and regulations, and for all other actions. There shall be no voting by proxy.

Section 4. Attendance Requirements

Each member of the active staff or active community staff and members of the provisional Medical Staff who have applied for active staff or active community staff status shall be encouraged to attend Medical Staff meetings.

Section 5. Agenda

a. The agenda at any Medical Staff meeting shall be:

- 1) Call to order;
- 2) Acceptance of the minutes of the last regular and of all intervening special meetings;
- 3) Unfinished business;
- 4) Communications;
- 5) Report from Administrator of the Hospital;
- 6) Executive Committee summary report;
- 7) Reports of other committees;
- 8) New business (including elections, where appropriate);
- 9) Adjournment.

b. The agenda at special meetings shall be:

- 1) Reading of the notice calling the meeting;
- 2) Transaction of business for which the meeting was called;
- 3) Adjournment.

ARTICLE XIV

COMMITTEE AND SERVICE COMMITTEE MEETINGS

Section 1. Regular Meetings

Committees may, by resolution adopted on motion, provide the time for holding regular meetings without notice other than such resolution.

Section 2. Special Meetings

A special meeting of any committee or Service Committee may be called by or at the request of the chairperson or chief thereof, by the President of the Medical Staff, or by one-third of such committee's then members, but not less than two.

Section 3. Notice of Meetings

Written or oral notice stating the place, day, hour and purpose of any special meeting shall be given to each member of the committee or Service Committee not less than three days before the time of such meeting, by the person or persons calling the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

Section 4. Quorum

Thirty percent, but not less than two, of the active staff or active community staff members of a committee or Service Committee shall constitute a quorum at any meeting.

Section 5. Manner of Action

The action of a majority of the members present at a meeting at which a quorum is present shall be the action of a committee or Service Committee. There shall be no voting by proxy. Action may be taken without a meeting by unanimous consent in writing setting forth the action so taken signed by each member entitled to vote thereat.

Section 6. Rights of Ex Officio Members

Persons serving under these Bylaws as ex officio members of a committee shall have all rights and privileges of regular members except they shall neither vote nor be counted in determining the existence of a quorum, unless otherwise expressly provided herein.

Section 7. Minutes

Minutes of each regular and special meeting of a committee or Service Committee shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be promptly forwarded to the Executive Committee. Each committee and Service Committee shall maintain a permanent file of the minutes of each meeting.

ARTICLE XV

REVIEW BY OUTSIDE CONSULTANTS

The Executive Committee, the Chief Medical Officer or the President of the Medical Staff may, through the Administrator, obtain the services of a qualified consultant or consultants to review all or part of any application for appointment or reappointment to the Medical Staff or perform all or part of any peer review or Performance Improvement activity due to a lack of expertise by the Medical Staff, an actual or potential conflict of interest, administrative efficiency or such other reasons as the Executive Committee, the Chief Medical Officer or the President may deem appropriate. Such review shall be advisory and the Executive Committee shall retain the responsibility for making appointment, reappointment, peer review or Performance Improvement recommendations as set forth in these Bylaws. The consultant or consultant activities shall be confidential and protected to the same extent as if performed by the Medical Staff.

ARTICLE XVI

HISTORY AND PHYSICAL

A complete admission history and physical examination shall be recorded prior to any procedure requiring anesthesia or any potentially hazardous diagnostic procedure. A complete history and physical shall be recorded within 12 hours of admission to the intensive care unit or the progressive care unit and within 24 hours of all other admissions to the Hospital. The history and physical examination may be performed and recorded by any Practitioner with clinical privileges to perform history and physical examinations. If performed by another practitioner, the history and physical report must then be countersigned by admitting provider, with either a written signature at the close of the history and physical or by signing an interim update or by making a progress note entry within 24 hours of the history and physical. If a complete history has been recorded and a physical examination performed within 30 days prior to the patient's admission to the Hospital, a reasonably durable, legible copy of these reports may be used in the patient's Hospital medical record in lieu of the admission history and report of the physical examination, provided these reports were recorded by a member of the Medical Staff with appropriate clinical privileges. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded. An admission note containing pertinent and relevant information should be in the chart prior to the dictated history and physical report in the chart. The history and physical report should include all pertinent findings resulting from an assessment of all pertinent systems of the body.

When the history and physical examination are not recorded before an operation, a procedure requiring anesthesia services, or any potentially hazardous diagnostic procedure, the procedure shall be cancelled.

ARTICLE XVII

RULES AND REGULATIONS

The Medical Staff shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each Practitioner in the Hospital. Such rules and regulations shall be a part of these Bylaws, except that they may be amended or repealed at any regular meeting at which a quorum is present and without previous notice or at any special meeting on notice, by a two-thirds vote of the active staff and active community staff present. Such rules and regulations also may be amended or repealed by mail ballot so long as the text of the provisions to be amended or repealed are set forth in writing on the ballot and the ballots are sent to each member of the active staff and active community staff a minimum of fourteen days prior to the deadline for the return of the ballots. To be adopted by mail ballot, a minimum of fifty percent of the total number of active staff and active community staff must return their mail ballots by the voting deadline and the proposed amendment or repealer must be approved by a minimum of two-thirds of the total number of active staff and active community staff who return their ballots. Amendments to, or repeal of, the rules and regulations shall become effective when approved by the Governing Body.

ARTICLE XVIII

AMENDMENTS

These Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff. A proposed amendment shall first be referred to the Bylaws Committee which shall, if it concurs, propose it by mail to the Medical Staff not later than two weeks prior to any regular or special Staff Meeting called for such purpose. To be adopted, an amendment shall require a two-thirds favorable vote of the total number of active staff and active community staff present and voting. Proposed amendments to the Bylaws may also be adopted by mail ballot so long as the text of the provisions to be amended are set forth in writing on the ballot and the ballots are sent to each member of the active staff and active community staff a minimum of fourteen days prior to the deadline for the return of the ballots. To be adopted by mail ballot, a minimum of fifty percent of the total number of active staff and active community staff must return their mail ballots by the voting deadline and the proposed amendment must be approved by a minimum of two-thirds of the total number of active staff and active community staff who return their ballots. Amendments so made shall be effective when approved by the Governing Body.

ARTICLE XIX

ADOPTION AND EFFECTIVE DATE

These amended and restated Bylaws, together with the appended rules and regulations shall replace all previous Bylaws and the rules and regulations, and shall become effective after approval by the Governing Body to be effective as of [_____] [____], 2009.

ADOPTED BY the active staff on the [____]th day of [____], 2009.

President of the Medical Staff

Secretary-Treasurer of the Medical Staff

APPROVED BY the Governing Body on the [____]th day of [____], 2009.

Secretary of the Governing Body

APPENDIX A

RULES AND REGULATIONS OF THE MEDICAL STAFF

NOTE: The definitions applicable to the Bylaws of the Medical Staff of Stevens Hospital shall apply to these rules and regulations.

1. The Hospital may accept patients suffering from all types of conditions for care and treatment.
2. A patient may be admitted to the Hospital only by a member of the Medical Staff. All Practitioners shall be governed by the official admitting policy of the Hospital.
3. A physician member of the Medical Staff shall be the attending physician responsible for the medical care and treatment of each patient in the Hospital. Whenever these responsibilities are transferred to another Medical Staff member on a permanent basis, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record.
4. Each member of the Medical Staff shall provide appropriate and reliable coverage for the care and treatment of his or her patients, whether admitted at the Hospital or presenting themselves at the emergency room, whenever he or she is absent or unavailable. In case of failure to provide such coverage, the Administrator, the President of the Medical Staff, the Chief of the Service concerned, or any physician on duty in the emergency room shall have authority to call any member of the active staff to attend when medically necessary or desirable.
5. The admitting Practitioner shall be responsible for giving such information as may be necessary to assure the protection of the patient from self-harm and to assure the protection of others whenever the Practitioner's patients might be a source of danger.
6. If any question of admission to or discharge from the critical care unit or psychiatric unit should arise, the physician concerned about such admission or discharge should address his or her question to the Chairman of the Critical Care Committee or the Chief of the Psychiatric Service.
7. Each member of the Medical Staff shall abide by the Utilization Review Plan currently in effect.
8. Patients shall be discharged only on order of the attending physician. Should a patient leave the Hospital against the advice of the attending physician, or without proper discharge, a notation of the incident shall be made in the patient's medical record.
9. In the event of a Hospital death, the deceased shall be pronounced dead by a physician or staff registered nurse within a reasonable time. The body shall not be released until an entry has been made and signed in the medical record of the deceased by the person pronouncing the patient dead.

10. It shall be the duty of all Medical Staff members to secure meaningful autopsies whenever possible. An autopsy may be performed only with a written consent, signed in accordance with state law. All autopsies shall be performed by the Hospital pathologist.
11. The attending physician shall be responsible for the preparation by himself or herself or by a consulting physician of a complete and legible medical record for each patient. Its contents shall be pertinent and current. This record shall include identification date; complaint; personal history; family history; history of present illness; physical examination; special reports such as consultations, clinical laboratory and radiology services and others; provisional diagnosis; medical or surgical treatment; operative report; pathological findings; progress notes; final diagnosis; condition on discharge; summary or discharge note; and autopsy report when performed.
12. RESERVED.
13. RESERVED.
14. Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability. Whenever possible each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of test and treatment. Progress notes shall be written at least daily on all patients, except in the cases of normal newborns and patients awaiting nursing home placement who shall be seen at least weekly.
15. Operative reports shall include a detailed account of the findings at surgery as well as the details of the surgical technique. Operative reports shall be recorded immediately following surgery for both outpatients and inpatients. The report will be promptly signed by the surgeon and made a part of the patient's current medical record.
16. Consultations shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, and the consultant's opinion and recommendations. This report shall be made a part of the patient's record. A limited statement such as "I concur" does not constitute an acceptable report or consultation. When operative procedures are involved, the consultation note shall, except in emergency situations so verified on the record, be recorded prior to the operation.
17. The current obstetrical record shall include a complete prenatal record. The prenatal record may be a legible copy of the attending physician's office record transferred to the Hospital before admission, but an interval admission note must be written that includes pertinent additions to the history and any subsequent changes in the physical findings.
18. All clinical entries in the patient's medical record shall be accurately dated, timed and either authenticated, cosigned or signed to indicate that the entry has been reviewed but not approved.
19. Symbols and abbreviations may be used on medical records only when they have been approved by the Medical Staff. An official record of approved abbreviations should be kept on file in the Medical Staff Office.

20. Final diagnosis shall be recorded in full, without the use of symbols or abbreviations, and dated and signed by the responsible physician at the time of discharge of all patients. This will be deemed equally as important as the actual discharge order.
21. A final progress note may be substituted for the clinical resume in the case of patients with problems of a minor nature who require less than a 48 hour period of hospitalization, and in the case of normal newborn infants and uncomplicated obstetrical deliveries. The final progress note should include any instructions given the patient and/or family.
22. Written consent of the patient is required for release of Medical information to persons not otherwise authorized to receive this information.
23. Records may be removed from the Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the Hospital and shall not otherwise be removed. In case of readmission of a patient, all previous records shall be available for the use of the attending physician. This shall apply whether the patient is attended by the same Practitioner or by another. Unauthorized removal of charts from the Hospital is a ground for suspension or corrective action in accordance with the Medical Staff Bylaws.
24. Free access to all medical records of all patients shall be afforded to members of the Medical Staff for bona fide study and research consistent with preserving the confidentiality of personal information concerning the individual patients. All such projects shall be approved by the Executive Committee before records can be studied. Subject to the discretion of the Administrator, former members of the Medical Staff shall be permitted access to information from the medical records of their patients covering all periods during which they attended such patients in the Hospital.
25. A medical record shall not be permanently filed until it is completed by the responsible physician or is ordered filed by the appropriate committee.
26. A Practitioner's routine orders, when applied to a given patient, shall be recorded in the patient's record, dated and signed by the Practitioner.
27. The patient's medical record shall be complete at the time of discharge, including progress notes, final diagnosis and clinical resume. Where this is not possible because final laboratory or other essential reports have not been received at the time of discharge, the patient's chart will be available in a stated place in the Medical Record Department. If the patient still remains incomplete thirty days after discharge, a temporary suspension of all the attending physician's Privileges, including the privilege of admitting patients at the Hospital, effective until medical records are completed, shall be imposed automatically seven days after notification by Special Notice from the President of the Medical Staff for the Executive Committee. The admitting office and all other appropriate departments shall be notified promptly of such action.
28. A general permission form, signed by or on behalf of every patient admitted to the Hospital, must be obtained at the time of admission. The admitting office should notify the attending physician whenever such permission has not been obtained. When so

notified, it shall, except in emergency situations, be the attending physician's obligation to obtain such proper general permission before the patient is treated in the Hospital. Specific, informed consent for any procedure incurring a significant risk of adverse effect shall be obtained by the attending physician performing such procedure.

29. All orders for treatment shall be in writing, written clearly, legibly and completely. Orders which are illegible or improperly written will not be carried out until rewritten or understood. A verbal order shall be considered to be in writing if dictated to a duly authorized person (including, but not necessarily limited to, a registered nurse, respiratory therapist, respiratory technician, registered pharmacist, registered dietician, registered X ray technologist, ultrasound technologist, nuclear medicine technologist, computerized tomography technologist or registered physical therapist) and signed by the responsible physician. All orders dictated over the telephone shall be signed by such duly authorized person to whom dictated with the name of the Practitioner per his or her own name. Orders for medication or restraint shall be authenticated by the Practitioner within 24 hours of the telephone order.
30. All previous orders are cancelled when patients go to surgery.
31. All drugs and medication administered to patients shall be those listed in the latest edition of: United States Pharmacopoeia, National Formulary, American Hospital Formulary Service, A.M.A. Drug Evaluations or Facts and Comparisons. Drugs for bona fide clinical investigations may be exceptions. These shall be used in full accordance with the Statement of Principles Involved in the Use of Investigational Drugs in Hospitals and all regulations of the Federal Drug Administration.
32. Any qualified Practitioner with clinical privileges in the Hospital can be called for consultation within the Practitioner's area of expertise.
33. Except in an emergency, consultation is recommended in the following situations:
 - a. When the patient is not a good risk for operation and treatment;
 - b. Where the diagnosis is obscure after ordinary diagnostic procedures have been completed;
 - c. Where there is doubt as to the choice of therapeutic measures to be utilized;
 - d. In unusually complicated situations where specific skills of other Practitioners may be needed;
 - e. In instances in which the patient exhibits severe psychiatric symptoms and is not being attended by a psychiatrist;
 - f. When requested by the patient or the patient's family.
34. Consultation guidelines have been established by various Services and shall have the same force and effect as these rules and regulations.

35. The attending Practitioner is responsible for requesting consultation and for calling in a qualified consultant.
36. If a nurse has any reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, such nurse shall call this to the attention of the nursing supervisor. If warranted, the nursing supervisor shall bring the matter to the attention of the attending physician, the Chief of the Service to which such Practitioner is assigned, the President of the Medical Staff or the Administrator. Where circumstances are such as to justify such action, the Chief of the Service, the President of the Medical Staff or the Administrator may request a consultation.
37. The attending physician or the physician's designee shall make daily visits on all patients under his or her care and make a progress note, except in the cases of normal newborns, patients awaiting nursing home placement, and patients designated as Hospice patients, who shall be seen at least weekly.
38. The Disaster Plan as jointly adopted by the Hospital and the Medical Staff and from time to time amended shall be considered a part of these rules and regulations.
39. All active staff members are responsible for participating in the emergency call schedules established by their respective Service Committees. Each Service Committee shall establish a call schedule as necessary for appropriate management of emergency room patients. The Executive Committee of the Medical Staff may adopt policies from time to time excepting Practitioners from mandatory participation in the emergency call schedule based on factors such as age or years of service on the Medical Staff.
40. All patients who present to the Hospital and who request examination and treatment for an emergency medical condition or active labor, as these terms are defined in 42 U.S.C. § 1395dd, shall be evaluated for the existence of an emergency medical condition, or where applicable, active labor ("screening examination"). This screening examination may be performed by: (1) a Physician; (2) a physician assistant; or (3) a registered nurse who has been approved by the chief of the emergency department or labor and deliver (as applicable) to perform screening examinations. In all circumstances in the event the registered nurse performing the screening examination is uncertain about the nature of the patient's condition or the existence of an emergency or active labor, a Physician shall be required to examine the patient and make the determination of the existence of an emergency or active labor.
41. Patients admitted for dental services shall be admitted by the dentist to the Surgery Service. Patients admitted for podiatric services shall be the dual responsibility of the podiatric physician and a member of the Medical Staff or Allied Health Professional Staff possessing appropriate privileges. Either a member of the Medical Staff or Allied Health Professional Staff possessing appropriate privileges shall be responsible for the medical care of the dental or podiatric patient throughout the Hospital stay. An adequate medical survey, to include a medical history and physical examination, shall be done and recorded by a member of the Medical Staff or Allied Health Professional Staff possessing

appropriate privileges before either dental or podiatric surgery is performed in the same manner as before any other surgery. All patients admitted for dental or podiatric procedures also must have proper dental or podiatric history and examination forms completed prior to treatment.

42. All active staff members are responsible for serving as a proctor in compliance with the focused professional evaluation policy approved by the Executive Committee from time to time.
43. Failure of a Practitioner to respond to a quality assurance inquiry from a Medical Staff Committee within 30 days from date of delivery of the inquiry will result in a temporary suspension of all the Practitioner's privileges until an adequate response to the quality assurance inquiry has been received. Such suspension shall be imposed automatically five days after notification by Special Notice from the President of the Medical Staff or the Chief Medical Officer of the Hospital.

ADOPTED BY the active staff on the [__]th day of [_____], 2009.

President of the Medical Staff

APPROVED BY the Governing Body on the [__]th day of [_____], 2009.

Secretary of the Governing Body