

**MEDICAL STAFF BYLAWS, POLICIES, AND  
RULES AND REGULATIONS  
OF  
UPMC PINNACLE**

**MEDICAL STAFF BYLAWS**

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## ARTICLE 1

### GENERAL

#### 1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Credentials Policy.

#### 1.B. TIME LIMITS

Time limits referred to in these Bylaws are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

#### 1.C. DELEGATION OF FUNCTIONS

- (1) When a function is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to one or more designees.
- (2) When a Medical Staff member is unavailable or unable to perform an assigned function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

#### 1.D. MEDICAL STAFF DUES

- (1) Medical Staff dues shall be as recommended by the Medical Executive Committee and may vary by category.
- (2) Dues shall be payable annually upon request. Failure to pay dues shall result in ineligibility for continued appointment and clinical privileges.
- (3) Signatories to the Hospital's Medical Staff account shall be the President of the Medical Staff and the Secretary-Treasurer.

1.E. INDEMNIFICATION

The Hospital shall provide a legal defense for, and shall indemnify, all Medical Staff officers, department chairpersons, section chiefs, committee chairs, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by the Hospital's corporate bylaws.



## ARTICLE 2

### CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials Policy are eligible to apply for appointment to one of the categories listed below. All categories, with the respective rights and obligations of each, are summarized in the chart attached as Appendix A to these Bylaws.

#### 2.A. ACTIVE STAFF

##### 2.A.1. Qualifications:

The Active Staff shall consist of Physicians, Dentists, and Podiatrists who:

- (a) are involved in at least 24 patient contacts per two-year appointment term; or
- (b) fail to meet the activity requirements of this category but have demonstrated a commitment to the Medical Staff through service on Medical Staff or Hospital committees or active participation in performance/quality improvement functions for at least 24 documented hours per appointment term.

##### 2.A.2. Prerogatives:

Active Staff members may:

- (a) admit patients without limitation, except as otherwise provided in the Bylaws or Bylaws-related documents, or as limited by the Board;
- (b) vote in all general and special meetings of the Medical Staff and applicable department, section, and committee meetings;
- (c) hold office, serve as a department chairperson or section chief, serve on Medical Staff committees, and serve as a chair of a committee; and
- (d) exercise such clinical privileges as are granted to them.

##### 2.A.3. Responsibilities:

Active Staff members must assume all the responsibilities of membership on the Active Staff, including:

- (a) serving on committees, as requested;
- (b) providing specialty coverage for the Emergency Department and accepting referrals from the Emergency Department for follow up care of patients treated in the Emergency Department in a manner determined by the department chairperson;

- (c) providing care for unassigned patients in a manner determined by the department chairperson;
- (d) participating in the evaluation of new members of the Medical Staff;
- (e) participating in the professional practice evaluation and performance improvement processes (including constructive participation in the development of clinical practice protocols and guidelines pertinent to their medical specialties);
- (f) accepting inpatient consultations, when requested;
- (g) paying application fees, dues, and assessments, where applicable; and
- (h) performing assigned duties.
- (i) physician's supervising Physician Assistants will be required to countersign 100% of the patient records completed by the physician assistant within a reasonable time, not to exceed ten days. Unless exempted by the state.

## 2.B. ACTIVE COMMUNITY STAFF

### 2.B.1. Qualifications:

The Active Community Staff consists of those Physicians, Dentists, and Podiatrists who:

- (a) desire to be associated with, but who do not intend to establish a clinical practice at, this Hospital;
- (b) have indicated or demonstrated a willingness to assume all the responsibilities of membership on the Active Community Staff as outlined in this document; and
- (c) may wish to request only limited outpatient-related therapies for the care and treatment of their patients at the Hospital.

### Guidelines:

Except as noted in (b), the Active Community Staff is a membership-only category, with no clinical privileges being granted. The primary purpose of the Active Community Staff is to promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access Hospital services for their patients by referral of patients to Active Staff members for admission and care.

### 2.B.2. Prerogatives and Responsibilities:

- (a) Active Community Staff members:

- (1) may attend and vote at meetings of the Medical Staff and applicable departments or sections;
  - (2) may hold office or serve as a department chairperson, section chief, or committee chair;
  - (3) shall generally have no Medical Staff responsibilities, but may be assigned to committees (with vote);
  - (4) may attend educational activities sponsored by the Medical Staff and the Hospital;
  - (5) may refer patients to members of the Active Staff for admission and/or care;
  - (6) are encouraged to submit their outpatient records for inclusion in the Hospital's medical records for any patients who are referred;
  - (7) are also encouraged to communicate directly with Active Staff members about the care of any patients referred, as well as to visit any such patients, and record a courtesy progress note in the medical record containing relevant information from the patients' outpatient care;
  - (8) may review the medical records and test results (via paper or electronic access) for any patients who are referred;
  - (9) may perform preoperative history and physical examinations in the office and have those reports entered into the Hospital's medical records;
  - (10) may not: admit patients, attend patients, write inpatient orders, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to patients at the Hospital;
  - (11) may refer patients to the Hospital's diagnostic facilities and order such tests;
  - (12) may accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and
  - (13) must pay application fees, dues, and assessments.
- (b) Active Community Staff members may be granted limited privileges to order certain outpatient therapies (e.g., infusion therapy injections), but should these privileges be requested, (i) they must request specific therapies and demonstrate competence in their ability to carry out the specific therapies to the satisfaction of the Credentials Committee, and (ii) they must also establish and provide the Hospital with evidence of a formal arrangement with a member of the Active Staff to provide inpatient care for their patients, should that be necessary.

## 2.C. HONORARY STAFF

### 2.C.1. Qualifications:

- (a) The Honorary Staff will consist of Allied Health Professionals, Physicians, Dentists, or Podiatrists who:
  - (1) have a record of previous long-standing service to the Hospital and have retired from the active practice of medicine; or
  - (2) are recognized for outstanding or noteworthy contributions to the medical sciences.
- (b) None of the specific qualifications for appointment are applicable to members of the Honorary Staff.

### 2.C.2. Prerogatives and Responsibilities:

Honorary Staff members:

- (a) may not admit, attend, or consult on patients;
- (b) may attend Medical Staff and department meetings when invited to do so (without vote);
- (c) may be appointed to committees (with vote);
- (d) are entitled to attend educational programs of the Medical Staff and the Hospital;
- (e) may not hold office or serve as a department chairperson, section chief, or committee chair; and
- (f) are not required to pay application fees, dues, or assessments.

## 2.D. ALLIED HEALTH PROFESSIONAL STAFF

### 2.D.1. Qualifications:

The Allied Health Professional Staff consists of providers who satisfy the qualifications and conditions for appointment contained in the Allied Health Professionals Policy. Allied Health Professionals shall be appointed to the Medical Staff as non-voting members.

### 2.D.2. Prerogatives and Responsibilities:

Allied Health Professional Staff members:

- (a) may attend applicable department or section meetings (without vote);

- (b) may not hold office or serve as a department chairperson, section chief, or committee chair;
- (c) may serve on a committee, if requested (with vote);
- (d) must actively participate in the professional practice evaluation and performance improvement processes; and
- (e) must pay applicable fees, dues, and assessments.
- (f) Pennsylvania Department of Health regulation for written orders for Registered Dieticians to allow Medications or treatment shall be administered only upon written and signed orders of a practitioner acting within the scope of his/her license and qualified according to the medical staff bylaws.

## ARTICLE 3

### OFFICERS

#### 3.A. DESIGNATION

The officers of the Medical Staff shall be the President of the Medical Staff, the President-Elect of the Medical Staff, and the Secretary-Treasurer.

#### 3.B. ELIGIBILITY CRITERIA

Only those members of the Medical Staff who satisfy the following criteria initially and continuously shall be eligible to serve as an officer of the Medical Staff, unless an exception is recommended by the Medical Executive Committee and approved by the Board. They must:

- (1) have served on the Active Staff for at least five years;
- (2) have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges;
- (3) not presently be serving as Medical Staff Officers, Board members, or department chair at any other hospital and shall not so serve during their term of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have experience in a leadership position, or other involvement in performance improvement functions;
- (6) participate in Medical Staff leadership training, as determined by the Medical Executive Committee;
- (7) have demonstrated an ability to work well with others; and
- (8) not have any compensation arrangement (other than ownership or investment interest) with an entity that competes with the Hospital (or any affiliate.) This does not apply to services provided within an individual's office and billed under the same provider number used by the individual. All compensation arrangements of officers should be disclosed to the Medical Staff Officers and conflicts of interest may be waived by majority vote of the Officers, Chief Executive Officer and Senior Vice President of Medical Affairs with the interested officer recused.

### 3.C. DUTIES

#### 3.C.1. President of the Medical Staff:

The President of the Medical Staff shall:

- (a) act in coordination and cooperation with the Senior Vice President of Medical Affairs and Chief Executive Officer in matters of mutual concern involving the care of patients in the Hospital;
- (b) represent and communicate the views, policies, concerns, and needs, and report on the activities, of the Medical Staff to the Chief Executive Officer and the Board;
- (c) serve as an ex officio member of the Board (with vote);
- (d) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff;
- (e) serve as chair of the Medical Executive Committee;
- (f) promote adherence to the Bylaws, policies, and Rules and Regulations of the Medical Staff and to the policies and procedures of the Hospital;
- (g) be the spokesperson for the Medical Staff in its external professional and public relations;
- (h) promote the educational activities of the Medical Staff; and
- (i) perform all functions authorized in these Bylaws, and other applicable policies, including collegial intervention in the Credentials Policy.

#### 3.C.2. President-Elect of the Medical Staff:

The President-Elect of the Medical Staff shall:

- (a) assume all duties of the President of the Medical Staff and act with full authority as President in his or her absence;
- (b) serve on the Medical Executive Committee;
- (c) automatically succeed the President of the Medical Staff at the completion of his/her term or in the event of a vacancy during his/her term;
- (d) serve as an ex officio member of the Board with vote during the year prior to his/her term as President of the Medical Staff; and
- (e) assume other such duties as are assigned by the President of the Medical Staff.

### 3.C.3. Secretary-Treasurer:

The Secretary-Treasurer shall:

- (a) serve on the Medical Executive Committee;
- (b) cause to be kept accurate and complete minutes of all Medical Executive Committee and Medical Staff meetings;
- (c) be responsible for the collection of, accounting for, and disbursements of all Medical Staff funds, dues, etc., and make disbursements authorized by the Medical Executive Committee; and
- (d) perform such other duties as are assigned by the President of the Medical Staff.

### 3.D. NOMINATIONS

- (1) The Nominating Committee shall consist of at least the three most immediate Past Presidents who are members of the Active Staff and the current Medical Staff officers. The most immediate Past President shall serve as chair of the committee.
- (2) The Nominating Committee shall develop a slate of candidates for each forthcoming vacancy in office after confirming that each candidate meets the eligibility criteria and is willing to serve, if elected.
- (3) The slate of qualified candidates will be submitted to the Medical Executive Committee for nomination in March. Notice of the nominees shall be provided to the Medical Staff in April, with the final slate of candidates for each office being ratified by the Medical Executive Committee in May.
- (4) Nominations may also be submitted in writing by a petition signed by at least 40 members of the Active Staff, to be submitted no later than May 1. In order for a nomination to be placed on the ballot, the candidate must meet the qualifications in these Bylaws, in the judgment of the Nominating Committee, and be willing to serve. Nominations from the floor shall not be accepted.

### 3.E. ELECTION

- (1) The election shall be held by ballot returned to Physician and Practitioner Services. Ballots will be sent to the members of the Active Staff no later than June 1, and must be returned in person, by mail, by facsimile, or by e-mail ballot within 72 hours prior to the commencement of the Annual Meeting. Any ballots received after that time will be excluded. Those who receive a majority of the votes cast shall be elected, subject to



Board confirmation. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes.

- (2) If only a single candidate is nominated for an office, no written ballot is required and the election can be completed by voice vote at the Annual Meeting.

### 3.F. TERM OF OFFICE

Officers shall assume office on the first day of the fiscal year and serve for a term of two years or until a successor is elected.

### 3.G. REMOVAL

- (1) Removal of an elected officer or member of the Medical Executive Committee may be effectuated by a two-thirds vote of the Medical Executive Committee, a two-thirds vote of all members of the Active Staff, or by the Board. Grounds for removal shall be:
  - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (b) failure to continue to satisfy any of the criteria these Bylaws;
  - (c) failure to perform the duties of the position held;
  - (d) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
  - (e) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to address the Medical Executive Committee, the Active Staff, or the Board, as applicable, prior to a vote on removal.
- (3) No removal shall be effective until approved by the Board.

### 3.H. VACANCIES

A vacancy in the office of President of the Medical Staff shall be filled by the President-Elect, who shall serve until the end of the President's unexpired term. In the event there is a vacancy in the office of the President-Elect or Secretary-Treasurer, the Medical Executive Committee shall appoint an individual to fill the office for the remainder of the term.

## ARTICLE 4

### CLINICAL DEPARTMENTS AND SECTIONS

#### 4.A. ORGANIZATION

- (1) The Medical Staff will be organized into the clinical departments, sections and service lines where incorporated into the Medical Staff structure as listed in the Medical Staff Organization Manual.
- (2) Subject to the approval of the Board, the Medical Executive Committee may create or eliminate departments, create or eliminate sections within departments, or otherwise reorganize the department structure, including but not limited to the creation of service lines.

#### 4.B. CLINICAL DEPARTMENTS

##### 4.B.1. Assignment to Departments:

- (a) Upon initial appointment to the Medical Staff, each member shall be assigned to a clinical department. Assignment to a particular department does not preclude an individual from seeking and being granted clinical privileges typically associated with another department.
- (b) An individual may request a change in department assignment to reflect a change in the individual's clinical practice.

##### 4.B.2. Functions of Departments:

- (a) The departments shall be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the departments, (ii) to monitor the practice of all those with clinical privileges or a scope of practice in a given department, (iii) to work cooperatively with the Hospital and other departments to develop and support any related service lines, and (iv) to provide appropriate specialty coverage in the Emergency Department, consistent with the provisions in these Bylaws and related documents.
- (b) Medical Staff departments may be added or dissolved as functions are assumed by other departments or new needs identified as approved by the Medical Executive Committee.

#### 4.B.3. Qualifications of Department Chairpersons and Vice Chairpersons:

Each department chairperson (and vice chairperson) will:

- (a) be an Active or Active Community Staff member;
- (b) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and
- (c) satisfy the eligibility criteria in Section 3.B.

#### 4.B.4. Selection of Department Chairpersons and Vice Chairpersons:

- (a) When there is a vacancy in a department chairperson position, or a new department is created, the President of the Medical Staff in consultation with the Senior Vice President of Medical Affairs and the Chief Executive Officer, will appoint a search committee.
- (b) The search committee will evaluate each candidate with respect to professional expertise, leadership skills, administrative capabilities, and commitment to the support and development of the Medical Staff and the department. The search committee will also consider input from members of the department and other members of the Medical Staff.
- (c) At the conclusion of its work, the search committee will make a recommendation and forward the recommendation to the department and then the Medical Executive Committee for review and input. Thereafter, the recommendation will be forwarded to the Board for final action on the selection of the department chairperson.
- (d) Each department chairperson may recommend the appointment of a vice chairperson. This recommendation will be reviewed by the Medical Executive Committee and subject to final approval by the Board.

#### 4.B.5. Term of Appointment and Performance Evaluation for Department

Chairpersons and Vice Chairpersons:

- (a) Initial appointment and reappointment of a department chairperson will be for a period of five years or as otherwise set forth in the chairperson's contract. Within 6 months of a chair term expiring, the chairperson will be asked by a staff officer if he/she would like to possibly continue as chairperson. If so, an evaluation committee will be appointed in the usual manner to collect data and seek comment from the entire department. This committee will then meet with the chairperson for evaluation and discussion. It will be pointed out that in order to continue for another term, the sitting chairperson will have to receive a super majority or 75% of the received departmental vote for ratification. However, if the super majority is not received or after discussion with the evaluation committee the chairperson chooses not to seek another term, then a full search

committee will be appointed to conduct a search for a new chairperson in the usual fashion.

- (b) A performance evaluation of the department chairperson may be initiated by the Senior Vice President of Medical Affairs or the President of the Medical Staff, addressing the following factors:
  - (1) quality and support of the department as it interfaces with the Hospital, other departments and any related service lines;
  - (2) communication, coordination, quality and service of care within the department;
  - (3) effectiveness of the performance improvement program; and
  - (4) where appropriate, contribution to patient care, education and research.

The Senior Vice President of Medical Affairs will prepare a written report of the evaluation, provide a copy to the department chairperson concerned, and monitor the department chairperson's progress. The Medical Executive Committee will also receive a copy of the initial report and any progress reports issued by the Senior Vice President of Medical Affairs.

#### 4.B.6. Duties of Department Chairpersons:

Department chairpersons are responsible for the following, either individually or in collaboration with Hospital personnel:

- (a) coordinating all clinically-related activities of the department;
- (b) coordinating all administratively-related activities of the department, unless otherwise provided for by the Hospital;
- (c) facilitating the integration of the department into the primary functions of the Hospital;
- (d) continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges, including performing ongoing and focused professional practice evaluations (OPPE and FPPE);
- (e) recommending criteria for clinical privileges that are relevant to the care provided in the department;
- (f) evaluating requests for clinical privileges for each member of the department;
- (g) assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the department or the Hospital;
- (h) integrating the department into the primary functions of the Hospital;

- (i) coordinating and integrating interdepartmental and intradepartmental services;
- (j) developing and implementing policies and procedures that guide and support the provision of care, treatment, and services in the department;
- (k) making recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- (l) determining the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (m) continuously assessing and improving the quality of care, treatment, and services provided within the department, which may include a random audit of medical records in the department to determine whether chart notations were accurate, complete, and acceptable in content and quality;
- (n) maintaining quality monitoring programs, as appropriate;
- (o) providing for the orientation and continuing education of all persons in the department, and being responsible for teaching and research activities;
- (p) making recommendations for space and other resources needed by the department;
- (q) being accountable to the Medical Executive Committee for all professional and administrative activities within the department;
- (r) being responsible for departmental implementation of actions taken by the Medical Executive Committee; and
- (s) performing all functions authorized in the Credentials Policy, including collegial intervention efforts.

4.B.7. Removal of Department Chairpersons and Vice Chairpersons:

- (a) A department chairperson (or vice chairperson) may be removed by:
  - (1) a two-thirds vote of the Active Staff members of the department;
  - (2) a two-thirds vote of the Medical Executive Committee; or
  - (3) the Board.

Removal by the members of the department or by the Medical Executive Committee will be subject to Board confirmation.

- (b) Grounds for removal shall be:

- (1) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (2) failure to continue to satisfy any of the qualifications for department chairpersons outlined in these Bylaws;
  - (3) failure to perform the duties of the position held;
  - (4) suspected conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
  - (5) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (c) Prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action shall be taken at least ten days prior to the date of the meeting. The individual shall be afforded an opportunity to address the department, the Medical Executive Committee, or the Board, as applicable, prior to a vote on such removal.

#### 4.C. SECTIONS

##### 4.C.1. Qualifications, Selection and Removal of Section Chiefs:

- (a) The relevant department chairperson will appoint qualified individuals to serve as chief of each section, subject to the approval of the Medical Executive Committee and the Chief Executive Officer.
- (b) Section chiefs must meet the same qualifications as department chairpersons.
- (c) The department chairperson has the authority, subject to consultation with the Medical Executive Committee, to remove a section chief from office.
- (d) If requested by two-thirds of the members in a section, the department chairperson will evaluate the performance of a section chief to determine whether the section chief should be removed from office.

##### 4.C.2. Duties of Section Chief:

The section chief will carry out the duties requested by the department chairperson. These duties may include:

- (a) review of and reporting on applications for initial appointment and clinical privileges, including interviewing applicants;

- (b) review of and reporting on applications for reappointment and renewal of clinical privileges;
- (c) participation in the development of criteria for clinical privileges;
- (d) review and reporting on the professional performance of individuals practicing within the section; and
- (e) delegation to a sub-section chairperson such duties as appropriate, including, but not limited to, the review of applications for appointment, reappointment, or clinical privileges or questions that may arise if the section chief has a conflict of interest with the individual under review.

4.C.3. Functions of Sections or Service Lines:

- (a) Sections or Service Lines may perform any of the following activities:
  - (1) continuing education;
  - (2) discussion of policy;
  - (3) discussion of equipment needs;
  - (4) development of recommendations to the department chairperson or the Medical Executive Committee;
  - (5) participation in the development of criteria for clinical privileges (when requested by the department chairperson); and
  - (6) discussion of a specific issue at the special request of a department chairperson or the Medical Executive Committee.
- (b) No minutes or reports will be required reflecting the activities of a section or service line, except when a section or service line is making a formal recommendation to a department, department chairperson, Credentials Committee, or Medical Executive Committee.
- (c) Sections or service lines will not be required to hold regularly scheduled meetings.

## ARTICLE 5

### MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

#### 5.A. MEDICAL STAFF COMMITTEES

##### 5.A.1. General:

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.

##### 5.A.2. Appointment of Committee Chairs and Members:

Unless otherwise indicated in these Bylaws or the Medical Staff Organization Manual:

- (a) all committee chairs and members shall be appointed by the President of the Medical Staff who shall serve ex officio (with vote) on all committees. Committee chairs shall be selected based on the criteria set forth in these Bylaws;
- (b) committee chairs and members shall be appointed for a term of two years and may be reappointed for additional terms. All appointed chairs and members may be removed and vacancies filled by the President of the Medical Staff at his/her discretion;
- (c) all Hospital and administrative representatives on the committees shall be appointed by the Chief Executive Officer. All such representatives shall serve on the committees, without vote; and
- (d) the Senior Vice President of Medical Affairs and the Chief Executive Officer (or their respective designees) shall be members, ex officio, without vote, on all Medical Staff committees.

##### 5.A.3. Meetings, Reports, and Recommendations:

Unless otherwise indicated, each committee described in these Bylaws or in the Medical Staff Organization Manual shall meet as necessary to accomplish its functions and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely written report after each meeting to the Medical Executive Committee and to other committees and individuals as may be indicated.



## 5.B. MEDICAL EXECUTIVE COMMITTEE

### 5.B.1. Composition:

The Medical Executive Committee shall be comprised of the President, President-Elect, Secretary-Treasurer, Senior Vice President for Medical Affairs, Chairperson of the Bylaws Committee, Chairperson of the Credentials Committee, Chairperson of the Medical Staff Quality Committee, chairperson of each department and additional Departmental representatives, who shall be Active or Active Community Medical Staff Members and who shall be elected to a two-year term by each department, based on the following schedule:

31-60 Active or Active Community Medical Staff Members: one additional representative

61-90 Active or Active Community Medical Staff Members: two additional representatives

91 or more Active or Active Community Medical Staff Members: three additional representatives

The number of Active or Active Community Medical Staff Members in each department for the purpose of electing additional department representatives shall be fixed by the Medical Executive Committee prior to the date of each election.

The Chief Executive Officer and Chief Nursing Officer will be ex-officio members without votes. The President of the Medical Staff will be Chairperson of the Committee. A member may serve in only one position on the Medical Executive Committee at any one time. A departmental vacancy shall be filled (1) by prompt vote of the department and (2) by the second Medical Executive Committee meeting after the vacancy is identified. The vice chairperson of a department will serve as the department chairperson representative in those cases where the department chairperson occupies another position on the Committee.

### 5.B.2. Duties:

The Medical Executive Committee is delegated the primary authority over activities related to the functions of the Medical Staff and performance improvement. This authority may be removed or modified by amending these Bylaws and related policies. The Medical Executive Committee is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between Medical Executive Committee meetings);
- (b) recommending directly to the Board on at least the following:
  - (1) the Medical Staff's structure;

- (2) the mechanism used to review credentials and to delineate individual clinical privileges;
  - (3) applicants for Medical Staff appointment and reappointment;
  - (4) delineation of clinical privileges for each eligible individual;
  - (5) participation of the Medical Staff in Hospital performance improvement activities and the quality of professional services being provided by the Medical Staff;
  - (6) the mechanism by which Medical Staff appointment may be terminated;
  - (7) hearing procedures; and
  - (8) reports and recommendations from Medical Staff committees, departments, and other groups, as appropriate;
- (c) consulting with administration on quality-related aspects of contracts for patient care services;
  - (d) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;
  - (e) providing leadership in activities related to patient safety;
  - (f) providing oversight in the process of analyzing and improving patient satisfaction;
  - (g) ensuring that, at least every three years, the Bylaws, policies, and associated documents of the Medical Staff are reviewed and updated;
  - (h) providing and promoting effective liaison among the Medical Staff, Administration, and the Board; and
  - (i) performing such other functions as are assigned to it by these Bylaws, the Credentials Policy, or other applicable policies.

### 5.B.3. Meetings:

The Medical Executive Committee shall meet at least monthly and shall maintain a permanent record of its proceedings and actions.

### 5.C. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in the measurement, assessment, and improvement of at least the following:

- (a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;
- (b) the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures;
- (c) medical assessment and treatment of patients;
- (d) medication usage, including review of significant adverse drug reactions, medication errors, and the use of experimental drugs and procedures;
- (e) the utilization of blood and blood components, including review of significant transfusion reactions;
- (f) operative and other invasive procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
- (g) appropriateness of clinical practice patterns;
- (h) significant departures from established patterns of clinical practice;
- (i) use of information about adverse privileging determinations regarding any practitioner;
- (j) the use of developed criteria for autopsies;
- (k) sentinel events, including root cause analyses and responses to unanticipated adverse events;
- (l) health care-associated infections and the potential for infection;
- (m) unnecessary procedures or treatment;
- (n) appropriate resource utilization;
- (o) education of patients and families;
- (p) coordination of care, treatment, and services with other practitioners and Hospital personnel;
- (q) accurate, timely, and legible completion of medical records;
- (r) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in Appendix B of these Bylaws;
- (s) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual's performance; and

- (t) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board.
- (2) A description of the committees that carry out systematic monitoring and performance improvement functions, including their composition, duties, and reporting requirements, is contained in the Medical Staff Organization Manual.

5.D. CREATION OF STANDING COMMITTEES AND SPECIAL TASK FORCES

- (1) The Medical Executive Committee may, by resolution, and without amendment of these Bylaws, establish additional standing committees to perform one or more staff functions, including professional practice evaluation activities.
- (2) The Medical Executive Committee may dissolve or rearrange the structure, duties, or composition of the Medical Staff committees as needed to better accomplish Medical Staff functions.
- (3) Any function required to be performed by these Bylaws which is not assigned to an individual or a standing committee shall be performed by the Medical Executive Committee.
- (4) Special task forces may also be created and their members and chairs shall be appointed by the President of the Medical Staff and/or the Medical Executive Committee. Such special task forces shall confine their activities to the purpose for which they were appointed and shall report to the Medical Executive Committee.

ARTICLE 6

CHIEF MEDICAL OFFICER

- (a) The Chief Medical Officer shall be appointed by the Board upon recommendation of the Chief Executive Officer in consultation with and following approval by the Medical Executive Committee and shall be responsible to the Chief Executive Officer as the chief medical officer of the Hospital.
- (b) The Chief Medical Officer shall perform such duties and functions as may be delegated from time to time by the Chief Executive Officer, which may include, but not be limited to, the following:
- (1) assisting the Chief Executive Officer in the implementation of the Hospital's performance improvement program;
  - (2) serving as an ex officio member of all departments and all Medical Staff committees;
  - (3) serving as an advisor to the Medical Staff and the President of the Medical Staff;
  - (4) assisting department chairpersons in the performance of their duties;
  - (5) supervising the Hospital's and Medical Staff's adherence to appropriate standards of patient care, quality management, performance improvement, risk management, and outcomes management;
  - (6) actively participating in the preparation and presentation of budgets for each department in conjunction with Hospital administration;
  - (7) acting as the Hospital's medical liaison, after consultation with the Chief Executive Officer, to local, state and federal agencies;
  - (8) overseeing Medical Staff compliance with applicable laws, regulations, and the standards of accrediting bodies;
  - (9) coordinating all of the medical education and research activities within the Hospital; and
  - (10) performing such other duties and responsibilities as may be necessary for the efficient functioning of UPMC Pinnacle and Medical Staff; and
  - (11) be a member of the Medical Staff.

ARTICLE 7

MEETINGS

7.A. GENERAL MEDICAL STAFF MEETINGS

- (1) The Medical Staff year is July 1 to June 30. The annual meeting of the Medical Staff shall be held during the month of June.
- (2) Special meetings of the Medical Staff may be called by the President of the Medical Staff, the Medical Executive Committee, the Chief Executive Officer, the Board, or by a petition signed by at least 10% of the voting members of the Medical Staff.

7.B. DEPARTMENT, SECTION, AND COMMITTEE MEETINGS

7.B.1. Regular Meetings:

Except as otherwise provided in these Bylaws or in the Organization Manual, each department, section, and committee shall meet as often as necessary to accomplish their functions, at times set by each body's respective Presiding Officer.

7.B.2. Special Meetings:

A special meeting of any department, section, or committee may be called by or at the request of the Presiding Officer, the President of the Medical Staff, the Medical Executive Committee, or the Chief Executive Officer, or by a petition signed by at least 10% of the voting staff of the department, section, or committee, but not by fewer than three members.

7.C. PROVISIONS COMMON TO ALL MEETINGS

7.C.1. Prerogatives of the Presiding Officer:

- (a) The Presiding Officer of each meeting is responsible for setting the agenda for any regular or special meeting of the Medical Staff, department, section, or committee.
- (b) The Presiding Officer has the discretion to conduct any meeting by telephone conference or videoconference.
- (c) The Presiding Officer shall have the authority to rule definitively on all matters of procedure. While Robert's Rules of Order may be used for reference in the discretion of the Presiding Officer, it shall not be binding. Rather, specific provisions of these Bylaws

and Medical Staff, department, section, or committee custom shall prevail at all meetings and elections.

7.C.2. Notice of Meetings:

- (a) Medical Staff members shall be provided notice of all regular meetings of the Medical Staff and regular meetings of departments, sections, and committees at least 14 days in advance of the meetings. Notice may also be provided by posting in a designated location at least 14 days prior to the meetings. All notices shall state the date, time, and place of the meetings.
- (b) When a special meeting of the Medical Staff, a department, a section, and/or a committee is called, notice must be given at least 48 hours prior to the special meeting. In addition, posting may not be the sole mechanism used for providing notice of any special meeting.
- (c) The attendance of any individual at any meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.

7.C.3. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, section, or committee, those voting members present (but not fewer than three) shall constitute a quorum. Exceptions to this general rule are as follows:
  - (1) for meetings of the Medical Executive Committee, the Credentials Committee, and the Peer Review Committee, the presence of at least 50% of the voting members of the committee shall constitute a quorum; and
  - (2) for any amendments to these Medical Staff Bylaws, at least 10% of the voting staff shall constitute a quorum.
- (b) Recommendations and actions of the Medical Staff, departments, sections, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those voting members present.
- (c) As an alternative to a formal meeting, the voting members of the Medical Staff, a department, section, or a committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, telephone, or other technology approved by the President of the Medical Staff, and their votes returned to the Presiding Officer by the method designated in the notice. Except for amendments to these Bylaws and actions by the Medical Executive Committee, the Credentials Committee, and the Peer Review Committee (as noted in (a)), a quorum for purposes of these votes shall be the number of responses returned to the Presiding Officer by the date indicated. The question

raised shall be determined in the affirmative and shall be binding if a majority of the responses returned has so indicated.

7.C.4. Minutes, Reports, and Recommendations:

- (a) Minutes of all meetings of the Medical Staff, departments, and committees (and applicable section meetings) shall be prepared and shall include a record of the attendance of members and the recommendations made and the votes taken on each matter. The minutes shall be authenticated by the Presiding Officer.
- (b) A summary of all recommendations and actions of the Medical Staff, departments, sections, and committees shall be transmitted to the Medical Executive Committee. The Board shall be kept apprised of the recommendations of the Medical Staff and its clinical departments and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by the Hospital.

7.C.5. Confidentiality:

All Medical Staff business conducted by committees, departments, or sections is considered confidential and proprietary and should be treated as such. However, members of the Medical Staff who have access to, or are the subject of, credentialing and/or peer review information understand that this information is subject to heightened sensitivity and, as such, agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Hospital policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

7.C.6. Attendance Requirements:

- (a) Attendance at meetings of the Medical Executive Committee, the Credentials Committee, and the Peer Review Committee is required. All members are required to attend at least 50% of all regular and special meetings of these committees. Failure to attend the required number of meetings may result in replacement of the member.
- (b) Each Active Staff member is expected to attend and participate in Medical Staff meetings and applicable department, section, and committee meetings each year.



## ARTICLE 8

### BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials Policy and the Allied Health Professionals Policy in a more expansive form.

#### 8.A. QUALIFICATIONS FOR APPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct, licensure, and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials and Allied Health Professionals Policies.

#### 8.B. PROCESS FOR PRIVILEGING

Requests for privileges are provided to the applicable department chairperson, who reviews the individual's education, training, and experience and prepares a report (on a form provided by Physician and Practitioner Services) stating whether the individual meets all qualifications. The Credentials Committee then reviews the chair's assessment, the application, and all supporting materials and makes a recommendation to the Medical Executive Committee. The Medical Executive Committee may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the Medical Executive Committee to grant privileges is favorable, it is forwarded to the Board for final action. If the recommendation of the Medical Executive Committee is unfavorable, the individual is notified by the Chief Medical Officer of the right to request a hearing.

#### 8.C. PROCESS FOR CREDENTIALING (APPOINTMENT AND REAPPOINTMENT)

Complete applications are provided to the applicable department chairperson, who reviews the individual's education, training, and experience and prepares a report (on a form provided by Physician and Practitioner Services) stating whether the individual meets all qualifications. The Credentials Committee then reviews the chair's assessment, the application, and all supporting materials and makes a recommendation to the Medical Executive Committee. The Medical Executive Committee may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the Medical Executive Committee to grant appointment or reappointment is favorable, it is forwarded to the Board for final action. If the

recommendation of the Medical Executive Committee is unfavorable, the individual is notified by the Chief Medical Officer of the right to request a hearing. The Corporation delegates authority and responsibility for the credentialing of the Medical Staff to the Quality and Safety Committee and further authorizes any two voting Board Members of the Corporation serving on the Quality and Safety Committee to grant expedited approval of credentials to highly recommended candidates with no issues identified in either background or in the credentialing/privileging process following an affirmative Medical Executive Committee recommendation. The Quality and Safety Committee shall function as the "Joint Conference Committee" for the Corporation as identified in § 103.4(11) of the Pennsylvania Department of Health regulations.

8.D. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES

- (1) Appointment and clinical privileges may be automatically relinquished if an individual:
  - (a) fails to do any of the following:
    - (i) timely complete medical records;
    - (ii) satisfy threshold eligibility criteria;
    - (iii) provide requested information;
    - (iv) attend a special conference to discuss issues or concerns; or
    - (v) complete and/or comply with educational or training requirements.
  - (b) is involved or alleged to be involved in defined criminal activity as defined in the Credentials Policy;
  - (c) makes a misstatement or omission on an application form;
  - (d) remains absent on leave for longer than one year, unless an extension is granted by the Chief Executive Officer and Senior Vice President of Medical Affairs; or
  - (e) in the case of an advanced practice provider, fails, for any reason, to maintain an appropriate supervision relationship with a supervising physician.
- (2) Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

#### 8.E. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the Medical Executive Committee, the President of the Medical Staff, the President-Elect, the department chairperson, or the Chief Medical Officer is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the Chief Medical Officer or the Medical Executive Committee.
- (3) The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The Medical Executive Committee will review the reasons for the suspension within a reasonable time under the circumstances, not to exceed 14 days.
- (5) Prior to, or as part of, this review, the individual will be given an opportunity to meet with the Medical Executive Committee.

#### 8.F. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES

Following an investigation or a determination that there is sufficient information upon which to base a recommendation, the Medical Executive Committee may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) clinical competence or practice; (b) safety or proper care being provided to patients; (c) violation of ethical standards or the Bylaws, policies, or Rules and Regulations of the Hospital or the Medical Staff; or (d) conduct that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staff.

#### 8.G. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR SCHEDULING AND CONDUCTING HEARINGS AND THE COMPOSITION OF THE HEARING PANEL

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will be appointed by the President of the Medical Staff and comprised of at least five individuals as described in the Fair Hearing Manual of the Medical Staff Credentials Policy, and may include any combination of:
  - (i) any member of the Medical Staff, provided the member has not actively participated in the matter at any previous level; and/or

- (ii) physicians or lay persons not connected with the Hospital (ie. physicians not on the Medical Staff or laypersons not affiliated with the Hospital).
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
  - (4) A stenographic reporter will be present to make a record of the hearing.
  - (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit proposed findings, conclusions, and recommendations to the Hearing Panel.
  - (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.
  - (7) The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.
  - (8) The affected individual and the Medical Executive Committee may request an appeal of the recommendations of the Hearing Panel to the Board.

#### 8.H. DISASTER PRIVILEGES

When the disaster plan has been implemented and the immediate needs of patients in the facility cannot be met, the Chief Medical Officer of the President of the Medical Staff may use a modified credentialing process to grant disaster privileges to eligible volunteer licensed independent practitioners (“volunteers”) in accordance with the provisions of the Credentials Policy.

ARTICLE 9

AMENDMENTS

9.A. MEDICAL STAFF BYLAWS

- (1) Neither the Medical Executive Committee, the Medical Staff, nor the Board shall unilaterally amend these Bylaws.
- (2) Amendments to these Bylaws may be proposed by the Medical Executive Committee or by a petition signed by at least 10% of the voting members of the Medical Staff.
- (3) All proposed amendments to these Bylaws must be reviewed by the Medical Executive Committee prior to a vote by the Medical Staff. The Medical Executive Committee may, in its discretion, provide a report on them either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, (i) a quorum of at least 10% of the voting staff must be present, and (ii) the amendment must receive a majority of the votes cast by the voting staff at the meeting.
- (4) The Medical Executive Committee may also present proposed amendments to these Bylaws to the Active Staff by written ballot or e-mail, to be returned to Physician and Practitioner Services by the date indicated by the Medical Executive Committee. Along with the proposed amendments, the Medical Executive Committee may, in its discretion, provide a written report on them either favorably or unfavorably. To be adopted, (i) the amendment must be voted on by at least 10% of the voting staff, and (ii) the amendment must receive a majority of the votes cast.
- (5) The Medical Executive Committee shall have the power to adopt technical, non-substantive amendments to these Bylaws which are needed because of reorganization, renumbering, punctuation, spelling, or other errors of grammar or expression.
- (6) All amendments shall be effective only after approval by the Board.
- (7) If the Board has determined not to accept a recommendation submitted to it by the Medical Executive Committee or the Medical Staff, the Medical Executive Committee may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the Chief Executive Officer within two weeks after receipt of a request.

## 9.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) An amendment to the Credentials Policy or the Allied Health Professionals Policy may be made by a majority vote of the members of the Medical Executive Committee present and voting at any meeting of that Committee where a quorum exists, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Medical Executive Committee. Notice of all proposed amendments to these two documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the Medical Executive Committee meeting when the vote is to take place. Any voting member may submit written comments on the amendments to the Medical Executive Committee.
- (2) An amendment to the Medical Staff Organization Manual or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Medical Executive Committee present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments to these documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the Medical Executive Committee meeting when the vote is to take place, and any voting member may submit written comments on the amendments to the Medical Executive Committee.
- (3) The Medical Executive Committee and the Board shall have the power to provisionally adopt urgent amendments to the Medical Staff Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of all provisionally adopted amendments shall be provided to each member of the Medical Staff as soon as possible. The Medical Staff shall have 14 days to review and provide comments on the provisional amendments to the Medical Executive Committee. If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional amendments shall stand. If there is conflict over the provisional amendments, then the process for resolving conflicts set forth below shall be implemented.
- (4) All other policies of the Medical Staff may be adopted and amended by a majority vote of the Medical Executive Committee. No prior notice is required.
- (5) Amendments to Medical Staff policies and Rules and Regulations may also be proposed by a petition signed by at least 10% of the voting members of the Medical Staff. Any such proposed amendments will be reviewed by the Medical Executive Committee, which may comment on the amendments before they are forwarded to the Board for its final action.
- (6) Adoption of, and changes to, the Credentials Policy, Medical Staff Organization Manual, Allied Health Professionals Policy, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

- (7) The present Medical Staff Rules and Regulations are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws. To the extent any present Rule or Regulation is inconsistent with these Bylaws, it is of no force or effect.

#### 9.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the Medical Executive Committee, supported by a petition signed by 10% of the voting staff, with regard to:
  - (a) new or amended Medical Staff Rules and Regulations proposed by the Medical Executive Committee; or
  - (b) a new or amended Medical Staff policy proposed by the Medical Executive Committee, a special meeting of the Medical Staff to discuss the conflict may be called by a petition signed by not less than 10% of the voting members of the Medical Staff. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the amendment(s) or policy at issue.
- (2) If the differences cannot be resolved, the Medical Executive Committee shall forward its recommendations, along with the proposed recommendations pertaining to the amendment or policy at issue offered by the voting members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff.
- (4) Nothing in this section is intended to prevent individual Medical Staff members from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Bylaws, the Medical Staff Rules and Regulations, or other Medical Staff policies directly to the Board. Communication from Medical Staff members to the Board will be directed through the Chief Executive Officer, who will forward the request for communication to the Chair of the Board. The Chief Executive Officer will also provide notification to the Medical Executive Committee by informing the President of the Medical Staff of all such exchanges. The Chair of the Board will determine the manner and method of the Board's response to the Medical Staff member(s)

ARTICLE 10

ADOPTION

These Medical Staff Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, Rules and Regulations, policies, manuals, or Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Staff: \_\_\_\_\_

Approved by the Board: \_\_\_\_\_



**APPENDIX A**

**MEDICAL STAFF CATEGORIES SUMMARY**

<b>CATEGORY</b>	<b>QUALIFICATIONS</b>	<b>PREROGATIVES AND RESPONSIBILITIES</b>
<b>ACTIVE STAFF</b>	Physicians, Dentists, and Podiatrists who: <ul style="list-style-type: none"> <li>• are involved in at least 24 patient contacts per two-year appointment term; or</li> <li>• fail to meet the activity requirements of this category but have demonstrated a commitment to the Medical Staff through service on Medical Staff or Hospital committees or active participation in performance/quality improvement functions for at least 24 documented hours per appointment term</li> </ul>	<ul style="list-style-type: none"> <li>• admit patients without limitation, except as otherwise provided in the Bylaws or Bylaws- related documents, or as limited by the Board</li> <li>• vote in all general and special meetings of the Medical Staff and applicable department, section, and committee meetings</li> <li>• hold office, serve as a department chairperson or section chief, serve on Medical Staff committees, and serve as a chair of a committee</li> <li>• exercise such clinical privileges as are granted to them</li> <li>• serving on committees, as requested</li> <li>• providing specialty coverage for the Emergency Department and accepting referrals from the Emergency Department for follow up care of patients treated in the Emergency Department in a manner determined by the department chairperson</li> <li>• providing care for unassigned patients in a manner determined by the department chairperson</li> <li>• participating in the evaluation of new members of the Medical Staff</li> <li>• participating in the professional practice evaluation and performance improvement processes (including constructive participation in the development of clinical practice protocols and guidelines pertinent to their medical specialties)</li> <li>• accepting inpatient consultations, when requested</li> <li>• paying application fees, dues, and assessments, where applicable</li> <li>• performing assigned duties</li> </ul>
<b>ACTIVE COMMUNITY STAFF</b>	Physicians, Dentists, and Podiatrists who: <ul style="list-style-type: none"> <li>• desire to be associated with, but who do not intend to establish a clinical practice at, this Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• may attend and vote at meetings of the Medical Staff and applicable departments or sections</li> <li>• may hold office or serve as a department chairperson, section chief, or committee chair</li> <li>• shall generally have no Medical Staff responsibilities, but may be assigned to committees (with vote)</li> <li>• may attend educational activities sponsored by the Medical Staff and the Hospital</li> </ul>

	<ul style="list-style-type: none"> <li>• have indicated or demonstrated a willingness to assume all the responsibilities of membership on the Active Community Staff as outlined in Section 2.B.2</li> <li>• may wish to request only limited outpatient-related therapies for the care and treatment of their patients at the Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• may refer patients to members of the Active Staff for admission and/or care</li> <li>• are encouraged to submit their outpatient records for inclusion in the Hospital’s medical records for any patients who are referred</li> <li>• are also encouraged to communicate directly with Active Staff members about the care of any patients referred, as well as to visit any such patients, and record a courtesy progress note in the medical record containing relevant information from the patients’ outpatient care</li> <li>• may review the medical records and test results (via paper or electronic access) for any patients who are referred</li> <li>• may perform preoperative history and physical examinations in the office and have those reports entered into the Hospital’s medical records</li> <li>• may not: admit patients, attend patients, write inpatient orders, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to patients at the Hospital</li> <li>• may refer patients to the Hospital’s diagnostic facilities and order such tests</li> <li>• may accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department</li> <li>• must pay application fees, dues, and assessments</li> </ul>
<p><b>HONORARY STAFF</b></p>	<p>Allied Health Professionals, Physicians, Dentists, and Podiatrists who:</p> <ul style="list-style-type: none"> <li>• have a record of previous long-standing service to the Hospital and have retired from the active practice of medicine or are recognized for outstanding or noteworthy contributions to the medical sciences</li> <li>• None of the specific qualifications for appointment are applicable to</li> </ul>	<ul style="list-style-type: none"> <li>• may not admit, attend, or consult on patients</li> <li>• may attend Medical Staff and department meetings when invited to do so (without vote)</li> <li>• may be appointed to committees (with vote)</li> <li>• are entitled to attend educational programs of the Medical Staff and the Hospital</li> <li>• may not hold office or serve as a department chairperson, section chief, or committee chair</li> <li>• are not required to pay application fees, dues, or assessments</li> </ul>

	members of the Honorary Staff	
<b>ALLIED HEALTH PROFESSIONALS</b>	<ul style="list-style-type: none"> <li>• may attend applicable department or section meetings (without vote)</li> <li>• may not hold office or serve as a department chairperson, section chief, or committee chair</li> <li>• may serve on a committee, if requested (with vote)</li> <li>• must actively participate in the professional practice evaluation and performance improvement processes</li> <li>• must pay applicable fees, dues, and assessments</li> </ul>	<i>Please refer to the Policy on Allied Health Professionals.</i>

## APPENDIX B

### HISTORY AND PHYSICAL EXAMINATIONS

- (1) General Documentation Requirements
  - (a) A complete medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services).
- (2) The scope of the medical history and physical examination will include, as pertinent:
  - patient identification;
  - chief complaint;
  - history of present illness;
  - review of systems;
  - personal medical history, including medications and allergies;
  - family medical history;
  - social history, including any abuse or neglect;
  - physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses;
  - data reviewed;
  - assessments, including problem list;
  - plan of treatment; and
  - if applicable, signs of abuse, neglect, addiction, or emotional/behavioral disorder, which will be specifically documented in the physical examination, and any need for restraint or seclusion which will be documented in the plan of treatment.
- (3) In the case of a pediatric patient, the history and physical examination report must also include:
  - (i) developmental age; (ii) length or height; (iii) weight; (iv) head circumference (if appropriate); and (v) immunization status.
  - (a) H&Ps Performed Prior to Admission
    - (1) Any history and physical performed more than 30 days prior to an admission or registration is invalid and may not be entered into the medical record.
    - (2) If a medical history and physical examination has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record. However, in these circumstances, the patient must also be evaluated at the time of

admission/registration or prior to surgery/invasive procedure, whichever comes first, and an update recorded in the medical record.

- (3) The update of the history and physical examination must (i) reflect any changes in the patient's condition since the date of the original history and physical that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition, and (iii) include a statement that an examination has been performed.

(b) Cancellations, Delays, and Emergency Situations

- (1) When the history and physical examination is not recorded in the medical record before a surgical or other invasive procedure (including, but not limited to, endoscopy, colonoscopy, bronchoscopy, cardiac catheterizations, radiological procedures with sedation, and procedures performed in the Emergency Room), the operation or procedure will be canceled or delayed until a complete history and physical examination is recorded in the medical record, unless the attending physician documents that an emergency situation exists.
- (2) In an emergency situation, when there is no time to record a complete history and physical, the attending physician will record an admission or progress note immediately prior to the procedure. The admission or progress note will document, at a minimum, an assessment of the patient's heart rate, respiratory rate, and blood pressure. Immediately following the emergency procedure, the attending physician is then required to complete and document a full history and physical examination.

(c) Short Stay Documentation Requirements

For ambulatory or same day procedures, a Short Stay History and Physical Form, approved by the Medical Executive Committee, may be utilized. These forms shall document the chief complaint or reason for the procedure, the relevant history of the present illness or injury, and the patient's current clinical condition/physical findings.

(d) Prenatal Records

The current obstetrical record will include a complete prenatal record. The prenatal record may be a legible copy of the admitting physician's office record transferred to the Hospital before admission. An interval admission note must be written that includes pertinent additions to the history and any subsequent changes in the physical findings. There needs to be an entry within 30 days of admission to be valid. Then the update would be from that visit to the admission.

(e) Signatures/Countersignatures

(1) All clinical entries on medical records shall be dated and signed by the author or appropriate designee.

(2) The attending Practitioner shall countersign and, if necessary, supplement at least the history, physical examination, consultation, operative report, and summary written by the house officer.

(4) In the case of a patient at an outpatient pain clinic, the history report must include: (i) allergies; (ii) current medications; (iii) cardiac; (iv) neurological and/or musculoskeletal; and (v) pain. Physical examination must include: (i) vital signs; (ii) injection site; and if indicated by history or diagnosis, may include (iii) cardiac; and (iv) neurological and/or musculoskeletal.

(5) Inpatient Hospice Care – In the case of a patient who is discharged from acute inpatient care and immediately admitted to inpatient hospice care (GIP), the previous history and physical examination note must be reviewed. The history and physical may be copied forward if there are no changes. Or, the physician can document an interval note. The interval note must include, date, and time that the history and physical was reviewed and document any changes. The interval note should address the primary reason(s) for the GIP admission. These might include: (1) pain or symptom crisis management requiring frequent medication adjustments and monitoring; (2) intractable nausea or vomiting; (3) advanced open wounds requiring changes in treatment or monitoring; (4) unmanageable respiratory distress; or (5) delirium with behavior changes.

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