

**MERCYONE  
DES MOINES/WEST DES  
MOINES MEDICAL CENTER**

**MEDICAL STAFF BYLAWS**

**Mercy Medical Staff  
MercyOne Des Moines  
MercyOne West Des Moines**

Adopted: December 2017

*Reviewed and Revised February 2020*

**MEDICAL STAFF BYLAWS**

**TABLE OF CONTENTS**

	<u>PAGE</u>
<b>1. GENERAL.....</b>	<b>1</b>
1.A. DEFINITIONS.....	1
1.B. TIME LIMITS .....	1
1.C. DELEGATION OF FUNCTIONS .....	1
1.D. MEDICAL STAFF DUES .....	1
<b>2. CATEGORIES OF THE MEDICAL STAFF .....</b>	<b>2</b>
2.A. GENERAL.....	2
2.B. ACTIVE STAFF .....	2
2.B.1. Qualifications.....	2
2.B.2. Prerogatives.....	2
2.B.3. Responsibilities.....	3
2.C. COURTESY STAFF .....	4
2.C.1. Qualifications.....	4
2.C.2. Prerogatives and Responsibilities .....	4
2.D. CONSULTING STAFF .....	5
2.D.1. Qualifications.....	5
2.D.2. Prerogatives and Responsibilities .....	5
2.E. COMMUNITY AFFILIATE STAFF .....	6
2.E.1. Qualifications.....	6
2.E.2. Prerogatives and Responsibilities .....	6

	<u>PAGE</u>
2.F. HONORARY STAFF .....	7
2.F.1. Qualifications .....	7
2.F.2. Prerogatives and Responsibilities .....	7
2.G. ALLIED HEALTH STAFF .....	8
2.G.1. Qualifications .....	8
2.G.2. Prerogatives and Responsibilities .....	8
<b>3. OFFICERS .....</b>	<b>9</b>
3.A. DESIGNATION .....	9
3.B. ELIGIBILITY CRITERIA.....	9
3.C. DUTIES .....	10
3.C.1. President of the Medical Staff.....	10
3.C.2. President-Elect of the Medical Staff.....	10
3.C.3 Secretary-Treasurer.....	11
3.C.4. Immediate Past President of the Medical Staff.....	11
3.D. NOMINATION AND ELECTION PROCESS .....	11
3.D.1. Nominating Committee.....	11
3.D.2. Nominating Process .....	12
3.D.3. Election .....	12
3.E. TERM OF OFFICE, VACANCIES AND REMOVAL .....	13
3.E.1. Term of Office .....	13
3.E.2. Vacancies .....	13
3.E.3. Removal .....	13
<b>4. CLINICAL DEPARTMENTS.....</b>	<b>15</b>
4.A. ORGANIZATION .....	15
4.A.1. Organization of Departments .....	15
4.A.2. Assignment to Departments.....	15
4.A.3. Functions of Departments.....	15

	<u>PAGE</u>
4.B. DEPARTMENT CHAIRPERSONS AND VICE CHAIRPERSONS.....	15
4.B.1. Qualifications.....	15
4.B.2. Selection and Term of Department Chairperson and Vice Chairpersons.....	16
4.B.3. Performance Evaluation for Department Chairpersons and Vice Chairpersons.....	16
4.B.4. Removal of Chairperson or Vice Chairperson of a Department.....	17
4.B.5. Duties of Department Chairperson.....	18
<b>5. MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS.....</b>	<b>20</b>
5.A. GENERAL.....	20
5.A.1. Appointment.....	20
5.A.2. Meetings, Reports and Recommendations.....	20
5.B. MEDICAL EXECUTIVE COMMITTEE.....	21
5.B.1. Composition.....	21
5.B.2. Duties.....	21
5.B.3. Meetings.....	23
5.C. PERFORMANCE IMPROVEMENT FUNCTIONS.....	23
5.D. CREATION OF STANDING COMMITTEES AND SPECIAL TASK FORCES.....	24
<b>6. MEETINGS.....</b>	<b>25</b>
6.A. GENERAL.....	25
6.A.1. Meetings.....	25
6.A.2. Regular Meetings.....	25
6.A.3. Special Meetings.....	25
6.B. PROVISIONS COMMON TO ALL MEETINGS.....	25
6.B.1. Prerogatives of the Presiding Officer.....	25
6.B.2. Notice.....	26
6.B.3. Quorum and Voting.....	26

	<u>PAGE</u>
6.B.4. Minutes .....	27
6.B.5. Confidentiality .....	27
6.C. ATTENDANCE.....	28
6.C.1. Regular and Special Meetings .....	28
<b>7. BASIC STEPS .....</b>	<b>29</b>
7.A. QUALIFICATIONS FOR APPOINTMENT, REAPPOINTMENT, AND CLINICAL PRIVILEGES .....	29
7.B. PROCESS FOR CREDENTIALING AND PRIVILEGING .....	29
7.C. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES.....	30
7.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION.....	31
7.E. INDICATIONS AND PROCESS FOR PROFESSIONAL REVIEW ACTIONS .....	31
7.F. HEARING AND APPEAL PROCESS .....	32
<b>8. AMENDMENTS .....</b>	<b>33</b>
8.A. MEDICAL STAFF BYLAWS .....	33
8.B. OTHER MEDICAL STAFF DOCUMENTS .....	34
8.C. CONFLICT MANAGEMENT PROCESS.....	35
8.D. UNIFIED MEDICAL STAFF PROVISIONS .....	36
8.D.1. Adoption of a Unified Medical Staff .....	36
8.D.2. Bylaws, Policies, and Rules and Regulations of the Unified Medical Staff .....	36
8.D.3. Opt-Out Procedures .....	36

	<u>PAGE</u>
9. HISTORY AND PHYSICAL.....	37
10. ADOPTION.....	39

**APPENDIX A**

## ARTICLE 1

### GENERAL

#### 1.A. DEFINITIONS

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

#### 1.B. TIME LIMITS

Time limits referred to in these Bylaws and related policies and manuals are advisory only and are not mandatory, unless it is expressly stated. Medical Staff leaders will strive to be fair under the circumstances.

#### 1.C. DELEGATION OF FUNCTIONS

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

#### 1.D. MEDICAL STAFF DUES

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

## ARTICLE 2

### CATEGORIES OF THE MEDICAL STAFF

#### 2.A. GENERAL

- (1) Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff and Allied Health Staff set forth in the Credentials Policy are eligible to apply for appointment to one of the categories listed below. The categories, along with the respective prerogatives and responsibilities, are summarized in the chart attached as Appendix A to these Bylaws.
- (2) The qualifications, prerogatives and responsibilities set forth below are general in nature and may be subject to revision or modification upon recommendation of the Medical Executive Committee and approval by the Board.
- (3) At reappointment, any member of the Medical Staff or the Allied Health Staff who has not had sufficient patient activity at the Hospital may be requested to provide quality data and other information to assist in an appropriate assessment of current clinical competence as set forth in the Credentials Policy.

#### 2.B. ACTIVE STAFF

##### 2.B.1. Qualifications:

The Active Staff will consist of members of the Medical Staff who:

- (a) are actively engaged in the provision or administration of patient care services at the Medical Center;
- (b) are involved in at least 25 patient contacts during the two-year appointment term; and
- (b) (i) attend a minimum of fifty percent (50%) of Medical Staff meetings and fifty percent (50%) of Clinical Department meetings; or (ii) participate in Medical Staff affairs by attending and providing leadership on Medical Staff committees, administrative collaborative committees, quality councils, physician advisory committees or serve as a medical director for services.

##### 2.B.2. Prerogatives:

All Active Staff members may:

- (a) vote in general and special meetings of the Medical Staff and applicable department and committee meetings; and



- (b) hold office, serve on Medical Staff committees, and serve as department chairperson, and committee chairperson.

Category 1 Active Staff members may:

- (a) admit and treat patients; and
- (b) exercise clinical privileges granted.

Category 2 Active Staff members:

- (a) may refer patients to Category 1 Active Staff members for admission and care;
- (b) are encouraged to communicate directly with Category 1 Active Staff members about the care of any patients referred;
- (c) may visit patients in the Medical Center and record a courtesy progress note in the medical record containing relevant information from the patient's outpatient care;
- (d) may review the medical records and test results (via paper or electronic access) for any patients who are referred;
- (e) may perform preoperative history and physical examinations in the office and have those reports entered into the Medical Center's medical records;
- (f) may refer patients to the Medical Center's diagnostic facilities and order such tests; and
- (g) are not granted clinical privileges and, therefore, may not admit patients, attend patients, write orders, perform consultations, assist in surgery, or otherwise participate in the management of clinical care to patients at the Medical Center.

### 2.B.3. Responsibilities:

- (a) Active Staff members must assume all the responsibilities of the Active Staff, including:
  - (1) serving on committees, as requested;
  - (2) providing on-call specialty coverage for the Emergency Department (Category 1) and accepting referrals from the Emergency Department for follow-up care of patients (Category 1 and Category 2);
  - (3) participating in the professional practice evaluation and performance improvement processes (Category 1);

- (4) arranging for appropriate consultation or admission for an established patient who presents to the Emergency Department (Category 1);
- (5) attending Medical Staff, and applicable department and committee, meetings; and
- (6) paying application fees, dues, and assessments.

## 2.C. COURTESY STAFF

### 2.C.1. Qualifications:

The Courtesy Staff will consist of members of the Medical Staff who:

- (a) are involved in at least two but fewer than 25 patient contacts during the two-year appointment term (involvement in a greater number of patient contacts may result in transfer to the Active Staff); and
- (b) are members of the active staff or associate staff at another hospital, unless their clinical specialty does not support an active inpatient practice and the Board makes an exception to this requirement.

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

Courtesy Staff members:

- (a) may admit and treat patients;
- (b) may attend and participate in Medical Staff and department meetings (without vote);
- (c) may be invited to serve on committees (with vote);
- (d) may not hold office or serve as department chairperson or committee chairperson, unless waived by the Board;
- (e) may exercise clinical privileges as are granted;
- (f) For the Emergency Department unassigned patients, will be required to provide coverage if the Medical Executive Committee or Department Chairperson finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;
- (g) must cooperate in the professional practice evaluation and performance improvement processes;

- (h) must arrange for appropriate consultation or admission for an established patient who presents to the Emergency Department; and
- (i) must pay application fees, dues, and assessments.

## 2.D. COMMUNITY AFFILIATE STAFF

### 2.D.1. Qualifications:

The Community Affiliate Staff will consist of members of the Medical Staff who:

- (a) desire to be associated with, but who do not intend to establish a practice at, this Medical Center;
- (b) are interested in pursuing professional and educational opportunities, including continuing medical education, available at the Medical Center; and
- (c) satisfy the qualifications for appointment set forth in the Credentials Policy, but are exempt from the qualifications pertaining to response times, location within the geographic service area, emergency call, and coverage arrangements and who will qualify for a waiver of board certification criterion.

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

Community Affiliate Staff members:

- (a) may attend meetings of the Medical Staff and department (without vote);
- (b) may not hold office or serve as department chairperson unless waived by the Medical Executive Committee and Board;
- (c) may serve on committees (with vote), including as committee chairperson;
- (d) may attend educational activities sponsored by the Medical Staff and the Medical Center;
- (e) may refer patients to members of the Medical Staff for admission and care;
- (f) are encouraged to communicate directly with Active Staff members about the care of any patients referred;
- (g) may visit patients in the Medical Center and record a courtesy progress note in the medical record containing relevant information from the patient's outpatient care;

- (h) may review the medical records and test results (via paper or electronic access) for any patients who are referred;
- (i) may perform preoperative history and physical examinations in the office and have those reports entered into the Medical Center's medical records;
- (j) are not granted clinical privileges and, therefore, may not admit patients, attend patients, write orders, perform consultations, assist in surgery, or otherwise participate in the management of clinical care to patients at the Medical Center;
- (k) may refer patients to the Medical Center's diagnostic facilities and order such tests;
- (l) are required to accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and
- (m) must pay application fees, dues, and assessments.

The grant of appointment to the Community Affiliate Staff is a courtesy only, which may be terminated by the Board upon recommendation of the Medical Executive Committee, with no right to a hearing or appeal.

## 2.E. HONORARY STAFF

### 2.E.1. Qualifications:

- (a) The Honorary Staff will consist of members of the Medical Staff who:
  - (1) have a record of previous long-standing service (at least 20 years) to the Medical Center, have retired from the active practice of medicine and, in the discretion of the Medical Executive Committee, are in good standing at the time of initial application for membership on the Honorary Staff; or
  - (2) are recognized for outstanding or noteworthy contributions to the medical sciences.
- (b) Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a reappointment application.

### 2.E.2. Prerogatives and Responsibilities:

Honorary Staff members:

- (a) are not granted clinical privileges and, therefore, may not consult, admit, or attend to patients;

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

## 2.F. ALLIED HEALTH STAFF

### 2.F.1. Qualifications:

The Allied Health Staff consists of allied health professionals who are granted clinical privileges and are appointed to the Allied Health Staff. The Allied Health Staff is not a category of the Medical Staff, but is included in this Article for convenient reference.

### 2.F.2. Prerogatives and Responsibilities:

Allied Health Staff members:

- (a) may attend and participate in Medical Staff, department meetings (without vote);
- (b) may not hold office or serve as department chairperson or committee chairperson;
- (c) may be invited to serve on committees (with vote);
- (d) must cooperate in the professional practice evaluation and performance improvement processes;
- (e) may exercise clinical privileges granted; and
- (f) must pay application fees, dues, and assessments.

## ARTICLE 3

### OFFICERS

#### 3.A. DESIGNATION

The Medical Staff will have the following officers:

- President of the Medical Staff;
- President-Elect of the Medical Staff;
- Credentials Committee Chair;
- Immediate Past President of the Medical Staff.

#### 3.B. ELIGIBILITY CRITERIA

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

- (1) have served on the Active Staff for at least two years;
- (2) have no pending adverse recommendations concerning appointment or clinical privileges;
- (3) not presently be serving as a Medical Staff officer, Board member, or department chairperson at any other hospital, except Broadlawns Medical Center or the VA Hospital, and will not so serve during their terms of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have demonstrated an ability to work well with others; and
- (6) not have any financial relationship (i.e., an ownership or investment interest in or compensation arrangement) with an entity that competes with the Medical Center or any Affiliate. This does not apply to services provided within a practitioner's office and billed under the same provider number used by the practitioner.

#### 3.C. DUTIES

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

The President of the Medical Staff will:

- (a) act in coordination and cooperation with the Chief Medical Officer, the President of MMC-DM, and the Board in matters of mutual concern involving the care of patients in the Medical Center;
- (b) represent and communicate the views, policies and needs, and report on the activities, of the Medical Staff to the President of MMC-DM, Chief Medical Officer, and the Board;
- (c) call, preside at, and be responsible for the agenda of meetings of the Medical Staff and the Medical Executive Committee;
- (d) serve as a member of the Medical Executive Committee and may attend all other Medical Staff committee meetings (with vote);
- (e) promote adherence to the Bylaws, policies, rules and regulations of the Medical Staff and to the policies and procedures of the Medical Center;
- (f) perform functions authorized in these Bylaws and other applicable policies, including collegial intervention in the Credentials Policy; and
- (g) oversee the collection of and accounting for any Medical Staff funds and make disbursements authorized by the Medical Executive Committee;

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

The President-Elect of the Medical Staff will:

- (a) assume the duties of the President of the Medical Staff and act with full authority as President of the Medical Staff in his or her absence;
- (b) perform other duties as are assigned by the President of the Medical Staff or the Medical Executive Committee, which may include the duties of the Secretary-Treasurer; and
- (c) automatically succeed the President of the Medical Staff at the beginning of the Medical Staff year (unless the President of the Medical Staff is reelected) or sooner should the office become vacated for any reason during the President of the Medical Staff's term of office.

3.C.4. Immediate Past President of the Medical Staff:

The Immediate Past President of the Medical Staff will:

- (a) serve as an advisor to other Medical Staff Leaders;

- (b) serve as a member of the Medical Executive Committee; and
- (c) perform other duties as are assigned by the President of the Medical Staff or the Medical Executive Committee.

### 3.D. NOMINATION AND ELECTION PROCESS

#### 3.D.1. Nominating Process:

- (a) The President of the Medical Staff will solicit nominations and will prepare a slate of nominees for each Medical Staff office and for the department chair and vice-chair positions. Nominees for election must disclose any personal, professional, or financial affiliations or relationships which could reasonably cause a conflict of interest with their activities or responsibilities on behalf of the Medical Staff. These concerns will be reviewed by the President of the Medical Staff and may be forwarded to the Medical Executive Committee for further review and appropriate action as needed.
- (b) In order for a nominee to be placed on the ballot, the candidate must be willing to serve and must, in the judgment of the President of the Medical Staff, satisfy the qualifications in Section 3.B of these Bylaws.

#### 3.D.2. Selection :

- (a) Nominations will be reviewed by the Leadership Council. This group will interview the nominations and will select a candidate for any vacancies, subject to Board confirmation.

### 3.E. TERM OF OFFICE, VACANCIES AND REMOVAL

#### 3.E.1. Term of Office:

- (a) Officers will assume office on the first day of the Medical Staff year.
- (b) Officers will serve an initial three -year term and may be reelected for additional terms on a consecutive basis, without limit.

#### 3.E.2. Vacancies:

- (a) If there is a vacancy in the office of President of the Medical Staff, the President-Elect of the Medical Staff will serve until the end of the unexpired term of the President of the Medical Staff.
- (b) If there is a vacancy in the office of President-Elect of the Medical Staff, the Medical Executive Committee will appoint an individual, who satisfies the qualifications set forth in Section 3.B of these Bylaws, to the office until a special



election can be held. The appointment will be effective upon approval by the Board.

### 3.E.3. Removal:

- (a) Removal of an elected officer, ex officio member of the Medical Executive Committee (except President of MMC-DM and the Chief Medical Officer) or an at-large member of the Medical Executive Committee may be effectuated by a two-thirds vote of the Medical Staff or a three-fourths vote of the Medical Executive Committee, or, including the President of MMC-DM and the Chief Medical Officer, by the Board for:
  - (1) failure to comply with applicable policies, Bylaws, or the Rules and Regulations;
  - (2) failure to perform the duties of the position held;
  - (3) conduct detrimental to the interests of the Medical Staff or the Medical Center;
  - (4) an infirmity that renders the individual incapable of fulfilling the duties of that office; or
  - (5) failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws.
- (b) Prior to scheduling a meeting to consider removal, a representative from the Medical Staff, Medical Executive Committee or the Board will meet with and inform the individual of the reasons for the proposed removal proceedings.
- (c) The individual will be given at least ten days' special notice of the date of the meeting at which removal is to be considered. The individual will be afforded an opportunity to address the Medical Executive Committee, the Active Staff, or the Board, as applicable, prior to a vote on removal.
- (d) Removal will be effective when approved by the Board.

## ARTICLE 4

### CLINICAL DEPARTMENTS

#### 4.A. ORGANIZATION

##### 4.A.1. Organization of Departments:

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

##### 4.A.2. Assignment to Departments:

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

##### 4.A.3. Functions of Departments:

The departments are organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the departments; (ii) to monitor the practice of individuals with clinical privileges in a given department; and (iii) to provide appropriate specialty coverage in the Emergency Department, consistent with the provisions in these Bylaws and related documents.

#### 4.B. DEPARTMENT CHAIRPERSONS AND VICE CHAIRPERSONS

##### 4.B.1. Qualifications:

Each department chairperson (and vice chairperson) will:

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

4.B.2. Selection and Term of Department Chairpersons and Vice Chairpersons:

- (a) Nomination and selection will follow the process outlined in section 3.D of these bylaws.

4.B.3. Performance Evaluation for Department Chairpersons and Vice Chairpersons:

- (a) A performance evaluation of the department chairperson may be initiated by the President of the Medical Staff, who may delegate this responsibility or appoint a committee to assist in this function.
- (b) The following factors may be addressed as part of the evaluation:
  - (1) quality and support of the department as it interfaces with other Medical Center departments;
  - (2) communication, coordination, quality and service of care within the department;
  - (3) effectiveness of the performance improvement program; and
  - (4) where appropriate, contribution to patient care, education and research.
- (c) The President of the Medical Staff will prepare a written report of the evaluation and provide a copy to the relevant department chairperson. The Medical Executive Committee will also receive a copy of the report and have an opportunity to comment on it.
- (d) The President of the Medical Staff will monitor the department chairperson's improvement activities and report progress to the Medical Executive Committee and the Board.
- (e) The department chairperson will evaluate the performance of the department vice chairperson.

4.B.4. Removal of Chairperson or Vice Chairperson of a Department:

- (a) Removal of a department chairperson or vice chairperson may be effectuated by a two-thirds vote of the department or a three-fourths vote of the Medical Executive Committee, or by the Board for:
  - (1) failure to comply with the Bylaws or applicable policies, or rules and regulations;
  - (2) failure to perform the duties of the position held;

- (3) conduct detrimental to the interests of the Medical Staff or the Medical Center;
  - (4) an infirmity that renders the individual incapable of fulfilling the duties of that office; or
  - (5) failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws.
- (b) Prior to scheduling a meeting to consider removal, a representative from the department, Medical Executive Committee, or Board will meet with and inform the individual of the reasons for the proposed removal proceedings.
  - (c) The individual will be given at least ten days' special notice of the date of the meeting at which removal is to be considered. The individual will be afforded an opportunity to address the department, the Medical Executive Committee, or the Board, as applicable, prior to a vote on removal.
  - (d) Removal of a department chairperson or vice chairperson will be effective when approved by the Board.

#### 4.B.5. Duties of Department Chairperson:

Each department chairperson is responsible for the following functions, either individually or in collaboration with Medical Center personnel:

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

- (h) the coordination and integration of interdepartment and intradepartment services;
- (i) the development and implementation of policies and procedures that advance quality and that guide and support the provision of care, treatment, and services;
- (j) recommendations for a sufficient number of qualified and competent individuals to provide care, treatment, and services;
- (k) determination of the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (l) continuous assessment and improvement of the quality of care, treatment, and services provided;
- (m) maintenance of quality monitoring programs, as appropriate;
- (n) the orientation and continuing education of members in the department;
- (o) recommendations for space and other resources needed by the department;
- (p) performing functions authorized in the Credentials Policy, including collegial intervention efforts; and
- (q) appointing and removing the department vice chairperson as deemed necessary, subject to approval of the Medical Executive Committee.

## ARTICLE 5

### MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

#### 5.A. GENERAL

##### 5.A.1. Appointment:

- (a) This Article and the Medical Staff Organization Manual outline the committees of the Medical Staff that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.
- (b) Except as otherwise provided by these Bylaws or the Medical Staff Organization Manual, the President of the Medical Staff will appoint the members and the chairperson of each Medical Staff committee, in consultation with the Chief Officer. Committee chairpersons must satisfy the criteria in Section 3.B of these Bylaws. The President of the Medical Staff will also recommend Medical Staff representatives to Medical Center committees.
- (c) The Chief Physician Officer will make appointments of administrative staff to Medical Staff committees. Administrative staff will serve on Medical Staff committees without the right to vote.
- (d) Chairpersons and members of standing committees will be appointed for an initial term of two years, but may be reappointed for additional terms.
- (e) The President of the Medical Staff will be an *ex officio* member, with vote, on all Medical Staff committees.
- (f) The Chief Physician Officer and President of MMC-DM will be *ex officio* members, without vote, on all Medical Staff committees.

##### 5.A.2. Meetings, Reports and Recommendations:

Except as otherwise provided, committees of the Medical Staff will meet as necessary to accomplish their functions and will maintain a permanent record of their findings, proceedings, and actions. Committees of the Medical Staff will make timely written reports to the Medical Executive Committee.

#### 5.B. MEDICAL EXECUTIVE COMMITTEE

##### 5.B.1. Composition:

- (a) The Medical Executive Committee will include:
  - (1) President
  - (2) President-Elect
  - (2) the clinical department chairpersons;
  - (3) chairperson of the Credentials Committee,
  - (4) Chair of Professional Practice Evaluation Committee;
  - (5) President of MMC-DM and the Chief Medical Officer, *ex officio*, without vote.
- (b) The President of the Medical Staff will serve as chairperson of the Medical Executive Committee, with vote.
- (c) The chairperson of the Board, or another Board member, may attend meetings of the Medical Executive Committee, *ex officio*, without vote.
- (d) Other individuals may be invited to Medical Executive Committee meetings as guests, without vote.

5.B.2. Duties:

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

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between Medical Executive Committee meetings);
- (b) recommending directly to the Board on at least the following:
  - (1) the Medical Staff's structure;
  - (2) the mechanism used to review credentials and to delineate individual clinical privileges;
  - (3) applicants for appointment and reappointment;
  - (4) delineation of clinical privileges for each eligible individual;

- (5) participation of the Medical Staff in Medical Center performance improvement activities and the quality of professional services being provided by the Medical Staff;
  - (6) the mechanism by which appointment to the Medical Staff or the Allied Health Staff may be terminated;
  - (7) hearing procedures; and
  - (8) reports and recommendations from Medical Staff committees, departments, and other groups, as appropriate;
- (c) consulting with Administration on quality-related aspects of contracts for patient care services;
  - (d) providing oversight and guidance with respect to continuing medical education activities;
  - (e) reviewing or delegating the review of quality indicators to facilitate uniformity regarding patient care services;
  - (f) providing leadership in activities related to patient safety;
  - (g) providing oversight in the process of analyzing and improving patient satisfaction;
  - (h) approving Medical Staff policies and procedures;
  - (i) ensuring that, at least every three years, the Bylaws and applicable policies are reviewed and updated;
  - (j) providing and promoting effective liaison among the Medical Staff, Administration, and the Board;
  - (k) recommending clinical services, if any, to be provided by telemedicine;
  - (l) reviewing and approving all standing orders for consistency with nationally recognized and evidence-based guidelines;
  - (m) adopting clinical practice and evidence-based protocols for specific services, procedures, or tests; and
  - (n) performing any other functions as are assigned to it by these Bylaws, the Credentials Policy or other applicable policies.



### 5.B.3. Meetings:

The Medical Executive Committee will meet at least ten times a year and more often if necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and actions.

### 5.C. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in the measurement, assessment, and improvement of at least the following:
  - (a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;
  - (b) the Medical Center's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services core measures;
  - (c) medical assessment and treatment of patients;
  - (d) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;
  - (e) the utilization of blood and blood components, including review of significant transfusion reactions;
  - (f) operative and other invasive procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
  - (g) appropriateness of clinical practice patterns;
  - (h) significant departures from established patterns of clinical practice;
  - (i) use of information about adverse privileging determinations regarding any practitioner;
  - (j) the use of developed criteria for autopsies;
  - (k) sentinel events, including root cause analyses and responses to unanticipated adverse events;
  - (l) healthcare associated infections;
  - (m) unnecessary procedures or treatment;
  - (n) appropriate resource utilization;

- (o) education of patients and families;
  - (p) coordination of care, treatment, and services with other practitioners and Medical Center personnel;
  - (q) accurate, timely, and legible completion of patients' medical records;
  - (r) the required content and quality of history and physical examinations, as well as the time frames required for completion, which are set forth in Article 9 of these Bylaws;
  - (s) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual's performance; and
  - (t) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board.
- (2) A description of the committees that carry out monitoring and performance improvement functions, including their composition, duties, and reporting requirements, is contained in the Medical Staff Organization Manual.

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

- (1) In accordance with the amendment provisions in the Medical Staff Organization Manual, the Medical Executive Committee may, by resolution and upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. The Medical Executive Committee may also dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions.
- (2) Any function required to be performed by these Bylaws which is not assigned to an individual, a standing committee, or a special task force will be performed by the Medical Executive Committee.
- (3) Special task forces will be created and their members and chairperson will be appointed by the President of the Medical Staff and the Medical Executive Committee. Such task forces will confine their activities to the purpose for which they were appointed and will report to the Medical Executive Committee.

## ARTICLE 6

### MEETINGS

#### 6.A. GENERAL

##### 6.A.1. Meetings:

- (a) The Medical Staff year is January 1 to December 31.
- (b) Except as provided in these Bylaws or the Medical Staff Organization Manual, each department and committee will meet as often as needed to perform their designated functions.

##### 6.A.2. Regular Meetings:

- (a) The President of the Medical Staff, the chairperson of each department, and the chairperson of each committee will schedule regular meetings for the year.
- (b) The Medical Staff shall meet twice per calendar year, at dates and times as determined by the President of the Medical Staff.

##### 6.A.3. Special Meetings:

- (a) A special meeting of the Medical Staff may be called by the President of the Medical Staff, a majority of the Medical Executive Committee, the President of MMC-DM, the chairperson of the Board, or by a petition signed by at least 10% of the voting members of the Medical Staff.
- (b) A special meeting of any department or committee may be called by the President of the Medical Staff, the relevant department chairperson or committee chairperson, or by a petition signed by at least 10% of the voting members of the department or committee but in no event fewer than two members.
- (c) No business will be transacted at any special meeting except that stated in the meeting notice.

#### 6.B. PROVISIONS COMMON TO ALL MEETINGS

##### 6.B.1. Prerogatives of the Presiding Officer:

- (a) The Presiding Officer of each meeting is responsible for setting the agenda for any regular or special meeting of the Medical Staff, department, or committee.

- (b) The Presiding Officer has the discretion to conduct any meeting by telephone conference or videoconference.
- (c) The Presiding Officer shall have the authority to rule definitively on all matters of procedure. While Robert's Rules of Order may be used for reference, in the discretion of the Presiding Officer, it shall not be binding. Rather, specific provisions of these Bylaws and Medical Staff, department, or committee custom shall prevail at all meetings and elections.

6.B.2. Notice:

- (a) Medical Staff members will be provided with notice of regular meetings of the Medical Staff and regular meetings of departments and committees. Notice will be provided via regular U.S. mail, e-mail, Medical Center mail or by posting in a designated location at least 14 days in advance of the meeting. Notice of meetings may also be provided by annual resolution, providing the time and location for regular meetings, in which case no other notice shall be required.
- (b) When a special meeting of the Medical Staff, department, or committee is called, the notice period will be 48 hours. Posting may not be the sole mechanism for providing notice.
- (c) Notices will state the date, time, and place of the meetings.
- (d) The attendance of any individual at any meeting will constitute a waiver of that individual's notice of the meeting.

6.B.3. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, or committee, those voting members present (but not fewer than two members) will constitute a quorum. Exceptions to this general rule are as follows:
  - (1) for meetings of the Medical Executive Committee, the Credentials Committee, Clinical Services Council, the presence of at least 50% of the voting committee members will constitute a quorum; and
  - (2) for any amendments to these Medical Staff Bylaws, at least 25% of the voting members of the medical staff will constitute a quorum.
- (b) Once a quorum is established, the business of the meeting may continue and actions taken will be binding.
- (c) Recommendations and actions taken by the Medical Staff, or by any department, or committee will be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority of the voting members.

- (d) As an alternative to a formal meeting, the voting members of the Medical Staff, a department, or committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, or telephone, and their votes returned to the Presiding Officer by the method designated in the notice. Except for amendments to these Bylaws and actions by the Medical Executive Committee, the Credentials Committee, and the Professional Practice Evaluation Committee (as noted in (a)), a quorum for purposes of these votes will be the number of responses returned to the Presiding Officer by the date indicated. The question raised will be determined in the affirmative and will be binding if a majority of the responses returned has so indicated.
- (e) Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote.
- (f) There shall be no proxy voting.

6.B.4. Minutes:

- (a) Minutes of Medical Staff, department, and committee meetings will be prepared and signed by the Presiding Officer.
- (b) Minutes will include a record of the attendance of members and the recommendations made.
- (c) Minutes of meetings of the Medical Staff, departments, and committees will be forwarded to the Medical Executive Committee
- (d) The Board will be kept apprised of and act on the recommendations of the Medical Staff.
- (e) A permanent file of the minutes of meetings will be maintained by the Medical Center.

6.B.5. Confidentiality:

- (a) Medical Staff business conducted by departments and committees is considered confidential and proprietary and should be treated as such.
- (b) Members of the Medical Staff who have access to, or are the subject of, credentialing or peer review information must agree to maintain the confidentiality of the information.
- (c) Credentialing and peer review documents, and information contained in these documents, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Medical Center policy.

- (d) A breach of confidentiality may result in the imposition of disciplinary action.

## 6.C. ATTENDANCE

### 6.C.1. Regular and Special Meetings:

- (a) Members of the Medical Staff are encouraged to attend Medical Staff and applicable department, and committee meetings.
- (b) Members of the Medical Executive Committee, the Credentials Committee, and the Professional Practice Evaluation Committee are required to attend at least 50% of the regular meetings. Failure to attend the required number of meetings may result in removal of the member from the committee.

## ARTICLE 7

### *[PLEASE RECHECK CREDENTIALS POLICY TO INSURE CONSISTENCY]*

#### BASIC STEPS

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

#### 7.A. QUALIFICATIONS FOR APPOINTMENT, REAPPOINTMENT, AND CLINICAL PRIVILEGES

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

#### 7.B. PROCESS FOR CREDENTIALING AND PRIVILEGING

- (1) Complete applications for appointment and clinical privileges will be transmitted to the applicable department chairperson and, where applicable, who will review the individual's education, training, and experience and prepare a written report stating whether the individual meets all qualifications. This report will be forwarded to the Credentials Committee.
- (2) The Credentials Committee will review the report from the department chairperson the application, and supporting materials and make a recommendation. The recommendation of the Credentials Committee will be forwarded, along with the department chairperson's report to the Medical Executive Committee for review and recommendation.
- (3) The Medical Executive Committee may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the Medical Executive Committee is to grant appointment or reappointment and clinical privileges, it will be forwarded to the Board for final action. If the recommendation of the Medical Executive Committee is unfavorable, the individual will be notified by the President of MMC-DM of the right to request a hearing.
- (4) When the disaster plan has been implemented, the President of MMC-DM or the President of the Medical Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

7.C. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT  
OF APPOINTMENT AND/OR PRIVILEGES

- (1) Appointment and clinical privileges may be automatically relinquished if an individual:
  - (a) fails to do any of the following:
    - (1) timely complete medical records;
    - (2) satisfy threshold eligibility criteria;
    - (3) satisfy clinical activity requirements during focused professional practice evaluation requirements;
    - (4) complete and comply with educational or training requirements;
    - (5) provide requested information;
    - (6) attend a required meeting to discuss issues or concerns;
    - (7) comply with request for fitness for practice evaluation;
    - (8) comply with request for competency assessment;
    - (9) initial competency evaluation period; or
    - (10) notify the President of the Medical Staff or the President of MMC-DM of any change in any information on the application form;
  - (b) is arrested, charged, indicted, convicted, or pleads guilty or no contest pertaining to any felony or misdemeanor involving the following: (a) Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse; (b) controlled substances; (c) illegal drugs; (d) violent act; (e) sexual misconduct; (f) moral turpitude; or (g) child or elder abuse;
  - (c) makes a misstatement or omission on an application form;
  - (d) in the case of an allied health professional, fails, for any reason, to maintain an appropriate supervision/collaborative relationship with a Supervising Physician as defined in the Credentials Policy; or



- (e) remains absent on leave for longer than one year, unless an extension is granted by the President of the Medical Staff.
- (2) Automatic relinquishment will take effect immediately and will continue until the matter is resolved, if applicable.

#### 7.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

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

#### 7.E. INDICATIONS AND PROCESS FOR PROFESSIONAL REVIEW ACTIONS

Following an investigation, the Medical Executive Committee may recommend suspension or revocation of appointment or clinical privileges, or other actions, based on concerns about (a) clinical competence or clinical practice; (b) the safety or proper care being provided to patients; (c) known or suspected violation of ethical standards or the bylaws, policies, rules and regulations of the Medical Center or the Medical Staff; or (d) conduct that is considered lower than the standards of the Medical Center, undermines the Medical Center's culture of safety, or is disruptive to the orderly operation of the Medical Center, the Medical Staff, or the Allied Health Staff.

#### 7.F. HEARING AND APPEAL PROCESS

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three members or there will be a Hearing Officer.

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

## ARTICLE 8

### AMENDMENTS

#### 8.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by a petition signed by 10% of the voting members of the Medical Staff, by the Bylaws Committee, or by the Medical Executive Committee.
- (2) Proposed amendments must be reviewed by the Medical Executive Committee prior to a vote by the Medical Staff. The Medical Executive Committee will provide notice of proposed amendments, including amendments proposed by the voting members of the Medical Staff as set forth above, to the voting staff. The Medical Executive Committee may also report on any proposed amendments, either favorably or unfavorably, at the next regular meeting of the Medical Staff or at a special meeting called for such purpose.
- (3) The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting members of the Medical Staff
- (4) In the alternative, the Medical Executive Committee may present any proposed amendments to the voting members of the Medical Staff by written or electronic ballot (which may occur through an internet survey), returned to the Medical Staff Office by the date indicated by the Medical Executive Committee. Along with the proposed amendments, the Medical Executive Committee may, in its discretion, provide a written report on them, either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes cast.
- (5) The Medical Executive Committee will have the power to adopt such amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression.
- (6) Amendments will be effective only after approval by the Board.
- (7) If the Board has determined not to accept a recommendation submitted to it by the Medical Executive Committee or the Medical Staff, the Medical Executive Committee may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference will be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the President of MMC-DM within two weeks after receipt of a request.

- (8) Neither the Medical Executive Committee, nor the Medical Staff, nor the Board can unilaterally amend these Bylaws.

#### 8.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there will be policies, procedures, and rules and regulations that are applicable to members and other individuals who have been granted clinical privileges.
- (2) An amendment to the Credentials Policy, the Medical Staff Organization Manual, or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Medical Executive Committee. Notice of any proposed amendments to these documents will be provided to each voting member of the Medical Staff at least 14 days prior to the vote by the Medical Executive Committee. Any voting member of the Medical Staff may submit written comments on the amendments to the Medical Executive Committee.
- (3) Amendments to the Credentials Policy, the Medical Staff Organization Manual, or the Medical Staff Rules and Regulations may also be proposed by a petition signed by at least 10% of the voting members of the Medical Staff. Notice of any such proposed amendment to these documents will be provided to the Medical Executive Committee at least 45 days prior to being voted on by the Medical Staff. Any such proposed amendments will be reviewed by the Medical Executive Committee, which may comment on the amendment before it is forwarded to the Medical Staff for vote.
- (4) Other policies of the Medical Staff may be adopted and amended by a majority vote of the Medical Executive Committee. No prior notice is required.
- (5) The Medical Executive Committee and the Board will have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of provisionally adopted amendments will be provided to each member of the Medical Staff as soon as possible. The Medical Staff will have 30 days to review and provide comments on the provisional amendments to the Medical Executive Committee. If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional amendments will stand. If there is conflict over the provisional amendments, the process for resolving conflicts set forth below will be implemented.
- (6) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

- (7) Amendments to Medical Staff policies are to be distributed or otherwise made available to Medical Staff and Allied Health Staff members and those otherwise holding clinical privileges, in a timely and effective manner.

### 8.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the Medical Executive Committee, supported by a petition signed by 25% of the voting staff, with regard to:
  - (a) a new Medical Staff Rule and Regulation proposed by the Medical Executive Committee or an amendment to an existing Rule and Regulation;  
or
  - (b) a new Medical Staff policy proposed by the Medical Executive Committee or an amendment to an existing policy,

a special meeting of the Medical Staff to discuss the conflict will be called. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the Rules and Regulations or policy at issue.

- (2) If the differences cannot be resolved at the meeting, the Medical Executive Committee will forward its recommendations, along with the proposed recommendations pertaining to the Medical Staff Rules and Regulations or policies offered by the voting members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff.
- (4) Nothing in this section is intended to prevent individual members of the Medical Staff from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Rules and Regulations or other Medical Staff policies directly to the Board. Communication from members of the Medical Staff to the Board will be directed through the President of MMC-DM, who will forward the request for communication to the Board chairperson. The President of MMC-DM will also provide notification to the Medical Executive Committee by informing the President of the Medical Staff of such exchanges. The Board Chairperson will determine the manner and method of the Board's response to the Medical Staff member(s).

## 8.D. UNIFIED MEDICAL STAFF PROVISIONS

### 8.D.1. Adoption of a Unified Medical Staff:

If the Board elects to adopt a single unified Medical Staff that includes other affiliate hospitals within the Mercy Health Network System, the voting members of this Medical Staff may approve or opt out of the unified Medical Staff structure by conducting a vote in accordance with the process outlined in Section 8.A for amending these Medical Staff Bylaws.

### 8.D.2. Bylaws, Policies, and Rules and Regulations of the Unified Medical Staff:

Upon approval of a unified Medical Staff structure, the unified Medical Staff will adopt Medical Staff bylaws, policies, and rules and regulations that:

- (a) take into account the unique circumstances of each participating hospital, including any significant differences in the patient populations that are served and the clinical services that are offered; and
- (b) address the localized needs and concerns of Medical Staff members at each of the participating hospitals.

### 8.D.3. Opt-Out Procedures:

If a unified Medical Staff structure is approved, the voting members of the unified Medical Staff may later vote to opt out of the unified Medical Staff. Any such vote will be conducted in accordance with the process outlined in the Medical Staff Bylaws in force at the time of the vote.

*ARTICLE 9*

*APPENDIX B*

HISTORY AND PHYSICAL

- (a) A complete medical history and physical examination shall be recorded on the patient's chart within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services, by a member of the Medical Staff. The history and physical must reflect a comprehensive current physical assessment conducted by the Medical Staff member. Allied health practitioners may also be granted privileges by the Hospital to perform histories or physicals.
- (b) If a history and physical has been performed within 30 days prior to admission, a durable, legible copy of the history and physical may be used in the Hospital medical record. A documented plan of treatment should be included in the history and physical or the progress notes.
- (c) If the history and physical has been completed prior to admission or readmission, an updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after registration or inpatient admission or readmission and prior to surgery or a procedure requiring anesthesia services to reflect any changes in the patient's condition since the date of the original history and physical or to state that there have been no changes in the patient's condition. All updates must be timed, dated and signed.
- (d) The medical record shall document a current, thorough physical examination prior to the performance of an operative/invasive procedure. When the history and physical examination are not recorded before an operative/invasive procedure or any potentially hazardous diagnostic procedure, the procedure shall be cancelled unless the attending Medical Staff member states in writing that an emergency situation exists or that any such delay would be detrimental to the patient.
- (e) For outpatient surgery, the history shall include documentation of the indications and symptoms warranting the procedure, listing of the patient's current medications, any existing co-morbid conditions and previous surgeries, and social history or conditions which would have an impact on the patient's care upon discharge from the facility following the procedure.
- (f) In the case of readmission of a patient, all previous records shall be available for use by the attending Medical Staff member.
- (g) In the case of emergency surgery, where the patient is received directly from the Emergency Department, the ED physician's dictated ED note may be used as the history and physical in order to perform the surgery. However, the attending

physician must dictate his or her own history and physical within 24 hours of patient admission.



ARTICLE 10

ADOPTION

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

Adopted by the Medical Staff on:

Date: December 12, 2019

  
\_\_\_\_\_  
President of the Medical Staff

Approved by the Board:

Date: February 26, 2020

  
\_\_\_\_\_  
Chairperson, Board of Directors

## APPENDIX A

### MEDICAL STAFF CATEGORIES SUMMARY

	Active	Courtesy	Community Affiliate	Honorary	Allied Health
<b>BASIC REQUIREMENTS</b>					
Number of patient contacts/2-year appointment term	≥ 25	2-24	NA	NA	NA
Other	NA	Active/ Associate Staff elsewhere, unless waived	Do not intend to practice at Medical Center	Long-standing Service	NA
<b>PEROGATIVES</b>					
Exercise clinical privileges	Y (Category 1 Only)	Y	N	N	Y
May attend meetings	Y	Y	Y	Y	Y
Right to vote	Y	P	P	P	P
Serve as officer or department or committee chairperson	Y	N	N, unless waiver	N	N

	Active	Courtesy	Community Affiliate	Honorary	Allied Health
<b>RESPONSIBILITIES</b>					
Serve on committees	Y	Y	Y	Y	Y
Emergency call coverage	Y (Category 1 Only)	Generally excused, unless deemed required; Follow-up care may be required	Follow-up care may be required	N	N
Participate in/cooperate with professional practice evaluation and performance improvement processes	Y (Category 1 Only)	Y	N	N	Y
Accept inpatient consultations	Y – For Established Patients	Y– For established patients	N	N	N
Pay Application Fees, Dues and Assessments	Y	Y	Y	N	Y

- Y = Yes  
N = No  
P = Partial (with respect to voting, only when appointed to a committee)  
NA = Not Applicable