

**MercyOne Centerville  
Medical Center  
Medical Staff  
Bylaws**

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## 1. DEFINITIONS

- 1.1 **Advance Practice Provider or APP** means an individual, other than a licensed Physician, who exercises independent judgment within the areas of his/her professional competence and the limits established by the Board of Directors, the Medical Staff and the applicable State Practice Acts. APPs are eligible for Medical Staff membership or privileges as provided under these Bylaws, and may be eligible to exercise practice privileges and prerogatives in conformity with the Bylaws, Rules and Regulations of the Board of Directors and the Medical Staff.
- 1.2 **Affect(s) Adversely or Adversely Affect(s)** means reducing, restricting, suspending, revoking, denying or failing to renew Medical Staff Membership or Clinical Privileges.
- 1.3 **Affiliate Medical Staff** means all dentists, podiatrists, and psychologists who hold independent Clinical privileges at the hospital.
- 1.4 **Board** means the governing body of the Hospital.
- 1.5 **Bylaws** mean these Bylaws of the Medical Staff as they may be amended from time to time.
- 1.6 **Clinical Privileges or Privileges** refers to the permission granted by the Board to those persons, other than employees or independent contractors of the Hospital, who admit patients and/or provide patient care for rendering specific professional, diagnostic, therapeutic, medical, dental or surgical services.
- 1.7 **Credentialing Entity** is an independent organization specializing in credentialing procedures and delegated by the Hospital to receive, compile, verify, and organize information for applications for membership to the Medical Staff.
- 1.8 **Criminal Conviction** means conviction of any felony, or a plea of guilty or no contest (nolo contendere) to any felony, or a conviction or plea to any misdemeanor related to the practice of a health care profession, to Federal Health Care Program fraud or abuse, to third-party reimbursement, or to controlled substances.
- 1.9 **Electronic Medical Record.** An application environment composed of the clinical data repository, clinical decision support, controlled medical vocabulary, order entry, computerized provider order entry, pharmacy, and clinical documentation applications. This environment supports the patient's electronic medical record across inpatient and outpatient environments, and is used by healthcare practitioners to document, monitor, and manage health care delivery within a care delivery organization (CDO). The data in the EMR is the legal record of what happened to the patient during their encounter at the CDO and is owned by the CDO.
- 1.10 **Excluded Provider** is an individual or entity that will not be reimbursed under Medicare, Medicaid, and all other Federal Health Care Programs for any item or services furnished, ordered or prescribed. An individual or entity becomes an Excluded Provider for violations such as program-related crimes, patient abuse, claims for excessive charges or unnecessary

services, receiving or giving kick-backs, fraud, failing to repay the government for student loans, and/or failing to disclose required information to authorities. The Office of Inspector General, after notice, imposes exclusion upon an individual or entity from all Federal Health Care Programs, not just Medicare and Medicaid. The exclusion exists until the individual or entity has been reinstated by the office of Inspector General. A Practitioner who chooses not to provide medical care to Medicare or Medicaid patients is not an Excluded Provider.

An individual who is under threat of exclusion is also not an Excluded Provider. A sanctioned provider is an individual or entity disciplined for program violations by federal or state agencies, but is not an Excluded Provider. Sanctioning can result from a conviction of one of the above violations or imposition of a civil monetary penalty.

- 1.11. **Fair Hearing Plan** ("FHP") means the procedures for hearings and appeals applicable to a Physician, dentist, podiatrist and psychologist set forth in these Bylaws, as they may be amended from time to time.
- 1.12. **Federal Health Care Program** means Medicare, Medicaid or CHAMPUS or any other federal or state program providing health care benefits which is funded directly or indirectly by the United States government.
- 1.13. **Focused Professional Practice Evaluation** (FPPE) means a review of performance during the initial year period, for a specific aspect of a practitioner's performance at the time of appointment, when new Privileges are requested, or it may be utilized when additional information or a period of monitoring is needed to confirm competence in the organization's setting. Focused review will be utilized if concerns or trends are identified during the course of Ongoing Professional Practice Evaluation.
- 1.14. **Good Standing** means that an appointee or Member, at the time the issue is raised, has met the attendance and committee participation requirements during the previous Medical Staff year, is not in arrears in dues payments, and has not received a suspension or restriction of his or her appointment or Privileges in the previous twelve (12) months; provided, however, that if an appointee has been suspended in the previous twelve (12) months for failure to comply with the Hospital's policies regarding medical records or for failing to pay any required dues and has subsequently taken appropriate action, such suspension shall not adversely affect the appointee's Good Standing status.
- 1.15. **Hospital** means MercyOne Centerville Medical Center.
- 1.16. **Hospital President** means the president or other executive designated by the Board to serve as the administrative leader of the Hospital.
- 1.17. An **Investigation** means the focused and purposeful gathering of information, records and other data pertaining to the competence, professional conduct or practice patterns of a Practitioner for the purpose of determining whether to take or recommend a Professional Review Action. Only the MEC may initiate an Investigation and it must be documented in writing in the minutes of the meeting. The routine functions of the MEC, of its committees, of the Hospital's performance improvement or resource management

departments or committees, and all discussions with a Practitioner relating to these matters do not constitute an Investigation.

- 1.18. **MEC** refers to the voting members of the Active medical staff as a whole who serve as the Medical Executive Committee.
- 1.19. **Medical Staff** means the single organized body of Physicians, dentists, podiatrists and psychologists who have been granted Clinical Privileges to deliver healthcare services to patients of the Hospital. The Medical Staff is an integral part of the Hospital and is not a separate entity.
- 1.20. **Member or Membership** means a member of the Medical Staff.
- 1.21. **Notice** means written notification that is either (a) delivered in person via messenger, (b) faxed or mailed by certified mail, or (c) delivered via commercial courier, with a duplicate sent by ordinary mail, to the recipient's last known home or office address on file in the Medical Staff office.
- 1.22. **"OHCA"** is an Organized Health Care Arrangement. The HIPAA Privacy rule provides for legally separate covered entities that jointly perform health related activities and operations to form an organized health care arrangement. The OHCA permits covered entities to share protected health information in a clinically integrated care setting in which individuals typically receive health care from more than one health care provider.
- 1.23. **Ongoing Professional Practice Evaluation (OPPE)** means a process that is designed to continually evaluate performance, and requires ongoing monitoring for trends, events, variances in standard of care, to facilitate early identification of potential problems. This allows for identification of practice trends that impact on quality of care and patient safety that requires intervention by the organized medical staff. This process also provides a more efficient evidenced-based privilege renewal process at the time of reappointment and can be used to determine whether to continue, limit, or revoke any existing Privileges(s).
- 1.24. A **Physician** is an individual who has received a Doctor of Osteopathy or Doctor of Medicine degree and is currently licensed to practice medicine in Iowa.
- 1.25. **Practitioner** means a Physician, dentist, podiatrist, psychologist or APP who holds or applies for Clinical Privileges at the Hospital.
- 1.26. **A Professional Review Action**
  - 1.26.1. Has the following four characteristics:
    - 1.26.1.1. It is an action or recommendation of a Professional Review Body.
    - 1.26.1.2. It is taken or made in the conduct of a Professional Review Activity.
    - 1.26.1.3. It is based on the competence or professional conduct of a Practitioner that is harmful or potentially harmful to patients.

1.26.1.4. The action or recommendation affects or might Affect Adversely the Clinical Privileges of the Practitioner and/or, in the case of a Physician, dentist, podiatrist and psychologist, Membership on the Medical Staff.

1.26.2. A **Professional Review Action** includes:

1.26.2.1. for immunity purposes, all Professional Review Activities related to the Professional Review Action as well as all decisions not to take action; and

1.26.2.2. actions or recommendations pertaining to the applicant and re-applicant who seeks Membership or Clinical Privileges.

1.26.3. A Professional Review Action does not include actions relating to a Practitioner's association with a professional society; to a Practitioner's fees, advertising or other acts to solicit business; to a Practitioner's participation in prepaid group health plans, salaried employment or any other manner of delivering health services; to a Practitioner's association with any particular class of health care Practitioner; or to any other matter that does not relate to the competence or professional conduct of the Practitioner.

**1.27.** A **Professional Review Activity** means any activity to determine whether a Practitioner may hold Clinical Privileges at the Hospital or, in the case of a Physician, dentist, podiatrist and psychologist, Membership on the Medical Staff, to determine the scope of such Privileges or Membership or to modify such Privileges or Membership.

**1.28.** A **Professional Review Body** means the Hospital, the Board, or any duly constituted committee of the Hospital or Board that conducts Professional Review Activities. It includes each committee of the Medical Staff that assists the Hospital or the Board in Professional Review Activities.

**1.29.** **Reasonable Cause** for removal of a Medical Staff Officer or committee member means:

1.29.1. Failure to satisfy the qualifications for Medical Staff Membership;

1.29.2. Failure to discharge the responsibilities of Medical Staff Membership;

1.29.3. Failure to discharge the responsibilities of the office for which he or she is elected;  
or

1.29.4. A final Professional Review Action that is reportable to the National Practitioner Data Bank has been taken against him or her.

**1.30.** **Rules and Regulations** refers to the Rules and Regulations of the Medical Staff and such other policies and manuals guiding the activities and structure of the Medical Staff as may be adopted and amended from time to time pursuant to these Bylaws.

### **1.31. Interpretation and Application.**

- 1.31.1. These Bylaws shall not impair the authority of the Board to set policy and make decisions on behalf of the Hospital.
- 1.31.2. The MEC, the Board, and the Hospital President shall be permitted latitude in applying these Bylaws, to the extent reasonably necessary, so that the fundamental purposes of the MEC and these Bylaws may be carried out.
- 1.31.3. The MEC, the Board, and the Hospital President shall be deemed to have complied with these Bylaws whenever action is taken in good faith, in the interest of serving the stated purposes, and in a manner reasonably appropriate to the personnel and resources then available.
- 1.31.4. Time limits and procedures specified in these Bylaws may be temporarily suspended in instances where the MEC or the Board is presented with a new issue and seeks to study it to determine the appropriate policy or rule to follow.
- 1.31.5. Singular and plural noun forms, and masculine and feminine pronoun forms, for stylistic purposes, are used interchangeably, unless the context specifically requires otherwise.
- 1.31.6. These Bylaws are governed by and construed in accordance with HCQIA and other applicable federal laws and regulations and, to the extent not so governed, by state law.
- 1.31.7. Wherever counting days is required in these Bylaws or the rules and regulations, the day of the triggering event will not count and the day of the deadline will count. Whenever a deadline falls on a holiday, a Saturday or a Sunday, the deadline will be extended to the next workweek day which is not a holiday. Holiday means those workweek days when Hospital offices are closed. Days refers to calendar days.
- 1.31.8. All Notices that are required by these Bylaws or the rules and regulations will be sufficient if delivered or deposited in the United States mail addressed to the individual's address of record, or if electronically written and e-mailed to the recipient at his Hospital e-mail address and/or other last known registered e-mail addresses according to the Hospital's books and records. All persons who are entitled by these Bylaws or the rules and regulations to receive Notice must provide e-mail addresses to the Hospital if they wish to receive Notices at any locations in addition to their Hospital e-mail addresses. Except as otherwise required by these Bylaws, all Notices must be given five (5) days in advance of the thing or event being noticed, unless an emergency exists, in which case the Notice shall be as far in advance as circumstances reasonably permit.
- 1.31.9. Where voting contemplated by these Bylaws or the rules and regulations is through ballot, ballots may be issued and returned in written or electronic format.

## **2. PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF**

### **2.1. Name.**

The Members of MercyOne Centerville Medical Center's Medical Staff, hereby provide a formal organization to accomplish the goals of quality patient care, research and education, which will conform to the following Bylaws. The name of this organization shall be the Medical Staff of MercyOne Centerville Medical Center.

### **2.2. Purposes.**

The purposes of the Medical Staff of MercyOne Centerville Medical Center, shall be:

- 2.2.1. To serve God and the salvation of souls achieved through the care of the sick with the dignified preservation of life as a primary goal. The absolute opposition to the deliberate termination of life at any stage from the moment of conception for any reason is respected and agreed to in all relationships within MercyOne Centerville Medical Center.
- 2.2.2. To discharge those duties and responsibilities assigned and granted by the Board, to monitor the quality of medical care in the Hospital and make recommendations thereon to the Board so that all patients admitted to or treated at any of the facilities or services of the Hospital shall receive quality care.
- 2.2.3. To discharge those duties granted by the Board, including making recommendations on the appointment or reappointment of applicants to the Medical Staff of the Hospital, Clinical Privileges such applicants shall enjoy in the Hospital, and appropriate action that may be necessary in connection with any member of the Medical Staff, to the end that at all times there shall be a quality level of professional performance by all persons authorized to practice in the Hospital.
- 2.2.4. To establish a Medical Staff organization that will represent the Practitioners of MercyOne Centerville Medical Center, and will provide a means whereby issues concerning the Medical Staff and the Hospital may be discussed both within the Medical Staff organization and with the Board and the Hospital President.
- 2.2.5. To establish Bylaws to govern actions of members of the Medical Staff.

### **2.3. Responsibilities.**

Medical Staff Members agree to:

- 2.3.1. Abide by the Bylaws, Rules and Regulations, Policies and Procedures of the Medical Staff and Hospital;
- 2.3.2. Adhere to the ethics of their profession;



- 2.3.3. Maintain competency within their clinical specialty;
- 2.3.4. Provide professional care of generally recognized quality and efficiency;
- 2.3.5. Practice within the scope of their delineated Clinical Privileges;
- 2.3.6. Provide for the continuous and timely care of assigned patients;
- 2.3.7. Cooperate with activities designed to monitor and evaluate clinical competence;
- 2.3.8. Assist the Hospital in fulfilling the responsibilities for providing emergency and charitable care;
- 2.3.9. Act in an ethical and professional manner;
- 2.3.10. Treat patients, employees, visitors and colleagues in a dignified and courteous manner;
- 2.3.11. Provide patient care consistent with appropriate use of resources; 2.3.12. Maintain professional liability insurance;
- 2.3.12. Comply with reporting requirements of the National Practitioner Data Bank as defined in the Rules and Regulations;
- 2.3.13. Submit annual Medical Staff dues (if any); and
- 2.3.14. Participate in Medical Staff affairs by attendance at required meetings.

#### **2.4. Principles of Medical Ethics.**

Acceptance of membership on the Medical Staff constitutes agreement that he/she will abide by the principles and ethics of American Medical Association or the American Osteopathic Association. It is further recognized that the Hospital is a Catholic institution and these Bylaws must conform with the Ethical and Religious Directives for Catholic Care Services, authored by the National Conference of Catholic Bishops.

#### **2.5. History and Physical Examination.**

A medical history and physical examination shall be completed no more than thirty (30) days before or twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician, an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with state law and the Rules and Regulations. The history and physical shall be countersigned by the attending Physician.

When the medical history and physical examination is completed within thirty (30) days before admission or registration, the Physician must complete and document an updated examination of the patient within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The updated examination

of the patient, including any changes in the patient's condition must be completed and documented by a Physician, an oral and maxillofacial surgeon or other qualified licensed individual in accordance with state law and the Rules and Regulations.

### 3. MEDICAL STAFF MEMBERSHIP

- 3.1. Membership on the Medical Staff is a privilege which shall be extended to professionally competent Physicians, dentists, podiatrists, psychologists and APPs who continuously meet the qualifications, standards, and requirements set forth in these Bylaws.
- 3.2. Only Physicians, dentists, podiatrists, psychologists, and APPs licensed to practice in the State of Iowa who can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession and their good reputation (character and judgment) with sufficient adequacy to assure the Medical Staff and the Board that any patient treated by them in the Hospital shall receive quality medical care, shall be qualified for membership on the Medical Staff.
- 3.3. Physicians applying for initial appointment to Active or Courtesy Medical Staff shall be board certified or board eligible or be a graduate of an approved residency.
- 3.4. No Physician, dentist, podiatrist, psychologist, or APP 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 he is duly licensed to practice medicine, dentistry, podiatry, or psychology, in Iowa or any other state, or that he is a member of any professional organization or that he had in the past, or presently has, staff membership or privileges in another hospital. No Physician, dentist, podiatrist, or psychologist, shall be denied membership on the Medical Staff or the exercise of particular Clinical Privileges in the Hospital solely by virtue of the fact that he is a member of any professional organization, solely by virtue of the license held by the practitioner or solely because of the school or institution in which the practitioner received medical or postgraduate training if the medical or postgraduate training was at an institution accredited by an organization recognized by the Council on Postsecondary Accreditation or an accrediting group recognized by the United States Department of Education,
- 3.5. Gender, race, creed, color, national origin, sexual preference, gender identity, and disability will not be criteria considered in making decisions regarding the granting or denial of Medical Staff membership or Clinical Privileges.
- 3.6. Acceptance of membership on the Medical Staff shall constitute the agreement of the Physician, dentist, podiatrist or APP that he or she will abide by, and his or her professional conduct shall be governed by, the Principles of Medical Ethics of the American Medical Association, or by the Code of Ethics of the American Osteopathic Association, or the principles of ethics applicable to the particular Member's profession, and by the Code of Ethical and Religious Directives for Catholic Facilities.
- 3.7. Physicians, dentists, podiatrists, psychologists and APPs shall be mentally and physically qualified to practice their professions.
- 3.8. As a condition of appointment and reappointment, each applicant, member, or practitioner with Clinical Privileges, effective as of the date of appointment, shall become a participant in an Organized Health Care Arrangement ("OHCA") with MercyOne Centerville Medical Center. Each member shall comply with MercyOne Centerville Medical Center's policies

and procedures related to the use or disclosure of individually identifiable health information as a participant of "OCHA)

## 4. CATEGORIES OF MEMBERSHIP

### 4.1. Categories.

All appointments to the Medical Staff shall be made by the Board on the recommendation of the Medical Staff and shall be to one of the following categories:

Active  
Courtesy  
Affiliate  
Consulting  
Honorary  
Emergency  
Interim/Locums  
Hospitalist  
Community

- 4.1.1. Active Medical Staff. The Active Medical Staff shall consist of Physicians who are residing within a reasonable distance of the Hospital and, who are actively engaged in the practice of their professions. Active Medical Staff members may be privileged to admit and attend patients in the Hospital.

The Active Medical Staff shall be eligible to serve on all Medical Staff Committees, to vote on all matters before the Medical Staff, and to hold Medical Staff office. During the initial one-year provisional period, the Medical Staff member shall not be eligible to vote or hold Staff office, and may not serve on the Executive Committee or the Credentials Committee.

Members of the Active Medical Staff shall be required in a given Medical Staff year to attend 50% of Medical Staff meetings and 50% of committee meetings to which they belong.

- 4.1.2. Courtesy Medical Staff. The Courtesy Medical Staff shall consist of Physicians who are residing within a reasonable distance of the Hospital, who are actively engaged in the practice of their profession, and who are on the active medical staff in Good Standing at a nearby hospital but who desire Privileges to admit and attend patients only occasionally at the Hospital.

Courtesy Medical Staff members shall be appointed subject to the same application process and in the same manner as provided for the Active Medical Staff but shall not be eligible to vote or hold Medical Staff office. Courtesy Medical Staff members shall not be required to pay Medical Staff dues, and may not serve on the Executive Committee or the Credentials Committee.

- 4.1.3. Affiliate Medical Staff. The Affiliate Medical Staff consists of all dentists, podiatrists and psychologists who hold independent Clinical Privileges at the Hospital pursuant to Article 3. Affiliate Medical Staff meet the following criteria:

- 4.1.3.1. hold co-admitting Privileges at the Hospital;
- 4.1.3.2. regularly attend patients at the Hospital, or demonstrate by way of other substantial involvement in the activities of Hospital a genuine concern and interest;
- 4.1.3.3. comply with the Medical Staff Bylaws, Rules and Regulations and the Bylaws of the Hospital, including without limitation the requirements for liability insurance limits.

Affiliate Medical Staff members shall be appointed subject to the same application process and in the same manner as provided for the Active Medical Staff but shall not be eligible to vote or hold Medical Staff office. Affiliate Medical Staff members shall not be required to pay Medical Staff dues, and may not serve on the Credentials Committee.

- 4.1.4. Consulting Medical Staff. The Consulting Medical Staff shall consist of Physicians who act only as consultants to Active, Courtesy, or Affiliate Medical Staff Members. The Consulting Medical Staff may perform procedures on both inpatient and outpatient basis. Any inpatient admission or discharge must be coordinated through an Active or Courtesy Staff Member. The Hospital shall provide Consulting Medical Staff with suitable physical arrangements in which to evaluate patients.

Consulting Medical Staff members shall be appointed subject to the same application process and in the same manner as provided for the Active Medical Staff, but shall not be eligible to vote or hold Medical Staff office. Consulting Medical Staff members shall not be required to pay Medical Staff dues, and may not serve on the Executive Committee or the Credentials Committee.

- 4.1.5. Honorary Staff. The Honorary Staff shall consist of Medical Staff members who do not admit or attend patients in the Hospital. These members may be:
  - 4.1.5.1. Medical Staff members who have retired from active Hospital service, regardless of where they may reside,
  - 4.1.5.2. Medical Staff members with outstanding reputations who may not be residents in the community, or
  - 4.1.5.3. Members of the medical profession who, because of advanced education, experience and training, are qualified to render valuable service to the Medical Staff of MercyOne Centerville Medical Center.

Members of the Honorary Medical Staff shall not be eligible to vote or hold Medical Staff office and may not admit patients. They shall not be required to pay Medical Staff dues and may not serve on the Executive Committee or the Credentials Committee.

- 4.1.6. Emergency Department Medical Staff. The Emergency Department Medical Staff shall consist of Physicians qualified for Medical Staff membership who are actively engaged in the practice of their profession and who provide emergency department services at the Hospital. Emergency Department Medical Staff shall respond to emergency situations at the Hospital in addition to the emergency department.

Emergency Department Medical Staff members shall be appointed subject to the same application process and in the same manner as provided for the Active Medical Staff but shall not be eligible to vote or hold office. Emergency Department Medical Staff members shall not be required to pay Medical Staff dues, and may not serve on the Executive Committee or the Credentials Committee.

- 4.1.7. Interim/Locums: The Interim/Locums Staff shall consist of Physicians who are providing temporary services in their respective specialty at regular intervals for the Hospital. They may admit and attend patients.

Interim/Locums Medical Staff members shall be appointed to the same application process and in the same manner as Active Medical Staff but shall not be eligible to vote or hold office. Interim/Locums Medical Staff members shall not be required to pay Medical Staff dues, and may not serve on any committees.

- 4.1.8. Hospitalist Medical Staff. The Hospitalist Medical Staff consists of Physicians or APPs that provide hospitalist services or coverage to Hospital as defined in an employment or service agreement with Hospital and hold applicable independent Clinical Privileges at the Hospital pursuant to Article 3. Hospitalist Medical Staff meet the following criteria:

- 4.1.8.1. hold admitting Privileges at the Hospital;
- 4.1.8.2. regularly attend patients at the Hospital, or demonstrate by way of other substantial involvement in the activities of Hospital a genuine concern and interest;
- 4.1.8.3. comply with the Medical Staff Bylaws, Rules and Regulations and the Bylaws of the Hospital, including without limitation the requirements for liability insurance limits.

Hospitalist Medical Staff members shall be appointed subject to the same application process and in the same manner as provided for the Active Medical Staff but shall only be eligible to vote or hold Medical Staff office as provided under an employment or service agreement with Hospital. Hospitalist Medical Staff members may be required to pay Medical Staff dues, but may not serve on the Credentials Committee.

- 4.1.9. Community Medical Staff. The Community Medical Staff shall consist of Physicians who are not eligible for any of the above mentioned Medical Staff Member categories but are otherwise required to have Membership at the Hospital, and do not intend to practice at the Hospital nor intend to exercise Clinical

Privileges at the Hospital. The Community Medical Staff may be granted certain privileges but do not admit or attend patients in the Hospital. Community Medical Staff may refer patients for appropriate outpatient laboratory, diagnostic testing, therapies and treatment, but any inpatient admission or discharge must be coordinated through an Active or Courtesy Staff Member, but Community Medical Staff may be required to provide follow-up care. Community Medical Staff do not participate in professional practice evaluations or performance improvement processes.

Community Medical Staff members shall be appointed subject to the same application process and in the same manner as provided for the Active Medical Staff. Community Medical Staff may attend Medical Staff Meetings, but shall not be eligible to vote or hold Medical Staff office. Community Medical Staff members shall be required to pay Medical Staff dues, application fees and assessments, and may serve and vote on committees only when appointed to a committee by the Active Staff.

#### **4.2. Focused Professional Practice Evaluation.**

- 4.2.1. All initially requested Clinical Privileges, by a current Member or an initial applicant for Medical Staff Appointment shall be subject to a period of FPPE. The MEC or Quality Improvement Committee (QI) will recommend an individualized evaluation plan pursuant to the FPPE Policy. Such monitoring may utilize prospective, concurrent, or retrospective proctoring, including but not limited to: chart review, the tracking of performance monitors indicators, external peer review, simulations, morbidity and mortality reviews, and discussion with other health care individuals involved in the care of each patient.
- 4.2.2. All Practitioners must successfully complete a period of FPPE as part of the recommendation for Medical Staff Appointment. The FPPE for newly appointed Members shall be completed within the provisional period or within another timeframe established by the QI Committee. The period of FPPE may be extended for up to twelve (12) months if, upon recommendation by the QI Committee, further observation of the Practitioner's performance and clinical competence is necessary. The Practitioner shall be informed of the need for further observation and any conditions of such observation. If, at the end of the extension period, the Practitioner has not satisfied the requirements, one of the following two sections will apply:
- 4.2.3. A Practitioner's provisional Appointment will be considered voluntarily relinquished if there is insufficient clinical experience for satisfactory evaluation. Upon receipt of notification of voluntary relinquishment due to insufficient



clinical experience, the Practitioner shall be given an opportunity to request, within (30) days, a meeting with the MEC, the QI Chairperson and the Hospital President or their designee. At that meeting, which is in lieu of a Hearing pursuant to the Fair Hearing Plan, the applicant shall have an opportunity to explain or discuss extenuating circumstances involving his or her failure to provide sufficient clinical experience for a satisfactory evaluation. At that meeting, none of the parties shall be represented by counsel; minutes shall be kept; the appointee may present evidence of extenuating circumstances and why the minimum requirement should be waived or his or her Provisional Staff Appointment extended; any party may ask questions of any other party relative to the Provisional Staff Appointment. At the conclusion of the meeting, or if a meeting is not held, the MEC shall make a written report and recommendation to the Board for final action.

4.2.4. If there is a recommendation by the QI Chairperson or the MEC to terminate the appointee's Provisional Staff Appointment during the FPPE period, to deny advancement from the FPPE, or to reduce Clinical Privileges due to questions about qualifications, fitness, behavior or clinical competence, the Hospital President or their designee shall give the appointee notice of the recommendation. In such instances, the Practitioner shall be entitled to a Hearing pursuant to the Fair Hearing Plan.

4.2.5. Each recommendation concerning the Medical Staff Appointment of a Practitioner currently in the FPPE process shall include a written evaluation completed by any assigned proctor or preceptor, if applicable, and the QI Chairperson; consisting of overall ethical and professional behavior, clinical competence and clinical judgment in the treatment of patients; compliance with these Bylaws and the Rules and Regulations; use of the Hospital's facilities for patients; capacity to treat patients satisfactorily as indicated in part by the results of the Hospital's quality assessment/risk management activities or other reasonable indicators of continuing qualifications including assessments of the Practitioner's capabilities in his/her office practice and at other hospitals; federal and state provider databases and/or other indications of pending or completed actions concerning the status of applicant as a provider of federally funded or state programs; and compliance with all other applicable minimum requirements for Medical Staff Appointment in these Bylaws.

#### **4.3. Ongoing Professional Practice Evaluation.**

The Medical Staff will also engage in OPPE in order to identify professional practice trends that impact on quality of care and patient safety. Information from the OPPE will be factored into the decision to maintain existing Clinical Privileges, to revise existing Clinical Privileges, or to revoke an existing Clinical Privilege prior to or at the time of a Member's Reappointment. The OPPE shall be undertaken as part of the Medical Staff's evaluation, measurement, and improvement of a Practitioner's current clinical competency. In addition, each Practitioner may be subject to an FPPE when issues affecting the provision of safe, high quality patient care are identified through the OPPE. Decisions to assign a

Practitioner to a period of performance monitoring or evaluation to further assess current competence must be based on the evaluation of a Practitioner's current clinical competence, practice behavior, and ability to perform a specific Clinical Privilege.

#### **4.4. Terms of Appointment.**

- 4.4.1. Initially appointed Medical Staff members will complete re-application and re-privileging forms when the first full cycle for their specialty comes due following initial appointment.
- 4.4.2. Appointment to the Medical Staff may be terminated at any time in accordance with Article 10
- 4.4.3. Appointment to the Medical Staff shall confer on the appointee only such Privileges as set forth herein.
- 4.4.4. For the purpose of these Bylaws, the Medical Staff year commences on January 1 and ends December 31.

#### **4.5. Medical Staff Dues.**

Each Medical Staff member may be assessed Medical Staff dues at the beginning of each Medical Staff year, except for those members exempted from paying Medical Staff dues by these Bylaws. The uniform rate is to be set by Medical Staff.

- 4.5.1. The funds from collection of Medical Staff dues may be used to:
  - 4.5.1.1. develop the Medical Library resources;
  - 4.5.1.2. underwrite expenses related to educational projects for the Medical Staff; and
  - 4.5.1.3. cover expenditures for projects related to Medical Staff activities.
- 4.5.2. The Medical Staff shall have control of expenditures from Medical Staff dues.
- 4.5.3. The Secretary-Treasurer of the Medical Staff shall be responsible for the recording of the details pertaining to the management of the Medical Staff dues. As necessary, he is to render financial reports to the Medical Staff at scheduled meetings.

If the MEC reasonably believes that the expenditure from Medical Staff dues must be made before the expenditure can be approved by the Medical Staff at a regularly scheduled meeting, the MEC may authorize such expenditure. The expenditure must be reported to the Medical Staff at the next meeting.

#### **4.6. Professional Liability Insurance.**

Medical Staff members granted Clinical Privileges shall maintain professional liability insurance coverage with a carrier recognized by the insurance commissioner of the State of Iowa in the amount of \$1,000,000 per occurrence, \$3,000,000 aggregate. Individual exceptions to this requirement require review of the Medical Executive Committee and the Board. Factors that may be considered include whether the practitioner has applied for insurance, been refused coverage, and for what reasons, available alternative means of assuring that the practitioner possesses financial solvency in the event he/she is named as a defendant in a civil action(s) involving professional capability or performance.

## **5. APPOINTMENT/REAPPOINTMENT TO THE MEDICAL STAFF**

### **5.1. Nature of Appointment.**

Appointment and reappointment of a Member to the Medical Staff and the delineation of Clinical Privileges for a Practitioner are made by the Board based upon the recommendations of the MEC. Delegated credentialing shall be handled in accordance with in accordance with Section 6.5 of these Bylaws. Applications are processed in accordance with these Bylaws, based upon the professional criteria set forth in this Article.

### **5.2. Preapplications.**

Except as provided under Section 6.5 of these Bylaws, an individual initially requesting Membership on the Medical Staff or Privileges must first contact MercyOne Centerville Medical Center Administration and request to begin the credentialing verification process. At that time, the applicant will be apprised of the minimum requirements for staff membership (e.g. liability insurance requirements, Board certification requirements, evidence of licensure, etc.). The Credentials Committee may refuse to provide an application to an applicant who does not meet the basic qualifications for Membership or Privileges, as further described in these bylaws.

### **5.3. Form and Content of Application.**

5.3.1. Initial Applications: The initial applicant must submit a completed, written application and signed attestation form, as prescribed, to the contracted Credentialing Entity. The applicant must provide, at a minimum, the following information, on the application and supporting documents:

- 5.3.1.1. Specific requests for Medical Staff category and Clinical Privileges desired;
- 5.3.1.2. Residence and office locations;
- 5.3.1.3. Copy of current Iowa license;
- 5.3.1.4. Copy of state and federal narcotics registration certificates;
- 5.3.1.5. Medical school records or other professional school records supporting the applicant's discipline, with dates of attendance;
- 5.3.1.6. Declaration page of current professional liability policy (and attached pages as necessary) showing applicant's name, insurer's name and amount of coverage;
- 5.3.1.7. Evidence of satisfactory completion of residency/training programs or other educational curriculum, with dates of attendance;
- 5.3.1.8. Evidence of specialty board status, if any;

- 5.3.1.9. Relevant experience in support of the Privileges sought;
  - 5.3.1.10. Other facilities where the applicant has or did have Privileges, places of employment, supervisor's name, affiliations and dates;
  - 5.3.1.11. Peer references from three individuals from the same discipline (e.g., Physician, dentist, podiatrist) and with qualifications equal to or greater than the applicants who can attest firsthand to the applicant's current clinical competence, ethical character, and ability to work with others. Those providing references must have worked recently with the applicant;
  - 5.3.1.12. Information about each pending or final disciplinary or licensure action at any other hospital, health maintenance organization, health care entity or academic institution;
  - 5.3.1.13. Information about each voluntary and involuntary withdrawal from a Medical Staff or a voluntary or involuntary withdrawal of an application for a Medical Staff appointment or Clinical Privileges;
  - 5.3.1.14. Information about each pending or final suspension, exclusion, revocation or restriction, or the voluntary or involuntary relinquishment of the applicant's:
    - 5.3.1.14.1. license to practice in any state;
    - 5.3.1.14.2. specialty board certification;
    - 5.3.1.14.3. State or federal narcotics registration certificate;
    - 5.3.1.14.4. ability to participate in any Federal Health Care Program;
  - 5.3.1.15. All professional malpractice claim information regarding the applicant, regardless of when the claim occurred;
  - 5.3.1.16. Verification that the Member will conduct him or herself in compliance with the standards of business ethics and integrity as reflected in the Hospital's Corporate Responsibility Program, including without limitation, Catholic Health Initiative's Standards of Conduct and agreement to participate in any related education and training programs;
  - 5.3.1.17. All Medical Staff members and Practitioners exercising Clinical Privileges must sign "Acknowledgement of Organized Health Care Arrangement".
- 5.3.2. Applications for Reappointment: At least four months prior to the expiration of a Member's Medical Staff appointment, the Credentialing Entity will send the

Member a written reappointment application. The Member must submit a completed, written reappointment application no later than 60 days within receipt of application. The Member must provide in his or her reappointment application, at a minimum, the following written information and/or supporting documents.

- 5.3.2.1. Verification that all information provided on previous applications remains correct, or has been revised when changes were necessary. The Member must specifically disclose, any and all previously undisclosed information relating to:
- 5.3.2.2. status of previous or current pending challenges to any licensure or registration or the voluntary relinquishment of such licensure or registration;
- 5.3.2.3. voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges at another hospital;
- 5.3.2.4. status of each professional liability action, (including all judgments and settlements) previously disclosed, as well as any professional liability actions (including judgments and settlements) filed or initiated since the date of the last application;
- 5.3.2.5. Information pertaining to additional training or education, if any, since the last application as well as information concerning current board certification status;
- 5.3.2.6. Specific request for delineated Privileges, including any training, education or other bases for the request for an increase of Privileges;
- 5.3.2.7. Peer references from one individual from the same discipline (e.g., Physician, dentist, podiatrist) and with qualifications equal to or greater than the applicants who can attest firsthand to the applicant's current clinical competence, ethical character, and ability to work with others. Those providing references must have worked recently with the applicant;
- 5.3.2.8. Agreement to provide notice of any proposed or actual exclusion from any Federally Funded Health Care Program to the Hospital and an acknowledgement of the Hospital's Automatic Termination policy if excluded;
- 5.3.2.9. Certification that the Member is under no threat of proposed or actual exclusion from any Federally Funded Health Care Program;
- 5.3.2.10. Verification that the Member will conduct him or herself in compliance with the standards of business ethics and integrity as

reflected in the Hospital's Corporate Responsibility Program, including without limitation, Catholic Health Initiative's Standards of Conduct and agreement to participate in any related education and training programs;

5.3.2.11. Acknowledgement of Organized Health Care Arrangement.

5.3.3. Applications to Modify Status or Privileges: A Member may apply in writing for a change in his and her Medical Staff category or Clinical Privileges. The Member must submit the request in writing and on the reappointment application prescribed for reappointment.

5.3.4. Effect of Applications: The applicant making an initial request, or a Member filing a reapplication, who signs the consent and release and submits an application or a reappointment application under this Article:

5.3.4.1. Consents to submit to such physical or mental examination as the MEC may require. The identity of the examining Physician(s) must be by mutual consent. In the event of a disagreement concerning the need for an examination or the identity of the examining Physician(s), the matter must be referred to the Board, whose decision on the matter is final. Taking or passing a physical or mental examination must not be a part of the application process, but the exercise of Clinical Privileges that are otherwise granted may be made subject to the successful completion of such an examination;

5.3.4.2. Consents to the release of information form, and the release from liability in favor of, (a) insurance carriers; (b) references; (c) all institutions where applicant has worked, trained or practiced and to which the applicant has applied; and (d) all other sources of information required in the application;

5.3.4.3. Consents to appear for an interview, if requested;

5.3.4.4. Acknowledges and agrees to abide by a statement of the terms of the Hospital's Privacy and Security Policies;

5.3.4.5. Agrees to provide immediate Notice of any proposed or actual exclusion from any Federal Health Care Program to the Hospital and an acknowledgement of the Hospital's Automatic Termination policy if excluded due to ineligibility or Medical Staff Membership and Privileges;

5.3.4.6. Certifies that he or she is under no threat of proposed or actual exclusion from any Federal Health Care Program;

5.3.4.7. Verifies that he or she will conduct him or herself in compliance with the standards of business ethics and integrity as reflected Hospital's

Corporate Responsibility Program, including, without limitation, the Catholic Health Initiative Standards of Conduct and participate in any related education and training programs;

- 5.3.4.8. Warrants that the information submitted with the application or reappointment application and all prior applications, as amended, is complete and accurate;
- 5.3.4.9. Agrees that he or she will provide updated information as soon as practicable concerning each change to a response to any question on the application or reappointment application;
- 5.3.4.10. Agrees that material misstatements, false statements, inaccurate, incomplete statements, omissions or misleading statements may be grounds for suspension or termination without a hearing under the Fair Hearing Plan;
- 5.3.4.11. Consents to appear for interviews and provide additional information or documents or authorizations to obtain same, as any Professional Review Body may require or request;
- 5.3.4.12. Authorizes each Professional Review Body to consult and discuss with persons about the applicant's qualifications;
- 5.3.4.13. Consents to the inspection of all documents and the release of all information that any Professional Review Body may determine to be relevant in assessing the applicant's qualifications, including all records and documents pertaining to his or her licensure, specific training, experience, current competence and ability to perform the Privileges requested;
- 5.3.4.14. Releases all Hospital Representatives, each Professional Review Body and its individual Members from liability for acts performed in connection with the evaluation of the applicant's qualifications;
- 5.3.4.15. Releases all persons from liability who provide information, including information that is otherwise privileged or confidential, in connection with the evaluation of the applicant's qualifications;
- 5.3.4.16. Authorizes Hospital Representatives to release information pertaining to the applicant's qualifications to other hospitals, health care entities and authorized health care licensing entities, data collection and reporting agencies, to the extent to which the applicant consented to in writing or as required by law, and releases the Hospital Representatives from liability for so doing;
- 5.3.4.17. Acknowledges that he or she has received a copy of the Bylaws, Rules and Regulations and all policies of the Medical Staff and of the



Hospital relating to appointment to the Medical Staff and the delineation of Clinical Privileges (and all revisions to those documents), and that he or she understands them and agrees to be bound by them, including all provisions on immunity and release of liability;

- 5.3.4.18. Agrees to perform and abide by the obligations set forth under Responsibilities of Medical Staff Membership in the Bylaws, including the obligation to provide continuous care for his or her patients;
- 5.3.4.19. Agrees to comply with all state and federal laws regarding the practice of medicine, including without limitation, the prohibitions against fee splitting, anti-referral and anti-kickback statutes; and
- 5.3.4.20. Agrees that in the event any Professional Review Body takes, recommends or considers the taking or recommending of a Professional Review Action, he or she will follow the procedures provided in these Bylaws, including the provisions of the "Resolving Professional Competence, Conduct or Discipline Issues" and the Fair Hearing Plan as his or her sole and exclusive remedy.

#### **5.4. Applications.**

Initial applications, reapplications and applications for change in status or Privileges are filed and processed in accordance with these Bylaws.

#### **5.5. Professional Criteria for Evaluating Applications.**

- 5.5.1. Uniformly Applied; No Discrimination: The professional criteria for Medical Staff Membership and Clinical Privileges shall be applied uniformly to all applicants. Medical Staff Membership and the grant, modification or renewal of Clinical Privileges may not be denied to any person on the basis of age, sex, race, religion, creed, national origin, sexual orientation, gender identity, disability, or any other consideration not impacting on the applicant's ability to properly exercise the Privileges for which he or she has applied.
- 5.5.2. Incomplete Applications: The applicant has the exclusive duty to file a complete, accurate and signed application, including the duty to procure peer references. Efforts by the Credentialing Entity or others to assist in the collection of documents or information do not shift the responsibility from the applicant to submit a completed application.
  - 5.5.2.1. Incomplete or Misrepresented Information: Material misstatements, false statements, inaccurate or incomplete applications, and omissions or misleading statements are grounds for denial of an application or reapplication, without a hearing under the Fair Hearing Plan. Failure to update information in an application or upon reapplication will also

render an application or reapplication inaccurate, misleading or false, and may also be the basis for denial.

5.5.2.2. Initial Applicants: An initial applicant who files an incomplete application will receive a letter from the Credentialing Entity requesting that he or she complete the application as specified. If the applicant does not comply within 30 days, the Credentialing Entity will send the applicant a Notice requesting completion within a second 30-day period. If the application remains incomplete at the end of this second 30-day period, the application is automatically deemed to be voluntarily withdrawn as of that date. The applicant may reapply by submitting a new application. An initial applicant for Membership with a request for Clinical Privileges will be evaluated to determine whether he or she meets the prescribed qualifications for Medical Staff Membership or Privileges, including current licensure, non-Excluded Provider status, evidence of relevant training or experience, current or anticipated professional certification, current competence, professional demeanor, the ability to work cooperatively with professional and non-professional staff and administration, and the ability to perform the Clinical Privileges he or she has requested. An applicant who is currently excluded from any Federal Health Care Program including Medicare or Medicaid, is not eligible or qualified for Medical Staff Membership or Privileges. Each final decision on appointment and Privileges must also consider information that relates to the applicant's competence and criteria that relate to quality of care, including available peer review information.

5.5.3. Procedure Related to Exclusion from Federal Health Care Programs: New applicants to the Medical or APP Staffs who are currently excluded from any health care program funded, in whole or in part, by the federal government shall be notified that their applications will not be processed because they do not meet the basic qualifications for Membership. They shall further be notified that they have no right to a hearing pursuant to this Article regarding the matter.

5.5.4. Applicants for Reappointment and for Other Changes in Status or Privileges: An applicant for reappointment who files an incomplete application will receive a letter from the Credentialing Entity requesting that he or she complete the application as specified. An applicant who fails to return a completed reappointment application within 10 days will receive a Notice from the Credentialing Entity requesting completion within a second 10-day period. If the application remains incomplete at the end of this second 10-day period, the applicant will be directed by Notice either to attend the next MEC meeting to explain the failure to complete the application (in which event the MEC may impose sanctions or other conditions, if appropriate) or to submit all required information by the MEC meeting date. Should the applicant fail to cure all deficiencies or attend the MEC meeting, the application will be deemed to be voluntarily withdrawn as of that date and the entire application package will be

returned to the applicant. Should the applicant submit a new application, neither the MEC nor the Board is under any obligation to expedite processing so as to avoid a lapse of Membership or Privileges.

The Member must continuously meet the basic qualifications for Medical Staff Membership as required by initial appointment. The Member must also satisfy the following criteria:

- 5.5.4.1. Satisfactory evidence of current professional competence, judgment and clinical and technical skills;
  - 5.5.4.2. Compliance with performance improvement programs.
  - 5.5.4.3. Appropriate use of the Hospital facilities commensurate with his or her Membership status;
  - 5.5.4.4. Cooperation with others and the ability to work with other health care providers and Hospital administrative personnel; and
  - 5.5.4.5. Each final decision on reappointment and Privileges must consider information that relates to the applicant's competence and criteria that relate to quality of care.
- 5.5.5. Credentialing Entity: The application may be mailed or personally delivered to the Credentialing Entity. When the applicant has properly submitted and signed his or her application, the Credentialing Entity will do the following:
- 5.5.5.1. For initial applicants:
    - 5.5.5.1.1. Verify the applicant's current licensure (documented internet or phone verification is acceptable), specific training, experience and current competence through appropriate sources. This initial information must be collected and verified before the application proceeds further.
    - 5.5.5.1.2. Query the National Practitioner Data Bank;
    - 5.5.5.1.3. Verify professional liability insurance coverage;
    - 5.5.5.1.4. Verify professional malpractice claim information;
    - 5.5.5.1.5. Assure the presence of completed administrative and clinical reference questionnaires and all other required forms and consents;
    - 5.5.5.1.6. Assure the presence of three peer references;
    - 5.5.5.1.7. Verify the status of Privileges at other health care facilities;

- 5.5.5.1.8. Obtain an AMA Master file report;
  - 5.5.5.1.9. Obtain a report from the Federation of State Medical boards;
  - 5.5.5.1.10. Check for sanctions or exclusions through the Office of the Inspector General and the Excluded Provider List System.
- 5.5.5.2. For applicants for reappointment:
- 5.5.5.2.1. Verify current licensure (documented internet or phone verification is acceptable);
  - 5.5.5.2.2. Verify professional liability insurance coverage;
  - 5.5.5.2.3. Query the National Practitioner Data Bank;
  - 5.5.5.2.4. Assure the presence of one peer reference;
  - 5.5.5.2.5. Assure the presence of completed administrative and clinical reference questionnaires and all other required forms and consents;
  - 5.5.5.2.6. Check for sanctions or exclusions through the Office of the Inspector General and the Excluded Provider List System;
- 5.5.6. Forwarding the Application File: When all information has been collected and sources have been verified, the Credentialing Entity will summarize the application on a form provided for that purpose and forward copies of the forms, letters, data and other material (the "Application File") to MercyOne Centerville Medical Center. Once the Hospital receives the file, they will review for completion and note any red flags.
- 5.5.7. Performance Data: For applicants for reappointment, the Hospital will assemble performance data including:
- 5.5.7.1. Performance profile;
  - 5.5.7.2. Information concerning the applicant's participation in relevant continuing medical education;
  - 5.5.7.3. Comparative physician profiles;
  - 5.5.7.4. Peer review information including, at a minimum (a) Summary Suspensions; (b) significant findings resulting from focused reviews; (c) recommendations against advancing a provisional applicant; and (d) one or more acts of disruptive conduct, as defined in the Hospital Policies.

5.5.7.5. Outside peer review: whereby Practitioners will have a minimum of one external peer review completed every two (2) years as part of the credentialing reappointment process.

5.5.8. Credentials Committee Action: The Credentials Committee must review the Application File, peer recommendation(s), and performance data. The Credentials Committee must collect and consider available information concerning the applicant's professional conduct; performance and conduct both in the Hospital and at other health care entities. The Credentials Committee may conduct an interview with the applicant and must make a record of the interview and include the record in the Application File. The Credentials Committee must make a recommendation pertaining to the requested Medical Staff Membership status, staff category, and Clinical Privileges, with suggested special conditions or limitations, if any.

5.5.8.1. After completing its review and formulating a preliminary recommendation for approval, but prior to forwarding a final recommendation to the MEC, the Credentials Committee must review relevant health status information and revise its recommendation if necessary.

5.5.8.1.1. The Credentials Committee, after considering all relevant health information, will consider if the applicant has the ability to practice his or her specialty with reasonable skill and safety. This means that the applicant possesses all of the following

5.5.8.1.1.1. The cognitive capacity to make appropriate clinical diagnoses, to exercise reasoned medical judgments and to learn and keep abreast of developments in his or her specialty.

5.5.8.1.1.2. The ability to communicate medical judgments and information to patients and other health care providers.

5.5.8.1.1.3. The capability to perform medical tasks such as physical examinations and surgical procedures, with or without the use of aids or devices.

5.5.8.1.2. The Credentials Committee may require a confidential, voluntary program (such as the Iowa Physician Health Program) to applicants who may be dealing with impairment issues, such as, but not limited to alcohol or drug abuse, dependence or addiction, neuro-psychiatric disorder, or physical disability. Such a program may develop an individualized program for each person, with the goal of

allowing the applicant to continue to practice with reasonable skill and safety.

5.5.8.2. If the Credentials Committee determines to recommend denial of an application for Membership or Privileges, the envelope containing the applicant's health status questionnaire shall remain sealed.

5.5.9. MEC Action: At its next regular meeting after receipt of the Credentials Committee report and recommendation, or as soon thereafter as is practical, the MEC shall consider the Credentials Committee report and any other relevant information. The MEC may request additional information, return the matter to the Credentials Committee for further consideration, may require that the applicant submit to a physical or mental health examination, and/or elect to interview the applicant. The MEC shall then prepare and forward through the Chief of Staff, for prompt transmittal to the Board, a recommendation as to Medical Staff appointment and, if appointment is recommended, as to Membership category, and/or Clinical Privileges to be granted and any special conditions to be attached to the appointment.

5.5.9.1. If the recommendation Affects Adversely the applicant's Membership or Clinical Privileges, the MEC must give Notice to the applicant of his or her right to a hearing in accordance with the Fair Hearing Plan.

5.5.10. Board Action: The Board must review each favorable recommendation of the MEC respecting Medical Staff appointment and Clinical Privileges.

5.5.10.1. If the Board accepts the recommendation, the decision is final. The Chief of Staff, or his designee must then promptly provide Notice to the applicant and the MEC of the staff category to which the applicant has been appointed, the Clinical Privileges he or she may exercise, and any special conditions.

5.5.10.2. If the Board rejects a recommendation, and its decision Affects Adversely the applicant's Membership or Clinical Privileges for reasons relating to competence or professional conduct, the Board must direct the Hospital President to give prompt Notice to the applicant of his or her right to a hearing in accordance with the Fair Hearing Plan.

5.5.11. Time Periods for Processing Applications: The application process must be completed within a reasonable time. The Hospital should collect and verify information within sixty (60) days of the delivery of the completed application unless the gathering of additional information or additional deliberation in specific cases is necessary to ensure a fully informed review. For purposes of this time frame, a "completed application" is one that is properly filled in and signed, for which all necessary peer references have been received by the Medical Staff Office, all necessary documents have been submitted to the Medical Staff

Office, and for which all necessary primary source verifications have been completed. The Credentials Committee, MEC and the Board, in turn, should act on the application at the next regular meeting following receipt of the preceding committee's recommendation. "Complete applications" (as defined in Section 5.5.11 of these Bylaws) should normally be processed within 90 days, unless the gathering of additional information or additional deliberation in specific cases is necessary to ensure a fully informed review. These time limits are guidelines only and do not create any right to have an application processed within a particular time.

- 5.5.12. Records: The Hospital shall maintain a separate record for each individual requesting Medical Staff Membership or Clinical Privileges. These records are confidential peer review information subject to the protection of Iowa law and these Bylaws and must be maintained under appropriate security measures.

## **5.6. Contracted Services.**

- 5.6.1. A Member under an exclusive contract with the Hospital must meet and hold continuously all the necessary qualifications of Medical Staff Appointment and Clinical Privileges applicable to the facilities he or she uses or the services he or she provides.
- 5.6.2. Contract termination, expiration and renewal matters are governed by the contract with the Hospital.
- 5.6.3. When the Hospital enters into an exclusive contract, Members must honor the exclusivity policy and, except in emergencies, arrange for the care of patients in accordance with the Hospital's policy and the terms of the applicable agreements.
- 5.6.4. Applicants to the Medical Staff for Medical Staff Appointment or Clinical Privileges covered by a Hospital exclusive contractual arrangement to which the applicant is not a party will not be accepted or processed.
- 5.6.5. In consultation with the MEC and in accordance with a Board resolution that is based on objective data that meets the needs of the community, the Hospital reserves the right to determine the clinical services which will be the subject of exclusive agreements. Such arrangements must be in accordance with state and federal laws, including any and all relevant antitrust laws, and the Hospital's other contractual agreements.
- 5.6.6. Following the Hospital entering into an exclusive agreement for clinical services, it reserves the right to terminate the Clinical Privileges of Members who are not parties to the exclusive agreement and who hold Clinical Privileges for services covered by the exclusive agreement. In such cases, the holder of the terminated Clinical Privileges is not entitled to any Hearing rights pursuant to the Fair Hearing Plan.

## **5.7. Monitoring Continuing Eligibility.**

The Hospital, in conjunction with the Credentialing Entity, will continuously monitor, periodically verify and maintain current information on each Medical Staff Member, including licensure, non-Excluded Provider status, narcotics permits, and professional liability insurance.

## **5.8. Leave of Absence.**

A leave of absence may be requested by a Member of the Medical Staff who shall be absent from the Medical Staff for more than six months because of illness, further formalized training, military service, or any other reason considered adequate by the Executive Committee. Prior to the onset of leave, the Member is required to fulfill all normal responsibilities of staff Membership, including but not limited to completion of medical records and coverage of previously scheduled E.D. call assignments, unless these requirements are waived by the Chief of Staff or the Executive Committee due to extenuating circumstances. The length of the absence shall be specified in the original request made to the Executive Committee and shall not exceed one year. An additional year of absence may be requested, but total absence shall not exceed two (2) years. If no request for extension is received, the Member will be removed from the Medical Staff. When the Member is planning to return, he or she will request a return to the Medical Staff. The procedure to be followed is outlined below:

5.8.1. A Member whose appointment has not expired and who seeks return from a leave of absence must file an application for return on a form approved by the MEC for that purpose.

5.8.1.1. At a minimum, the Member is required to set forth:

5.8.1.1.1. a summary of his or her professional activities during the period of leave;

5.8.1.1.2. details of all medical training and experience and other circumstances during the period of leave demonstrating the maintenance of skills; and

5.8.1.1.3. evidence of current licensure, non-Excluded Provider status, current professional liability insurance, current competence and current ability to perform the Privileges requested.

5.8.1.2. The MEC may request additional information to assure that the Member is qualified for Medical Staff Membership and possesses current competence to exercise the Clinical Privileges to which he or she seeks to reinstate.

5.8.1.3. The Credentialing Entity must conduct a National Practitioner Data Bank query and primary source verification of licensure and professional liability insurance.



- 5.8.1.4. The MEC must process the application for return from leave, with the assistance and recommendation of the Credentials Committee if desired, applying the same standards as an applicant for reappointment.
  - 5.8.1.5. The Board must approve the Member's request for return from leave of absence. The Member's reinstatement is effective on the date of Board approval.
- 5.8.2. Where a Member's appointment has expired during a leave of absence; the MEC in its discretion may require a full initial application or may permit reapplication.

## 6. CLINICAL PRIVILEGES

### 6.1. Delineation of Clinical Privileges.

- 6.1.1. Generally: Medical Staff Membership by itself does not confer Clinical Privileges. Each Practitioner must request Clinical Privileges and may only practice within the scope of the Privileges the Board grants.
- 6.1.2. Responsibility for Delineations: The Medical Staff must have or develop Privileges in accordance with these Bylaws.
- 6.1.3. Requests For Privileges: Each applicant who desires specific Clinical Privileges, Temporary Privileges or a modification of existing Privileges must make a written request for them. The burden is on the applicant to provide accurate and complete responses to all requests for information necessary for an evaluation.
- 6.1.4. Basis for the Granting of Privileges: Privileges are specific to the Hospital and awarded on the basis of the applicant's current licensure, non-Excluded Provider status, education, training, experience, competence, ability and judgment. Clinical Privileges requests at reappointment or requests for changes in privileges within the reappointment period will also consider requirements for initial application as well as existing information concerning the applicant's professional performance, judgment and current clinical and technical skills. Privileges granted must:
  - 6.1.4.1. relate to an applicant's documented experience in categories of treatment areas or procedures;
  - 6.1.4.2. relate to the results of treatment; and
  - 6.1.4.3. relate to the conclusions drawn from organization performance improvement activities when available; and
  - 6.1.4.4. be aligned with the hospital's current capabilities.
- 6.1.5. Procedures: Privilege requests will be processed in the same manner as requests for Medical Staff Membership in accordance with the these Bylaws.
- 6.1.6. Duration of Privileges: Privileges are awarded for a period not exceeding two years, or for such shorter period as may be specified.

### 6.2. Temporary Privileges.

- 6.2.1. Circumstances: Temporary Privileges are available to the Practitioner who has filed a completed application for Medical Staff Membership or for APP status under only three circumstances:

- 6.2.1.1. The initial applicant awaiting MEC and Board action who meets the further qualifications set forth in the these Bylaws;
  - 6.2.1.2. To fill an important patient care need, on a case-by-case basis and for a limited period of time, subject to the qualifications set forth in the these Bylaws; or
  - 6.2.1.3. Locum Tenens. The Chief of Staff may recommend to the Board granting a Physician serving as a "locum tenens" (a substitute or a placeholder) temporary Privileges to admit and attend patients. The Physician must meet all of the qualifications for Active Medical Staff and be credentialed in the usual manner.
- 6.2.2. Time Limits: Grants of Temporary Privileges may not exceed 120 days.
- 6.2.3. Processing of Temporary Privilege Applications: Requests for Temporary Privileges are submitted on a form approved by the MEC for that purpose and processed in accordance with procedures in the these Bylaws.
- 6.2.4. Standards for Approval. The Hospital President (or his/her designee), with the concurrence of the Chief of Staff (or his/her designee), may grant Temporary Privileges if the applicant meets the qualifications set forth in these Bylaws. There must be verification that the applicant:
- 6.2.4.1. Is duly licensed to practice in Iowa and is DEA registered;
  - 6.2.4.2. Has in force professional liability insurance, as specified by the Board pursuant to these Bylaws, and/or Hospital Policy covering exercise of the Privileges requested; and
  - 6.2.4.3. Possesses, based upon information reasonably available under the circumstances, the qualifications, relevant training and experience, current competence, non-Excluded Provider status, and ability to perform the requested Privileges; and
  - 6.2.4.4. In the case of an initial applicant awaiting MEC and Board action, has in his or her file, a current National Practitioner Data Bank Report which has been obtained and evaluated by appropriate staff; and
  - 6.2.4.5. In the case of an initial applicant awaiting MEC and Board action, has no current or previously successful challenge to licensure or DEA registration and has not been subject to any involuntary limitation, reduction, denial, restriction, termination, relinquishment, or loss of Clinical Privileges or medical staff membership.
- 6.2.5. Procedure After Award: The grant of Temporary Privileges does not ensure an award of Medical Staff Membership or regular Clinical Privileges. The MEC

may impose consultation or reporting requirements as part of its customary monitoring activities.

6.2.6. Denial or Termination: The grant of Temporary Privileges is a courtesy. The President may, upon consultation with the Chief of Staff (or his or her designee), deny, modify or terminate Temporary Privileges. Such actions, unless otherwise described, are deemed not to relate to the applicant's professional competence or conduct and do not entitle him or her to a hearing under the Fair Hearing Plan. Grounds for denying, modifying, or terminating Temporary Privileges not entitling a Practitioner to a hearing may include but not be limited to:

6.2.6.1. the applicant's failure to bear the burden of providing sufficient, accurate and complete information regarding his or her licensure, non-Excluded Provider status, insurance or competence and/or;

6.2.6.2. there is insufficient information available to make a determination to allow or continue to allow the Practitioner to exercise the requested Privileges.

6.2.7. Hearing Right: Notwithstanding Section 6.2.6., denials or terminations that expressly relate to an applicant's competence or professional conduct, when approved by the MEC, entitle the applicant to hearing rights under the Fair Hearing Plan.

### **6.3. Emergency and Disaster Privileges.**

Where an emergency exists (meaning that immediate treatment is necessary to prevent serious or permanent harm, to preserve life or to prevent the serious deterioration or aggravation of a condition), any Practitioner is authorized to do everything possible, within the authority of his or her license, to address the emergency. He or she may do so irrespective of his or her Medical Staff status, or Clinical Privileges. He or she must request assistance as soon as possible to arrange for follow-up care by an appropriately privileged Member or Practitioner. In addition, Disaster Privileges may be granted by the Hospital President, MEC chair or their designee when the emergency management plan has been activated and the organization is unable to handle the immediate patient need.

6.3.1. In an emergency or disaster situation, any Practitioner who is not currently appointed to the Medical Staff may administer medical treatment to the extent permitted by his or her license provided the processes in the Bylaws have been followed.

6.3.2. At such time as the immediate situation requiring Disaster Privileges is under control (even if the emergency management plan is still in effect), the Hospital personnel, or their designees, shall verify credentials and privileges of those practitioners given Disaster Privileges. If the verification process determines the practitioner does not meet the standards for temporary Privileges, the Disaster Privileges may be immediately terminated by the President, Chief of Staff, or their designees.

- 6.3.3. When the emergency no longer exists, or, for Disaster Privileges, the emergency management plan is no longer in effect, patients shall be assigned by the Chief of Staff, to a Member with appropriate Clinical Privileges considering the wishes of the patient, and the Member shall return to practicing within the scope of Privileges granted.
- 6.3.4. Failure to grant or revocation of Emergency or Disaster Privileges shall not entitle a practitioner to a hearing under the Fair Hearing Plan.

#### **6.4. Licensed Practitioners Without Privileges.**

Licensed practitioners without Privileges status shall be available to Licensed practitioners who wish to refer their patients to the Hospital for outpatient diagnostic or therapeutic procedures to be performed by Hospital personnel, but who do not wish to apply or do not qualify for Privileges. Orders from such practitioners for Outpatient procedures to be performed by Hospital personnel, may be executed without a countersignature by any other Member of the Medical Staff.

Practitioner's license, National Provider Identification Number and Excluded Provider status will be verified by office staff and required information will be entered in the Patient Accounting System. These practitioners shall be exempt from committee assignments, consultation assignments, continuous care and patient supervision requirements, emergency service rotation and proctoring. These practitioners shall not be expected to attend Medical Staff meetings, and shall not be permitted to vote or hold office in the Medical Staff.

#### **6.5. Remote Providers and Telemedicine Privilege.**

- 6.5.1. In order to meet patient care needs, the Hospital may enter into agreements with Practitioners, hospitals, or other health care entities to provide clinical services (including but not limited to interpretive and, diagnostic, or consultant services) through remote providers using telemedicine technology. In such instances, the individual Practitioners must be granted appropriate Clinical Privileges, but they are not required to be Members.
- 6.5.2. Specific Clinical Privileges for the diagnosis and treatment of patients at the Hospital in this manner must be developed and delineated based upon commonly accepted quality standards.
- 6.5.3. If the agreement for telemedicine services is with an individual Practitioner, the Practitioner must be granted Clinical Privileges in the manner provided for in these Bylaws for on-site Medical Staff Members.
- 6.5.4. If the agreement for telemedicine services is with a distant Medicare participating hospital, the Hospital may accept the credentialing and privileging performed by the distant Medicare participating hospital as its own, provided that there is a written agreement between the Hospital and the distant Medicare participating hospital, the distant hospital provides a copy of the Clinical privileges held by

each applicable Practitioner, and the Hospital shares with the distant hospital its performance review data of the Practitioner.

- 6.5.5. If the agreement for telemedicine services is with a distant telemedicine entity which is not a Medicare participating hospital, the Hospital may accept the credentialing and privileging performed by the distant telemedicine entity if there is a written agreement specifying that the distant telemedicine entity will credential and privilege the Practitioner and furnish services according to, and in accordance with, all applicable Centers for Medicare and Medicaid Services ("CMS") conditions of participation applicable to the Hospital, the telemedicine entity ensures that the Practitioners will provide the remote services consistent with their education, training, and competence, and the Hospital shares its performance review data of the relevant Practitioners with the distant telemedicine entity.
- 6.5.6. In all cases, the Practitioner must hold a license to practice in the State of Iowa.
- 6.5.7. In all cases the MEC and the Board must approve the Practitioner's Clinical Privileges.
- 6.5.8. Temporary Privileges (granted in accordance with Section 6.2) may be used if the Hospital has a pressing clinical need that can be met by a Practitioner providing services via a telemedicine link.

## 7. OFFICERS

### 7.1. Officers.

The officers of the Medical Staff shall be the Chief of Staff, the Vice-Chief of Staff, and the Secretary-Treasurer of Staff. Each of these officers shall be an M.D. or a D.O. and shall be a Member of the Active Medical Staff in Good Standing. Each of these officers shall be elected at the annual meeting and shall serve for a term of two (2) years. An officer is eligible for re-election to his office.

### 7.2. Chief of Staff.

The Chief of Staff shall be the chief executive of the Staff.

- 7.2.1. The Chief of Staff shall have direct responsibility for the organization, including the appointment of chiefs of service, and professional activities of the Medical Staff in accordance with the terms of these Bylaws.
- 7.2.2. In all medical-administrative matters, he shall act in coordination and cooperation with the President in giving effect to the approved policies of the Board.
- 7.2.3. He shall be an ex officio member of all committees.
- 7.2.4. He shall be responsible for the processes of supervision, control, and appraisal necessary to assure the standards of medical care affirmed by the Board. Upon request of the Board, the Chief of Staff shall submit a report stating information relevant to the appraisal of the medical care provided in the Hospital.
- 7.2.5. The Chief of Staff shall convey to the Board the recommendations of the Staff respecting;
  - 7.2.5.1. Appointments to the Staff;
  - 7.2.5.2. Granting or restricting of Clinical Privileges of individual Practitioners;
  - 7.2.5.3. Disciplinary action against individual Practitioners; and 7.2.5.4. Amendments or additions to these Bylaws.
- 7.2.6. He shall be responsible for the coordination of the educational activities of the Medical Staff;
- 7.2.7. He shall be responsible for the enforcement of these Bylaws, for the implementation of sanctions where sanctions are stipulated for noncompliance and for presentation to the Board of those cases where disciplinary action may be recommended by the Executive Committee; and

- 7.2.8. He shall call, preside at and be responsible for the agenda of all meetings of the Medical Staff.
- 7.2.9. He shall continue as a member of the Medical Executive Committee for a period of two (2) years after he completes his term as Chief of Staff.

**7.3. Vice-Chief of Staff.**

The Vice-Chief of Staff, in the absence of the Chief of Staff, shall assume all of the duties and have all of the authority of the Chief of Staff.

- 7.3.1. He shall be the Chairman of the Medical Executive Committee.
- 7.3.2. He shall perform such duties and render such service as may be assigned to him by the Chief of Staff.
- 7.3.3. In the event of a vacancy in the office of Chief of Staff caused by death, disability, resignation, or removal of the Chief of Staff by the MEC, the Vice-Chief of Staff shall serve out the remaining term as Chief of Staff.

**7.4. Secretary-Treasurer.**

The Secretary-Treasurer shall assure that accurate and complete minutes of all meetings are kept, call meetings on the order of the Chief of Staff, attend to all correspondence and perform such duties as ordinarily pertain to this office including accountability for all funds belonging to the Staff and shall render periodic financial reports to the Staff as may be requested.

**7.5. Recall of Officers.**

Consideration of recall of a Medical Staff officer may be initiated by the MEC or may be initiated by a petition signed by at least one-third (1/3) of the members of the Medical Staff eligible to vote for officers. Recall may be considered if the officer is either unwilling or unable to carry out the duties of his office as prescribed in these Bylaws. Recall shall be considered at a special meeting called for that purpose. Recall shall require a two-thirds (2/3) vote of the MEC members for Medical Staff officers.



## 8. COMMITTEES

### 8.1. Committees in General.

Committees shall be standing and special. All committees other than the Medical Executive Committee and the Joint Conference Committee shall be appointed annually by the Chief of Staff. All resolutions adopted by committees must have a majority vote of the eligible members.

### 8.2. Standing Committees.

#### 8.2.1. The Medical Executive Committee.

8.2.1.1. The voting Members of the Active Staff of the Medical Staff serving as a committee as a whole shall serve as the Medical Executive Committee. The President or his designee shall be an ex officio member of the MEC without a vote. The Chief of Staff shall be the Chairman of the Medical Executive Committee.

8.2.1.2. The Medical Executive Committee is empowered to act for the Medical Staff in the intervals between Medical Staff meetings.

8.2.1.3. The duties of the Medical Executive Committee shall include investigating and recommending any indicated action directly to the Board for its approval for matters including but not limited to: 1) all matters related to appointments, reappointments, Medical Staff category assignments, and Clinical Privileges, including requesting evaluations of practitioners if there is doubt about their ability to perform the requested Clinical Privilege, 2) on all complaints brought against any member of the Medical Staff as outlined in Article 10, and 3) matters related to the hearing and appeals processes, as set forth in Article 11 of these Bylaws. The Medical Executive Committee shall meet at the call of its Chairman and shall maintain a permanent record of its proceedings and actions.

#### 8.2.2. The Credentials Committee.

8.2.2.1. The Credentials Committee shall consist of three (3) members of the Active Medical Staff.

8.2.2.2. Its duties shall be:

8.2.2.2.1. To investigate the credentials of all applicants for membership and to make recommendations in conformance with Articles 5 and 6 of these Bylaws;

8.2.2.2.2. To investigate any breach of professional conduct that may have occurred;

8.2.2.2.3. To review any records that are referred to it by the Medical Executive Committee; and

8.2.2.2.4. To review all information available regarding the competence of Medical Staff members and, as a result of such review, to make recommendations for the granting of Privileges and reappointment.

### **8.3. Special Committees.**

8.3.1. Special committees, including clinical committees, may be appointed by the Chief of Staff as they are required. Such committees shall confine their activities to the purpose to which they are appointed, and shall report to the MEC.

8.3.2. Committee appointees shall be from the Active Medical Staff and may include, when appropriate, other medical staff, APPs, Hospital management, nursing, medical records, pharmacy, social services, and other personnel.

## 9. MEDICAL STAFF MEETINGS

### 9.1. The Annual Meeting.

The annual meeting of the Medical Staff shall be the first meeting of the year. At this meeting the officers shall make such reports as may be desirable. Officers for the next term shall be elected if the current officers' terms expire at the end of that Medical Staff year.

### 9.2. The Regular Meetings.

Regular meetings of the Medical Staff shall be held at least four times a year. The date, place, time and format of the regular meetings shall be determined by the Medical Staff and adequate notice shall be given to members.

### 9.3. Special Meetings.

Special meetings of the Medical Staff may be called at any time by the Chief of Staff, the Board, the Medical Executive Committee, or any three (3) members of the Active Medical Staff. At any special meeting, no business may be transacted except that stated in the notice of the meeting. Members of the Active Staff shall be given written notice at least three (3) days prior to the date set for a special meeting.

### 9.4. Attendance at Meetings.

9.4.1. In a given Medical Staff year, each Active Medical Staff member must attend 50% of the regular Medical Staff meetings and 50% of the meetings of committees to which the member belongs, unless excused by the Chief of Staff for just cause. Absence from more than one-third (1/3) of the regular or relevant committee meetings in a Medical Staff year, unless excused by the Chief of Staff for just cause, such as sickness or absence from the community, may be grounds for corrective action leading to revocation of Medical Staff membership.

9.4.2. Members of the Courtesy, Affiliate, Consulting, Emergency and Honorary Medical Staff; Hospital administration, staff or employees; or other interested parties may be invited to attend any regular or special Medical Staff meeting solely at the discretion of the Medical Staff,

9.4.3. A member of any category of the Medical Staff who attended a case that is to be presented for discussion at any meeting shall be notified and shall be required to be present. Failure to attend unless excused by the Chief of Staff shall result in an automatic suspension of all or such portion of the practitioner's Clinical Privileges as the Medical Executive Committee may direct and such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action, if necessary.

Should any member of the Staff be absent from any meeting at which a case that he has attended is to be discussed, it shall be presented nevertheless, unless the member is unavoidable absent and has requested that the discussion be postponed.

In no case shall a postponement be granted for a period longer than until the next scheduled meeting.

**9.5. Quorum.**

A simple majority of at least fifty-one percent (51%) of the total membership of the Active Medical Staff who are eligible to vote shall constitute a quorum at the regular or special meetings of the Medical Staff.

**9.6. Minutes.**

Minutes of each regular and special meeting of the Medical Staff and of each committee shall be prepared and shall include a record of attendance of members and of votes taken on each matter. The minutes shall be made available to the President unless otherwise specified. Each committee shall maintain a permanent file of the minutes of its meetings.

## 10. RESOLVING PROFESSIONAL COMPETENCE, CONDUCT OR DISCIPLINE ISSUES

### 10.1. Education and Improvement.

These Medical Staff Bylaws require each Member to cooperate with the Hospital Medical Staff officers, and Medical Staff committees in order to continuously improve individual and collective performance. From time to time, these entities or persons may choose to hold routine discussions with a Member or multiple Members in order to provide education, assist them in providing quality medical care, and encourage them to participate in performance improvement, resource management or other activities with the Hospital. The routine function of performance improvement, resource management or other programs, and the discussion among Members in that context, does not constitute an Investigation of a Member.

### 10.2. Corrective Action.

10.2.1. Application: Corrective action may be taken in accordance with these Bylaws against a Member whose conduct is or may be:

10.2.1.1. Detrimental to the health or welfare of any patient;

10.2.1.2. Below accepted standards of care within the Member's profession;

10.2.1.3. Disruptive to Hospital operations or patient care; or

10.2.1.4. Not in compliance with the Bylaws, Rules and Regulations or policies of the Medical Staff, or of the Hospital.

10.2.1.5. Not in compliance with the Corporate Responsibility Program, including without limitation, the Catholic Health Initiative's Standards of Conduct and any related education and training program requirements.

10.2.2. Initiating Corrective Action: Any member of the MEC, the Hospital President or the Board ("Complainant") may, upon his or her own knowledge or upon the knowledge of any third party, initiate a confidential inquiry into the need for a corrective action.

10.2.3. Procedure: When a Complainant has reason to believe that corrective action may be necessary:

10.2.3.1. Request: The Complainant (other than the MEC itself) submits a written request for an inquiry into the need for corrective action to the MEC, detailing the specific conduct that precipitates the request.

- 10.2.3.2. Discussions: Before submitting the request, any Complainant may, but need not, discuss the matter with the Member. Such a discussion does not constitute an Investigation.
- 10.2.3.3. Commencement: An Investigation does not begin until such time as the MEC formally declares, by action documented in the minutes, that such is warranted.
- 10.2.3.4. MEC Action Without Investigation: The MEC may recommend any corrective action without first conducting an Investigation if it believes it has an adequate factual basis for doing so.
- 10.2.3.5. Investigation: If the MEC determines that an Investigation is warranted, it must conduct one.
  - 10.2.3.5.1. The MEC may investigate on its own, or it may assign the task to an investigative ad hoc committee consisting of one or more persons. Ad hoc committee members may, but need not be Physicians, Members of the MEC or associated with the Hospital.
  - 10.2.3.5.2. The investigating committee, should it so decide, may request the attendance of the Member, upon reasonable Notice, for purposes of an interview.
  - 10.2.3.5.3. A person who is in direct economic competition with the Member being investigated may not perform any part of an Investigation.
  - 10.2.3.5.4. If a committee other than the MEC conducts the Investigation, it must submit a written report to the MEC detailing the results of the Investigation.
  - 10.2.3.5.5. Within 120 days, the investigating committee must either submit the written report of 10.2.3.5.4. with a recommendation or report that the Investigation is on-going. If the Investigation is on-going at the end of the initial 120 day period, a report detailing its status or a recommendation shall be made to the MEC every 60 days thereafter.
- 10.2.3.6. Opportunity to be Heard: Before making a recommendation that would constitute a Professional Review Action or any other disciplinary measure, the MEC must extend a reasonable opportunity to the Member, by Notice, to be heard.
- 10.2.3.7. Not A Hearing: Initial discussions with the Member and any subsequent interview, meeting or appearance under the above

procedures do not constitute a hearing and do not entitle the Member to any rights under the Fair Hearing Plan.

10.2.3.8. Recommendations: The MEC must prepare a written recommendation with supporting documentation within a reasonable amount of time not to exceed ninety (90) days from submission of the investigating committee's report, sending a copy to the Member, either:

10.2.3.8.1. Concluding that the request is without merit and forwarding the MEC recommendation and documentation to the Board for ratification in accordance with the provisions of this Article;

10.2.3.8.2. Recommending no action, action that does not Affect Adversely the Member's Membership or Clinical Privileges or action that does not pertain to the Member's competence or professional conduct and forwarding the recommendation and documentation to the Board for ratification

10.2.3.8.3. in accordance with the provisions of this Article; or Recommending the taking of a Professional Review Action, in which event it must give the Member Notice in accordance with the Fair Hearing Plan.

10.2.3.9. Qualifications of MEC Member: A member of the MEC in direct economic competition with the Member affected may not take part in the consideration or vote on the recommendation.

### **10.3. Summary Suspension.**

10.3.1. Imposition: Any two of the following, the MEC, the Chief of Staff, a Chief of Service or the Hospital President (the Hospital President must be one of the two if he or she is available) may summarily suspend all or any part of a Practitioner's MEC Membership or Clinical Privileges where the failure to take such an action may result in an imminent danger to the health of any individual.

10.3.2. Notification: The persons taking action must promptly inform the Practitioner of a Summary Suspension by Notice. The suspension is effective immediately.

10.3.3. Care of Patients: The Chief of Staff must arrange for appropriate alternate continuity of care of the Practitioner's patients, taking into account to the extent feasible the wishes of the patient.

10.3.4. Procedure After Notice: The MEC must convene as soon as possible, and in no event later than 30 days after a Summary Suspension, to review its imposition. The MEC or an investigating committee should make every effort to interview the Practitioner involved. Based upon the information reasonably available at

the time of reconsideration, the MEC must take one of the following actions and notify the Practitioner of its decision:

- 10.3.4.1. Dissolve the suspension or modify it to an action that does not Affect Adversely the Practitioner's MEC Membership or Clinical Privileges and promptly forward its action to the Board for ratification. Such dissolution or modification has the effect of restoring all Membership rights and Clinical Privileges, subject to further Board action; or
- 10.3.4.2. Continue the suspension in effect as imposed or modify it as necessary where failure to continue the suspension may result in imminent danger to the health of any individual.
- 10.3.5. Special Procedure for MEC Suspensions: If the MEC is one of the suspending entities under 10.3.1, it may recommend a Professional Review Action and give the required Notice of hearing pursuant to Section 10.3.6, without the need to reconvene and reconsider its own suspension, if it believes it has already conducted an adequate Investigation.
- 10.3.6. Right to a Hearing: If the MEC or the Board takes or recommends a Professional Review Action as a result of a Summary Suspension:
  - 10.3.6.1. against a Physician, dentist, podiatrist or psychologist, the acting body must give the individual prompt Notice of his or her right to request a hearing under the Fair Hearing Plan;
  - 10.3.6.2. against an APP, the acting body must give the APP prompt Notice of his or her right to request a hearing under Article 12.

#### **10.4. Automatic Termination.**

- 10.4.1. Events Resulting in Automatic Termination: The following events result in automatic termination of Membership and all Practitioner Clinical Privileges:
  - 10.4.1.1. Revocation, suspension or restriction of a Practitioner's license to practice. (The revocation or expiration of a DEA certificate will subject the practitioner to automatic suspension of his or her Privilege to prescribe medications.)
  - 10.4.1.2. Failure of a Practitioner to carry the minimum level of medical/professional liability insurance;
  - 10.4.1.3. Exclusion from a Federal Health Care Program;
  - 10.4.1.4. A Criminal Conviction;
  - 10.4.1.5. Failure without good cause of a Practitioner, after Notice, to appear at a meeting of the MEC, of an investigating committee or of the



Board called to discuss the proposed taking of a Professional Review Action or any other disciplinary action;

- 10.4.2. Notice and Right to Challenge: With the exception of application of Section 10.4.3, when one or more of the above Automatic Termination events occurs, the MEC must advise the Practitioner by Notice of the termination that has occurred and of the grounds for it. The Practitioner has 10 days from receipt of the Notice to submit evidence negating the grounds for termination.
- 10.4.3. MEC Action: With the exception of application of Section 10.4.1.3, the MEC must promptly meet and consider any evidence the Practitioner submits.
- 10.4.3.1. If the MEC determines that the grounds for Automatic Termination did not exist, it must immediately restore the Practitioner to full Medical Staff Membership or Clinical Privileges, as appropriate.
- 10.4.3.2. If the MEC determines that the termination grounds were valid, it must promptly give Notice to the Member that the termination remains in effect and that he or she may reapply for such Membership or Privileges for which he or she may qualify at such time as the grounds for termination are resolved.

## **10.5. Excluded Provider.**

- 10.5.1. The current Member of the Medical or APP Staffs who is excluded from a Federal Health Care Program shall not have the right to a Hearing under this Article regarding the resulting termination of his/her staff Membership and Privileges. However, if the Member immediately notifies the Hospital President of the exclusion of any proposed or actual exclusion from any Federal Health Care Program as required by these Bylaws, a simultaneous request in writing by the Member for a meeting with the President and the Chief of Staff, or their designees, to contest the fact of the exclusion and present relevant information shall be granted. If requested, such a meeting shall be held as soon as possible but in no event later than five (5) business days from the date of the written request. The President and the Chief of Staff or their designees shall determine within ten (10) business days following the meeting, and after such follow-up investigation as they deem appropriate, whether the exclusion had in fact occurred, and whether the Member's Membership and Privileges shall be immediately terminated. The determination of the President and the Chief of Staff or their designees regarding the matter shall be final, and the Member shall have no further procedural rights within the Hospital or its Medical Staff. The Member shall be given Notice of the termination in the most expeditious manner possible, and shall also promptly receive written Notice of the termination.
- 10.5.1.1. Whenever a Member's Membership and Privileges are terminated pursuant to this Section, the Chief of Staff shall take all necessary steps to ensure that any patients currently under the Member's care in

the Hospital shall immediately be brought under the care of another appropriate Practitioner.

- 10.5.1.2. No report of any action taken based on a Practitioner's exclusion from a health care program funded, in whole or in part, by the federal government shall be reported to the state medical board or the National Practitioner Data Bank, whether that action involves a decision to not process an application or to terminate a Practitioner's Membership and Privileges, because the action taken is based on the Practitioner's failure to meet a basic qualification of Membership,

#### **10.6. No Hearing Right:**

- 10.6.1. Automatic terminations do not entitle a Practitioner to any hearing or appeal rights.

#### **10.7. Temporary Suspensions.**

- 10.7.1. Imposition: A Member's Clinical Privileges (except with respect to patients already admitted to the Hospital) may be suspended in accordance with the Rules and Regulations for failure to properly complete medical records or failure to pay Medical Staff dues, if levied. Such suspension is effective upon receipt of a Notice of deficiency from the Department of Medical Records, in the case of medical records, or from an officer of the Medical Staff, in the case of dues.
- 10.7.2. Duration: Temporary Suspensions remain in effect for as long as the deficiency remains uncured. Failure to cure the deficiency within sixty (60) days from the effective date of the temporary suspension shall result in termination of Membership and Clinical Privileges and require that the Member reapply for such Membership or Privileges for which he or she may qualify at such time as the grounds for termination are resolved.
- 10.7.3. Appeal: A Member may appeal a Temporary Suspension to the MEC. The MEC's determination is final and is not subject to further review.
- 10.7.4. Exceptions: The Chief of Staff or the MEC may allow exceptions and permit exercise of Privileges upon a showing by the Member of special circumstances.

#### **10.8. Board Ratification**

- 10.8.1. If the MEC recommends action to the Board under this Article that does not Affect Adversely the Membership or Clinical Privileges of a Practitioner:
  - 10.8.1.1. if the Board approves the recommendation, it becomes final.
  - 10.8.1.2. if the Board disagrees with the recommendation, but:

10.8.1.2.1. takes action that does not Affect Adversely the Membership or Clinical Privileges of the Practitioner, the decision is final;  
or

10.8.1.2.2. takes a Professional Review Action, it must give the Practitioner Notice of his or her right to a hearing under the Fair Hearing Plan or Article 12, as appropriate.

10.8.2. The Board must promptly notify the Practitioner and the MEC of any decision it makes under this Article.

## **11. FAIR HEARING PLAN**

### **11.1. Requirements of a Professional Review Action.**

A Professional Review Action may be taken against a Member if it is taken:

- 11.1.1. in the reasonable belief that the action was in the furtherance of quality health care;
- 11.1.2. after a reasonable effort to obtain the facts of the matter;
- 11.1.3. after the Notice and hearing procedures in these Bylaws are afforded to the Member involved, or after such other procedures as are fair to the Member under the circumstances; and
- 11.1.4. in the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain facts and after meeting the due process requirements of the preceding paragraph.

### **11.2. Right to a Hearing.**

- 11.2.1. A Member has a right to a hearing under this Fair Hearing Plan if the MEC or the Board takes or recommends a Professional Review Action against the Member.
- 11.2.2. A Member has no right to a hearing under this Fair Hearing Plan where the action will not Adversely Affect his or her Medical Staff Membership or Clinical Privileges or where the action does not relate to competence or professional conduct. (Such actions include, but are not limited to, warning letters or letters of reprimand, education, and monitoring or proctoring requirements which do not require the Member to seek prior approval).
- 11.2.3. If the MEC or Board imposes upon a Member Summary Suspension or restriction:
  - 11.2.3.1. without Notice or hearing, where failure to summarily suspend may result in an imminent danger to the health of any individual, the acting body must promptly give Notice to the Member in accordance with following section that he or she has a right to request a subsequent hearing; or
  - 11.2.3.2. for a period of 14 days or less, during which it conducts an Investigation to determine the need for a Professional Review Action, a hearing is not required if a Professional Review Action is not recommended or taken.

### **11.3. Notice of Right to Hearing.**

- 11.3.1. If a Member is entitled to a hearing, the body that took action or made the recommendation must give the Member prompt Notice advising the Member:
  - 11.3.1.1. that an action which Adversely Affects the Member has been taken or is proposed to be taken;
  - 11.3.1.2. the specifics of the action which Adversely Affects the Member and the reasons for it;
  - 11.3.1.3. that the Member has thirty (30) days following the Notice within which to request a hearing via Notice to the Hospital President;
  - 11.3.1.4. that if he or she does not file a timely request for a hearing, he or she waives all hearing and appeal rights to review the action; and
  - 11.3.1.5. that he or she has the rights at the hearing specified in this Fair Hearing Plan (including but not limited to those in Section 11.6.3), a copy of which must be included with this Notice.
- 11.3.2. If the Member does not request a hearing within thirty (30) days of receiving the Notice under this Section, he or she is deemed to have consented to the action or proposed action and to have waived all further hearing and appeals rights under this Fair Hearing Plan.
- 11.3.3. In the event a Member waives his or her hearing and appeal rights, the Hospital President must forward the action Adversely Affecting the Member to the Board for approval.

### **11.4. Notice of Hearing and Lists of Witnesses.**

- 11.4.1. If a Member makes a timely request for a hearing, the Hospital President must promptly forward the request to the Chief of Staff. Within fourteen (14) days, the Chief of Staff, in consultation with the Hospital President, must choose a date for a hearing. The Hospital President must then give prompt Notice to the Member setting forth:
  - 11.4.1.1. the place, time and date of the hearing, which date may not be fewer than thirty (30) days after the date of this Notice;
  - 11.4.1.2. a list of the witnesses, if any, that the Hospital expects will testify on its behalf at the hearing;
  - 11.4.1.3. a statement that if he or she does not personally appear at the hearing, he or she forfeits all rights to a hearing and appeal; and
  - 11.4.1.4. the rights at the hearing enumerated in 11.6,3.

- 11.4.2. The Member must provide to the Hospital President, within seven (7) days of the hearing, a list of witnesses that the Member expects will testify on his or her behalf.

### **11.5. The Hearing Panel or Officer.**

- 11.5.1. The hearing may be conducted by a panel of not fewer than three (3) nor more than five (5) persons or by a hearing officer, appointed by the Chief of Staff in consultation with the Hospital President. A hearing panel member or hearing officer must be a Physician or Practitioner of the same type (e.g., dentist, podiatrist, psychologist) as the Member being reviewed but need not be a Medical Staff Member. The person may not be a hearing panel member or hearing officer if he or she is in direct economic competition with the Member, played any part in presenting the case against the Member or has participated in the Investigation or decision process from a prior phase of the case. Prior knowledge of the facts is not a disqualifying circumstance.
- 11.5.2. The Chief of Staff must designate one panel member as chairperson, who presides at the hearing. The chairperson or hearing officer:
  - 11.5.2.1. must act to assure that all participants in the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence and that decorum is maintained;
  - 11.5.2.2. determines the order and procedure during the hearing and may set reasonable time limits for the hearing; and
  - 11.5.2.3. may, in his or her sole discretion, hold a pre-hearing conference to simplify or clarify the issues to be heard, resolve disputes, facilitate settlement, specify the timing and order of witnesses or to address any other matter that may facilitate the just, speedy and inexpensive disposition of the hearing.
  - 11.5.2.4. The hearing panel or officer may retain legal counsel to assist it in conducting the hearing and in preparing its report and recommendation.

### **11.6. Conduct of the Hearing.**

- 11.6.1. The Member requesting the hearing must appear in person. He or she forfeits his or her right to the hearing and all appeals if he or she fails, without good cause, to appear.
- 11.6.2. Whichever body (i.e., the MEC or Board) took or recommended the Professional Review Action must appoint a person who is not in direct economic competition with the Member to represent it at the hearing.

- 11.6.3. At the hearing the Member and the Hospital (MEC or Board) representative have the following rights:
- 11.6.3.1. to representation by an attorney or other person of his or her choice;
  - 11.6.3.2. to have a record made of the proceedings, copies of which may be obtained by the Member upon payment of any reasonable charges associated with the preparation thereof,
  - 11.6.3.3. to call, examine and cross-examine witnesses;
  - 11.6.3.4. to present evidence determined to be relevant by the hearing officer, regardless of its admissibility in a court of law; and
  - 11.6.3.5. to submit a written statement at the close of the hearing.
- 11.6.4. The burden of going forward with evidence supporting the action or recommendation is on the Hospital (MEC or Board) Representative. Once that has occurred to the satisfaction of the chairperson/hearing officer, the Member bears the burden of proof, including the burden of producing countervailing evidence and the burden of persuading the hearing panel or officer, by a preponderance of the evidence, that the action Adversely Affecting the Member is arbitrary, capricious or unreasonable.
- 11.6.5. The hearing panel may, but is not required to, adhere to state or federal rules governing the presentation of evidence or examination of witnesses at a trial or court of law.
- 11.6.6. Should the Member elect not to testify on his or her own behalf, he or she may nevertheless be called by the Hospital Representative to testify as if on cross-examination.
- 11.6.7. The hearing panel may, in its sole discretion, recess and reconvene the hearing for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation.
- 11.6.8. Upon conclusion of the presentation of evidence and the submission of written statements, the hearing is closed. The hearing panel, at a time convenient to panel members, conducts its deliberations outside the presence of the Member.

## **11.7. The Report and Recommendation.**

- 11.7.1. Within fifteen (15) days after the hearing closes (or as soon thereafter as is reasonably possible), the hearing panel or officer must make and deliver a written report and recommendation confirming, modifying or rejecting the adverse recommendation or decision under review. This report must contain the bases for the recommendation. If the report recommends taking an action Adversely Affecting the Member, it must:

- 11.7.1.1. detail the respects in which the recommendation meets the requirements of Section 1 of this Article; and
- 11.7.1.2. contain a proposed report to the National Practitioner Data Bank.
- 11.7.2. The hearing panel or officer must promptly give Notice of its written report and recommendation (enclosing a copy of each) to the Member; to the Hospital (Board or MEC) Representative; to the Hospital President; to the Chief of Staff; to the MEC; and to the Board.
- 11.7.3. The MEC may submit to the Board written comments on the report and recommendation within 10 days of receipt. Copies of such comments must be provided by Notice to the Member, to the Hospital (MEC or Board) Representative; to the Hospital President; and to the Chief of Staff
- 11.7.4. The recommendation of the hearing panel becomes final when approved by the Board, unless it is appealed by either party in accordance with the appeals provisions below.

#### **11.8. Appellate Review.**

- 11.8.1. Either the Member or the Hospital Representative may appeal from a recommendation of the hearing panel in accordance with this Section.
- 11.8.2. A party may appeal by giving Notice of intent to seek appellate review to the other party and to the Hospital President within fifteen (15) days of receipt of the hearing panel's report and recommendation. The Notice shall set forth the basis for the appeal. Failure to give Notice of appeal within that time period results in a waiver of that party's appeal rights, in which event the recommendation of the hearing panel becomes final when approved by the Board.
- 11.8.3. Appellate review is conducted by an Appellate Review Committee of at least three Board members appointed by the Board chairperson. The members of the Appellate Review Committee may not be in direct economic competition with the Member, play any part in the presentation of the appeal or have participated in any earlier Investigation or decision of the matter.
- 11.8.4. The Appellate Review Committee shall establish a date for appellate review and give Notice of the date to the parties at least 20 days in advance. Arguments and submissions shall occur on or before the established date in accordance with the provisions of this Article.
- 11.8.5. The parties to the appeal have the right to present pre-argument written statements.
  - 11.8.5.1. The Appellant's statement must state the matters with which he or she disagrees and the reasons for such disagreement. The Appellant shall submit the statement by Notice to the Appellee and to the Appellate



Review Committee chairperson at least eight (8) days prior to the scheduled date of the appellate review.

- 11.8.5.2. The Appellee must submit any written statement in response by Notice to the Appellant and to the Appellate Review Committee chairperson at least two (2) days prior to the scheduled date of the appellate review.
- 11.8.6. The parties may not introduce at the appellate review any new or additional matters or evidence not raised at the original hearing, except under unusual circumstances. The Appellate Review Committee, in its sole discretion, must determine whether to accept or consider such matters or evidence.
- 11.8.7. The parties and/or their legal counsel or other representatives have the right at the appellate review to appear personally and to offer such argument on the record, as they deem appropriate. Argument shall occur on the date for appellate review, or such later date as the Appellate Review Committee may establish. Each party has the right to request that a record be made of the proceedings, copies of which may be obtained by the Appellant upon payment of any reasonable charges associated with the preparation thereof.
- 11.8.8. The appellate decision may affirm the recommendation of the hearing panel or officer, or it may modify or reverse the recommendation or remand the matter back for the taking of additional evidence if and to the extent that:
  - 11.8.8.1. the hearing panel or officer failed to follow proper hearing procedures; or
  - 11.8.8.2. the recommendation of the hearing panel or officer was arbitrary, capricious or unreasonable or failed to do substantial justice.
- 11.8.9. Within fifteen (15) days after the conclusion of the appellate review (or as soon thereafter as is reasonably possible), the Appellate Review Committee must render a decision, including the basis for the decision, and deliver a copy by Notice to the Member; to the Hospital Representative; to the Hospital President; to the Chief of Staff; and to the full Board. If the decision directs the taking of an action Adversely Affecting the Member, it must:
  - 11.8.9.1. detail the respects in which the decision meets the requirements of Section 1 of this Article; and
  - 11.8.9.2. include an explanation that the action meets the four requirements of Section 1 of this Article and;
  - 11.8.9.3. approve or amend, as appropriate, the proposed National Practitioner Data Bank report and direct the Hospital President to file it with the appropriate authorities.

- 11.8.10. A decision of the Appellate Review Committee affirming, modifying or reversing the recommendation(s) of the hearing panel is final.

**11.9. Reporting Requirements.**

The Hospital must report to the National Practitioner Data Bank:

- 11.9.1. Each final Professional Review Action that Affects Adversely the Clinical Privileges or Medical Staff Membership of a Practitioners for a period in excess of 30 days; and
- 11.9.2. Each surrender of Clinical Privileges or Medical Staff Membership by a Practitioner:
  - 11.9.2.1. while the Practitioner is under Investigation; or
  - 11.9.2.2. in return for not conducting an Investigation.

**11.10. Miscellaneous.**

- 11.10.1. A Member is not entitled to more than one hearing and one appeal on any matter (i.e., those issues detailed in the Notice).
- 11.10.2. Except for (i) the time to request a hearing and (ii) the time to request an appeal, the time periods in this Fair Hearing Plan may be extended or shortened by mutual agreement.

## **12. ADVANCE PRACTICE PROVIDERS**

### **12.1. Qualifications.**

Applicants to the Advance Practice Provider profession shall be graduates of recognized professional schools in their specialties, legally licensed to practice said profession in the State of Iowa, and able to provide for the continuous care of their patients. APP's shall be mentally and physically qualified to practice their professions.

### **12.2. Medical Evaluation.**

12.2.1. A medical history and physical examination of each patient admitted by an APP shall be recorded by a member of the Active, Courtesy or Consulting Medical Staff. If the history and physical examination is performed by the APP, it must be reviewed and co-signed by such a member of the Medical Staff.

12.2.2. Patients admitted by APPs must be under the care of a specific Physician who will have continuing responsibility for the patient's medical condition throughout the hospitalization.

12.2.3. APPs shall obtain consultations where medically indicated.

### **12.3. Privileges.**

12.3.1. APPs may be members of the Medical Staff and, may hold office or exercise voting privileges as authorized by the Active Medical Staff and these Bylaws.

12.3.2. An applicant APP may apply for Privileges outlined on the privilege request form for his or her specialty. Privileges are granted following the same procedure as is used for members of the Medical Staff. APP's may serve on Hospital committees if requested by the Hospital and Chief of Staff to do so; such committee appointments may be with or without vote and for such duration as determined by the Hospital and the Chief of Staff.

12.3.3. An APP shall not have admitting privileges at the Hospital unless the APP has entered into an agreement with the Hospital. Only an APP who has an agreement with the Hospital may be appointed as a member of the Hospitalist Medical Staff and granted admitting privileges at the Hospital consistent with applicable law.

### **12.4. Guidelines and Standards.**

All procedural provisions or requirements and administrative and professional practices of the Medical Staff will apply also to Advance Practice Clinicians. APPs shall not be entitled to Hearing rights under Article 11 of these Bylaws (the Fair Hearing Plan).

### 13. CONFIDENTIALITY, IMMUNITY AND RELEASE

The following shall be express conditions to any application for, or exercise of, Medical Staff membership and Clinical Privileges at this Hospital:

- 13.1 That any act, communication, report, recommendation, or disclosure, with respect to any such Practitioner performed or made at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining a high quality of patient care in this or in any other health care facility, shall be privileged to the fullest extent permitted by law.
- 13.2 That such privilege shall extend to members of the Hospital's staff and of its Board, its President and his representatives, 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 the term "third parties" means both individuals and organizations from whom information has been requested by an authorized representative of the Hospital or of the Medical Staff.
- 13.3 That, to the fullest extent permitted by law, there shall be absolute immunity extended to the members of the Medical Staff, the MEC and the Board, and to the President or his representatives, from any and all civil liability arising from such act, communication, report, recommendation, or disclosure involving a Member even where the information involved would otherwise be deemed privileged.

That such immunity shall apply to acts, communications, reports, recommendations, or disclosures performed or made in connection with this Hospital or any other health care institution's activities related, but not limited to:

- 13.1.1. Applications or reapplication for appointment or reappointment or for grant or renewal of Clinical Privileges;
  - 13.1.2. Periodic reappraisals for suspension of Clinical Privileges or revocation of Medical Staff membership;
  - 13.1.3. Proceedings for suspension of Clinical Privileges or revocation of Medical Staff Privileges;
  - 13.1.4. Summary suspension;
  - 13.1.5. Hearings and appellate review;
  - 13.1.6. Medical care evaluations; and
  - 13.1.7. Other Hospital, departmental service or committee activities related to the quality of patient care and professional conduct of a Practitioner.
- 13.4 That the acts, communications, reports, recommendations, and disclosures referred to in this Article may relate to a Member's professional qualifications, clinical competence,

character, mental or emotional stability, physical condition, care at this or any other hospital or health care institution.

- 13.5.** That in furtherance of the foregoing, each Member shall upon the request of the Hospital execute appropriate forms authorizing releases of information in accordance with the tenor and import of this Article in favor of the individuals and organizations specified in Paragraph 13.2. subject to any requirements, as may be applicable under the laws of Iowa; and
- 13.6.** That the consents, authorizations, releases, rights, privileges, and immunities provided by Section 5 of these Bylaws for the protection of this Medical Staff members, other appropriate Hospital officials and personnel and third parties, in connection with applications for initial appointment, shall also be fully applicable to the activities and procedures covered by this Article.

## 14. RULES AND REGULATIONS

- 14.1 The MEC shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles of conduct found in these Bylaws, shall set standards of practice that are to be required of each Practitioner in the Hospital, and shall aid in evaluating performance under and compliance with these standards. Such Rules and Regulations shall have the same force and effect as these Bylaws, provided that in the event of a conflict between these Bylaws and the Rules and Regulations, these Bylaws shall control.
- 14.2 Particular rules and regulations may be adopted, amended, repealed or added without previous notice by a majority vote of the MEC at any regular or special meeting. Adoption of and changes to the rules and regulations shall become effective only when approved by the Board.
- 14.3 As an alternative to the MEC proposing an amendment to the Rules and Regulations, the Members of the Active Staff may propose an amendment to the Rules and Regulations by a petition signed by at least forty percent (40%) of the Members of the Active Staff. After such petition is presented to the MEC for action, if the MEC does not approve the proposed amendment, then the proposed amendment shall be submitted to all of the Members of the Active Staff for a vote, and if approved by a majority (51%) of the Members of the Active Staff; shall be forwarded to the Board for approval and implementation.
- 14.4 Such petition shall first be submitted to the MEC for its consideration and approval. The MEC shall act on such petition at its next scheduled meeting.
- 14.5 Existing Rules and Regulations are deemed to continue in effect unless and until they are amended or replaced by action of the MEC; subject to approval of the Board. The Rules and Regulations are effective upon approval by the Board.

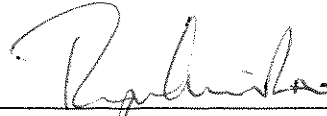
## **15. ADOPTION AND AMENDMENT**

- 15.1** Neither the MEC nor the Board may unilaterally amend these Bylaws. These Bylaws may be amended after submission of the proposed amendment at any regular or at a special meeting of the Medical Staff. Within five (5) business days after the meeting at which any amendment is proposed, the medical staff office shall prepare and deliver to each Member of the Active staff a written ballot clearly stating the language of the proposed amendment, the date by which the ballot must be returned, and the address to which the ballot must be returned. These Bylaws shall be adopted upon a majority (i.e., 51%) vote of Members eligible to vote. Ballots which are not returned indicating either an affirmative or negative vote will be considered an affirmative vote by the Member. Amendments so made shall be effective when approved by the Board. These Bylaws shall, as necessary and at least bi-annually, be reviewed and, if needed, revised to reflect the Medical Staff's and the Hospital's current practices with respect to Medical Staff organization and function. When changes are made in these Bylaws, Medical Staff members and other individuals who have delineated Clinical Privileges will be provided the revised text.
- 15.2** These Bylaws are adopted and made effective as of the date of the approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws. All existing officers, elective and appointive, shall continue until their successors are named pursuant to these new Bylaws. Henceforth, all activities and actions of the Medical Staff shall occur in accordance with the requirements of these Bylaws.
- 15.3** The MEC shall have the power to approve technical corrections such as reorganization or renumbering of the Bylaws, or punctuation, spelling or other errors of grammar, expression or inaccurate cross-references. No substantive amendments are permitted pursuant to this Section. Corrections may be effected by motion and acted upon in the same manner as any other motion before the MEC. After approval, such corrections shall be communicated in writing to the Medical Staff and the Board. Such corrections are effective upon adoption by the MEC; provided however, they may be rescinded by vote of the Medical Staff or the Board within one hundred twenty (120) days of the date of adoption by the MEC. For purposes of this Section, "vote of the Medical Staff" shall mean a majority of the votes cast, provided at least fifty-one percent (51%) of the voting Members of the Medical Staff cast ballots.

**ADOPTED BY THE MEDICAL STAFF OF MERCY MEDICAL  
CENTER-CENTERVILLE.**

**APPROVED** by the Medical Staff on

Aug. 16, 2021.



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Chief of Staff

**APPROVED** by the Board on

Aug. 16, 2021.



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Chair, Board of Directors