



Origination: 07/2019
Last Approved: 06/2021
Last Revised: 06/2021
Next Review: 06/2022
Owner: *Brooke Kensinger: CEO*
Department: *Medical Staff*
References:
Applicability: *MercyOne Elkader Medical Center*

Medical Staff Bylaws

PREAMBLE

Whereas, Hospital is a nonprofit entity organized under the laws of the State of Iowa; and

Whereas, its purpose is to serve as a Critical Access Hospital providing patient care health services, and promoting the health, of patients living in the surrounding area; and

Whereas, it is recognized that the Governing Body has the ultimate authority and responsibility for all aspects of the Hospital operation, including the professional component, and, therefore, the Medical Staff is accountable to the Governing Body for the proper discharge of its responsibilities, and all Medical Staff activities and actions are subject to review and approval by the Governing Body; and

Whereas, it is recognized that the Medical Staff is delegated responsibility by the Governing Body for the quality of medical care in the Hospital, and must accept and discharge this responsibility, subject to the Governing Body's ultimate authority; and

Whereas, it is further recognized that the initiation and implementation of cost containment and cost control measures consistent with quality medical care is a responsibility delegated by the Governing Body to the Medical Staff, and the members of the Staff must accept and discharge this responsibility subject to the Governing Body's ultimate authority; and

Whereas, it is recognized that the cooperative efforts of the Medical Staff, the Hospital administration, and the Governing Body are necessary to fulfill the foregoing responsibilities of the Medical Staff and the Hospital's obligations to its patients; and

Whereas, only duly qualified Physicians, dentists, podiatrists and approved categories of allied health professionals are eligible for Medical Staff Membership and Privileges; and

Whereas, some duly qualified allied health professionals may be eligible to participate as independent Practitioners in the provision of certain patient care services in the Hospital setting;

Therefore, the Physicians and approved categories of allied health professionals practicing in this Hospital hereby organize themselves into a Medical Staff in conformity with these Bylaws.

DEFINITIONS

1. HOSPITAL means MercyOne Elkader Medical Center
2. GOVERNING BODY means Hospital's Board of Directors.

3. MEDICAL STAFF or STAFF means the formal organization of all licensed Practitioners who have been granted Privileges to deliver healthcare services to patients of the Hospital.
4. MEMBER or Membership means a member of the Medical Staff.
5. PRESIDENT means the chief officer of the Medical Staff.
6. PHYSICIAN means an individual with a Doctor or Medicine or Doctor of Osteopathy degree and is currently licensed to practice medicine in the State of Iowa.
7. PRACTITIONER means, unless otherwise expressly limited, any Physician, dentist, podiatrist and approved categories of Allied Health Professionals who is applying for Medical Staff Membership and/or Privileges, or who holds a Medical Staff Membership and/or exercises Privileges at the Hospital.
8. Privileges means the permission granted by the Hospital's Board of Directors to a Practitioner to render specific diagnostic, therapeutic, medical, dental, or surgical and other specific patient care services at the Hospital.
9. ALLIED HEALTH PROFESSIONAL (AHP) means an individual, other than a licensed physician, who exercises independent judgment within the areas of his or her professional competence and the limits established by the Board, the Medical Staff, and the applicable State licensing acts, who is qualified to render direct or indirect medical, dental, or podiatric care under the supervision or direction of a Medical Staff Member possessing Privileges to provide such care in the Hospital, and who may be eligible to exercise Privileges and prerogatives in conformity with the rules adopted by the Board, these Bylaws, and the Rules.
10. MEDICAL STAFF YEAR means the period from July 1 to June 30.
11. CHIEF EXECUTIVE OFFICER means the person appointed by the Governing Body to act on its behalf in the overall management of the Hospital, or its authorized representative.
12. RULES AND REGULATIONS means 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.

Other definitions that apply to terms used in these Bylaws may be provided elsewhere in these Bylaws.

ARTICLE I: NAME

The Practitioners of MercyOne Elkader Medical Center, hereby provide a formal organization of that Medical Staff to accomplish the goals of quality patient care, research and education, which will conform to the following Bylaws. The name of this organization is the Medical Staff of MercyOne Elkader Medical Center.

ARTICLE II: PURPOSE AND INTERPRETATION

2.1 PURPOSE

The purposes of this organization are:

- a. To assure that all patients admitted to or treated in any of the facilities, departments, or services of the Hospital shall receive the highest level of care attainable within the limitations of the Hospital's means and circumstances.
- b. To assure a high level of professional performance of all Practitioners authorized to practice in the Hospital, through the appropriate delineation of the clinical Privileges that each practitioner may exercise

in the Hospital, and through an ongoing review and evaluation of each practitioner's performance in the Hospital.

- c. To initiate and maintain Rules and Regulations for the Medical Staff to carry out its responsibility to be self-governing with respect to the professional work performed in the Hospital, pursuant to the authority delegated by the Governing Body.
- d. To provide means whereby issues concerning the Medical Staff and the Hospital may be discussed by the Medical Staff with the Governing Body and the Administrator.

2.2 INTERPRETATION

2.2-1 GENERAL

It is recognized that the Hospital is a small hospital with a small Active Medical Staff. These Bylaws establish systems designed to promote smooth and effective operation of the Medical Staff organization. The practicality of these systems will depend upon the circumstances and resources available at any given time. Accordingly, the Medical Staff, Chief Executive Officer, and Governing Body shall be allowed discretion and latitude in applying these Bylaws, to the extent reasonably necessary so that the fundamental purposes of the Medical Staff and these Bylaws may be carried out. Without limitation, this shall mean that, in addition to any other authority granted or reserved in these Bylaws:

- a. Functions normally handled by the Active Staff or established committees may be assigned to others by the Active Staff whenever there are not enough qualified Members in good standing who are actively involved in Medical Staff matters and are available and willing to serve on the matter at hand.
- b. Administrative matters normally handled by the Medical Staff may, when necessary and in consultation with the Active Staff, be handled by the Governing Body, a committee established by the Governing Body, or the CEO.
- c. The CEO, and Hospital administrative staff, may serve on Medical Staff or interdisciplinary committees, with or without vote, by appointment of the Active Staff.
- d. Matters normally handled by the Medical Staff may, when necessary be handled by the Governing Body or a committee established by the Governing Body.
- e. One Active Staff Member may hold more than one office, or Members from other staff categories may be allowed, in the Governing Body's discretion, to vote or hold office or carry out other functions normally handled by the Active Staff whenever there are fewer than three Active Staff Members in good standing.

2.2-2 NATURE OF BYLAWS

These Bylaws do not constitute a contract and the elements necessary to create a contract, including adequate consideration, are not present in these Bylaws. They represent formal policy of the Hospital as recommended by the Medical Staff and adopted by the Governing Body for the purpose of discharging the responsibilities delegated by the Governing Body. The Governing Body retains the ultimate authority over the Hospital and nothing in these Bylaws abdicates that authority. These Bylaws and industry custom afford substantial substantive and procedural protection to individuals in connection with Membership and Privileges issued, and the Hospital and the Medical Staff are committed to respecting the rights of those individuals. However, applying for and holding Membership or Privileges at the Hospital has the effect of making the individual interest of Practitioners secondary to the broader purposes and responsibilities of the organized Medical Staff.

2.2-3 GOOD FAITH ACTIONS

The Medical Staff, Governing Body, and Hospital 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 appropriate for the personnel and resources then available. To the extent necessary to fulfill the purposes set forth above, this forgoing provision shall override any contrary or inconsistent provisions contained elsewhere in these Bylaws.

ARTICLE III: MEMBERSHIP

3.1 NATURE OF MEMBERSHIP

Membership in the Medical Staff and/or clinical Privileges shall be extended only to professionally competent Practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws. Appointment to and Membership in the Medical Staff shall confer on the Member only such Privileges as have been granted by the Governing Body in accordance with these Bylaws. No practitioner shall admit or provide services to patients in the Hospital unless he/she has been granted Privileges in accordance with the procedures set forth in these Bylaws.

3.2 QUALIFICATIONS FOR MEMBERSHIP

3.2-1 GENERAL QUALIFICATIONS

Practitioners shall be qualified for Medical Staff Membership only if they:

- a. Document their licensure, experience, background, training, demonstrated ability, judgment, and physical and mental health status with sufficient adequacy to demonstrate that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency established by the Hospital, and that they are qualified to exercise Privileges within the Hospital;
- b. Are determined, on the basis of documented references, to adhere strictly to the lawful ethics of their respective professions, to work cooperatively with others in the Hospital setting, to be willing to participate in and properly discharge Staff responsibilities, and to be willing to commit to and regularly assist the Hospital in fulfilling its obligations related to patient care, within the areas of their professional competence and credentials;
- c. Practice a health care specialty or service which is consistent with the purposes, treatment, philosophy, methods and resources of the Hospital and its Medical Staff, and which reasonably requires the exercise of clinical Privileges in a hospital setting on a regular basis;
- d. Be free of, or have under adequate control (including any accommodations which can reasonably be made by the Hospital to the extent required by law) any significant physical, mental or behavioral impairment that interferes with, or presents a substantial probability of interfering with, patient care, the exercise of Privileges, or the assumption and discharge of required responsibilities;
- e. Maintain in full force and effect valid insurance coverage of personal professional liability, through an insurer licensed or approved to do business in Iowa, in an amount consistent with Hospital requirements; and
- f. Be currently licensed by the State of Iowa to practice his or her profession and to exercise the Privileges held or applied for and be currently registered by the D.E.A. and the State of Iowa (if applicable).
- g. Eligible to participate in Medicare and Medicaid.

The foregoing qualifications shall not be deemed exclusive if other qualifications and conditions are also relevant to considering an application or granting or exercising Privileges in the Hospital.

3.3 EFFECT OF OTHER AFFILIATIONS

No practitioner shall be automatically entitled to Medical Staff Membership, or to exercise any particular Privileges, merely because he/she holds a certain degree, is licensed to practice in Iowa or any other state, is a member of any professional organization, is certified by any clinical board, or had, or presently has, Staff Membership at another health care facility.

3.4 NONDISCRIMINATION

No aspect of Medical Staff Membership or particular Privileges shall be denied on the basis of sex, race, age, creed, color, or national origin, or on the basis of any other protected class criterion, unrelated to the delivery of quality patient care in the Hospital setting, to professional qualifications, to the Hospital's purposes, need and capabilities, or to community need.

3.5 HOSPITAL NEED FOR SERVICES

In considering an application for Privileges, the Medical Staff and Governing Body may consider such matters as the ability of the Hospital to provide adequate facilities in support of services for the applicant and his or her patients; the legitimate need of the practitioner for clinical Privileges at the Hospital's facilities; the needs of the Hospital for additional staff members with the applicant's licensure, skill and training; and the long-range plans of the Hospital with respect to the emphasis or de-emphasis of particular specialties and the opening, closing, or purchase of specific services, resources, and capacity.

3.6 WAIVER

The Governing Body may, after considering the recommendations, if any, of the Medical Staff and any appropriate department chairs, waive any of the requirements for Medical Staff Membership and clinical Privileges established under these Bylaws or the Rules and Regulations for good cause if the Governing Body determines that such waiver is necessary to meet the needs of the Hospital and the community it serves. The refusal of the Governing Body to waive any requirement shall not entitle any practitioner to a hearing or procedural rights under these Bylaws.

3.7 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

Each Member of the Medical Staff shall:

- a. Provide his/her patients with care at the generally recognized professional level of quality and efficiency established by the Hospital;
- b. Retain responsibility within his/her area of professional competence for the continuous care and supervision of each patient in the Hospital for whom he/she is providing services, or arrange for a suitable alternative to assure such care and supervision;
- c. Abide by the Medical Staff Bylaws and Rules and Regulations and by all other lawful standards, policies, and rules of the Hospital, including the Integrity and Compliance Plan, HIPAA rules and regulations, and without limitation, the standards of conduct as they apply to education, training, or clinical practice

requirements;

- d. Comply with all requirements set forth in the Medical Staff Bylaws and Rules and Regulations, including, but not limited to, those requiring attendance at meetings (Section 9.5), maintenance of professional liability insurance (Section 11.2), acceptance of principles (Section 11.6) and refraining from division of fees (Section 11.7);
- e. Discharge Medical Staff, Department, Committee and Hospital functions, including, but not limited to, peer review, patient care audits, utilization review, quality assessment and performance improvement, appointment to Medical Staff, election of officers and utilization of AHPs;
- f. Prepare and complete in timely fashion the medical and other required records for all patients he/she admits or in any way provides care to in the Hospital;
- g. Abide by the lawful ethical principles of his/her profession;
- h. Aid in any educational programs for Medical Staff Members, medical students, residents, nurses, and other personnel when so assigned;
- i. Not write prescriptions for controlled substances for themselves or immediate family members;
- j. Not order diagnostic tests or procedures on themselves or immediate family members;
- k. Not treat himself/herself or members of their immediate families except in an emergency setting or an isolated setting when no other qualified Medical Staff Member is available;
- l. Conduct professional affairs at the Hospital in a courteous and professional manner and maintain satisfactory working relationships with professional colleagues and the Hospital and its professional staff;
- m. Immediately disclose to the Chief Executive Officer any notice of proposed or actual exclusion from any healthcare program, or any pending investigation of the Member by any healthcare program funded in whole or part by the federal government, or by any law enforcement agency.

3.8 DURATION OF APPOINTMENT

Initial appointments and re-appointments to the Medical Staff shall be for two years.

3.9 LEAVE OF ABSENCE

Members of the Medical Staff may apply for a leave of absence not to exceed six months, renewable under appropriate conditions. During the period of leave the Member's Medical Staff status, clinical Privileges, and responsibilities shall be inactive at the Hospital. The Medical Staff may require, as a condition to return to Medical Staff Membership, or the exercise of clinical Privileges, that the practitioner reapply for Membership or Privileges or otherwise demonstrate his/her continued compliance with the qualifications and conditions for Membership and Privileges. Generally, Members who are on leave for more than twelve (12) months will be required to reapply for Medical Staff Membership.

3.10 PRINCIPLES OF MEDICAL ETHICS

Acceptance of Membership on the Medical Staff constitutes agreement that the Practitioner 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.

3.11 HISTORY AND PHYSICAL EXAMINATION

A medical history and physical examination shall be completed for each patient 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 Practitioner 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.

ARTICLE IV: CATEGORIES OF MEMBERSHIP

4.1 CATEGORIES

The categories of the Medical Staff shall include the following: Active, Consulting, Courtesy, Order Only and Telemedicine Staff.

4.2 ACTIVE STAFF

4.2-1 QUALIFICATIONS

The Active Staff shall consist of Physicians with Doctor of Medicine or Osteopathy degrees, who reside in or near the community and can respond within thirty (30) minutes to Emergency patients when on call. The Active Staff must meet qualifications set out in Section 3.2.

4.2-2 RESPONSIBILITIES

The responsibilities of an Active Medical Staff Member shall be to:

- a. Admit patients consistent with his/her Privileges, unless otherwise provided in the Medical Staff Bylaws or Rules and Regulations.
- b. Exercise such clinical Privileges as are granted to him/her pursuant to Article VI.
- c. Hold office in the Medical Staff as outlined in these Bylaws of which he/she is a Member.
- d. Vote for the Medical Staff officers, on Bylaws amendments, and on all matters presented at general and special meetings of the Medical Staff and committees of which he/she is a Member, unless otherwise provided in the Medical Staff Bylaws.
- e. Meet the basic responsibilities set forth in Section 3.7.
- f. Shall assume responsibility for a timely history and physical and for the care of any medical problems that may arise during hospitalization for patients of dentists or AHPs.

4.3 CONSULTING STAFF

4.3-1 QUALIFICATIONS

The Consulting Staff shall consist of general surgeons, podiatrist, dentist, pathologist, pulmonologist, otolaryngologist, cardiologist, radiologist, or specialty surgeons that act as consultants or provide specific, limited medical services. The Consulting Staff must meet the qualifications set forth in Section 3.2.

4.3-2 RESPONSIBILITIES

- a. Exercise such Privileges as are granted to him/her pursuant to Article VI including admitting Privileges within the limits of their Privileges.
- b. Attend meetings of the Medical Staff at their own discretion.
- c. A Consulting Staff Member may not vote on any Medical Staff matter or hold office.
- d. Meet the basic responsibilities set forth in Section 3.7.

4.4 COURTESY STAFF

4.4-1 QUALIFICATIONS

The Courtesy Staff shall consist of Physicians, who provide Emergency Room and hospitalist coverage on a scheduled basis. The Courtesy Staff must meet requirements set out in Section 3.2.

4.4-2 RESPONSIBILITIES

- a. Care for patients presenting to the emergency room, admit or transfer if needed.
- b. Round on patients already admitted to the Hospital and respond to their emergency health care needs should they arise.
- c. May vote on any matter of the Medical Staff.
- d. Meet all basic responsibilities in Section 3.7.

4.5 ORDER ONLY STAFF: Diagnostic Tests and Procedures

Order Only Staff refers to Practitioners who only use the Hospital to order diagnostic tests and procedures and who are appropriately licensed in Iowa or a state contiguous to Iowa. As such, he/she will not be required to go through the credentialing process and will not be considered a Member of the Medical Staff. However, such Practitioner must provide his/her full name and address in order that his/her license and non-excluded provider status can be verified, and he/she must provide information on where to send the test result(s).

4.6 TELEMEDICINE STAFF

The Telemedicine Staff consists of Practitioners providing care, treatment, and services to patients only via an electronic communication link and who meet the qualifications set forth in Sections 3.2 and the basic responsibilities set forth in Section 3.7. Telemedicine Staff shall have the right to attend Medical Staff meetings but are not permitted to vote on issues before the Medical Staff or hold office and cannot serve on committees.

ARTICLE V: ALLIED HEALTH PROFESSIONALS

5.1 QUALIFICATIONS

Allied health professionals (AHPs) holding a license, certificate or such other legal credentials, if any, as required by Iowa law, which authorize the AHPs to provide certain professional services, are eligible for Medical Staff Membership only when the category is authorized by the Governing Body. Categories not authorized for Medical Staff Membership may be eligible for certain practice Privileges in this Hospital only if they hold a license, certificate or other legal credential in a category of AHPs which the Governing Body has identified as eligible to apply for such Privileges, and otherwise meet requirements set out in Section 3.2.

5.2 CATEGORIES

Allied Health Professionals who provide patient care services within the hospital are divided into two categories:

- a. Independent Allied Health Professionals which include advanced registered nurse Practitioners, physician assistants, certified registered nurse anesthetists, optometrists, physical therapists, clinical psychologists/ mental health counselors, clinical social workers, dietitians, speech pathologists.
- b. Dependent Allied Health Professionals who practice in the management of patients under the direction and supervision of a Medical Staff Member or contracted within the scope of their Iowa license or certification, and in accordance with individually granted Privileges, including non-employed surgical assistants.

5.3 RESPONSIBILITIES

- a. Meet the qualifications of Medical Staff Membership.
- b. Provide specified patient care services under the supervision or direction of a Physician Member of the Medical Staff and consistent with the practice Privileges granted to the AHP and within the scope of the AHP's licensure or certification. Notify Physician when admitting patient. Document notification in patient's medical record.
- c. Meet those responsibilities required by the Medical Staff Rules and Regulations, and if not so specified, meet those responsibilities specified in Section 3.7 as are generally applicable to the more limited practice of the AHP.
- d. Participate, as appropriate, in patient care audit and other quality review, evaluation, development of policies and procedures and monitoring activities required of AHPs.
- e. May vote on any matter of the Medical Staff.

ARTICLE VI: PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

6.1 GENERAL PROCEDURE

The Medical Staff through its designated committees and officers shall consider each application for appointment or reappointment to the staff, and for Privileges, and each request for modification of Staff Membership status or Privileges, utilizing the resources of the Hospital or outside third party, to investigate

and validate the contents of each application, before adopting and transmitting its recommendations to the Governing Body. The specific procedures for appointment and reappointment are set forth in the Credentialing Manual which is made part of the Medical Staff Bylaws. Applications for staff Membership shall be processed by the Hospital, who may utilize a credentialing verification service or third party to assist with credentialing.

6.2 PRIVILEGES

The Privileges that may be granted an applicant and the basis for such Privileges are outlined in the Credentialing Manual.

6.3 PROCEDURES NOT PERMITTED TO BE PERFORMED

The Governing Body may at any time, after considering the recommendation of the Medical Staff, if any, direct that specific procedures or clinical practices not be performed at the Hospital if the Governing Body determines that such practices or procedures are not medically acceptable, cannot be properly performed at the Hospital, are inconsistent with the mission, operations or principles of the Hospital, or for any other reason determines that the procedures or services should not be performed in the Hospital. No such decision shall give rise to hearing or other procedural rights under these Bylaws.

ARTICLE VII: OFFICERS

7.1 GENERAL OFFICERS OF THE MEDICAL STAFF

7.1-1 IDENTIFICATION

The officers of the Medical Staff shall be a President (Chief of Staff), and a Secretary.

7.1-2 QUALIFICATIONS

General officers must be Members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. The President of the Medical Staff must be a Physician.

7.1-3 ELECTION

Officers shall be elected at the annual meeting of the Medical Staff. Voting shall be by voice or show of hands. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes.

7.1-4 TERM OF ELECTED OFFICER

Each officer shall serve a two-year term, commencing on the first day of the Medical Staff year following his/her election. Each officer shall serve until the end of his/her term or until a successor is elected, unless he/she shall sooner resign or be removed from office.

7.1-5 REMOVAL OF ELECTED OFFICERS

Except as otherwise provided in these Bylaws, removal of an elected officer may be effected by a two-thirds vote of the members eligible to vote for officers.

7.2 DUTIES OF GENERAL OFFICERS

7.2-1 PRESIDENT (sometimes referred to as Chief of Staff)

The President shall serve as the chief executive of the Medical Staff. The President shall:

- a. Act in coordination and cooperation with the Chief Executive Officer in all matters of mutual concern within the Hospital;
- b. Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff;
- c. Serve as an ex-officio member of all Medical Staff Committees without vote;
- d. Be responsible for the enforcement of the Medical Staff Bylaws and Rules and Regulations, for the implementation of sanctions where indicated, and for the Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;
- e. Interact with the Chief Executive Officer as to the views, policies, needs and grievances of the Medical Staff;
- f. Interpret the policies of the Governing Body on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care;
- g. Be a spokesman for the Medical Staff in external professional and public relations.

7.2-2 SECRETARY

The Secretary or designee shall keep minutes of meetings, send out notices, and shall be custodian of correspondence files and Membership records. He/she shall perform such other duties as may be assigned to him/her by the President.

ARTICLE VIII: MEDICAL STAFF COMMITTEE

8.1 COMMITTEE OF THE WHOLE

8.1-1 COMPOSITION

The Committee of the Whole shall consist of all Active Staff Members of the Medical Staff and the Chief Executive Officer, who shall be ex-officio.

8.1-2 DUTIES

The Committee of the Whole will oversee and coordinate all Medical Staff functions, carrying out the duties normally assigned to an executive committee (such that reference in these Bylaws to "Executive Committee" or "Credentials Committee" shall mean the Committee of the Whole). These duties include the following:

- a. Review, coordinate and act upon as necessary the written reports and recommendations from committees and other hospital staff with delegated concerning the functions assigned to them and the discharge of their delegated administrative responsibilities;
- b. Report to the Governing Body for the overall quality and efficiency of patient care;
- c. Make recommendations on medico-administrative and hospital management matters;
- d. Act on all matters of Medical Staff business, except as otherwise provided in the Medical Staff Bylaws;
- e. Implement policies and procedures of the Medical Staff;

- f. Participate in evaluating the existing programs and services of the Hospital and the Medical Staff and make recommendations on such matters to the Governing Body through the Administrator;
- g. Fulfill the Medical Staff's accountability to the Governing Body for the medical care rendered to patients in the Hospital;
- h. Work with administration and Hospital staff in supporting the licensure statue of the Hospital;
- i. Conduct periodic review of the Bylaws and related manuals and forms promulgated in connection with them and submit written recommendations to the Governing Body for changes in these documents; and
- j. Identify nominees for election of Medical Staff officers.

8.1-3 MEETINGS

The Committee of the Whole shall meet a minimum of ten (10) times annually. Physicians, dentists, podiatrists and approved categories of Allied Health Professionals can attend the meeting.

8.2 PHARMACY AND THERAPEUTICS COMMITTEE

8.2-1 COMPOSITION

The Pharmacy and Therapeutics Committee shall consist of the Medical Staff Committee of the Whole, Pharmacist, Nursing Service, and Hospital Administration as a consultative member.

8.2-2 DUTIES

The Pharmacy and Therapeutics Committee shall:

- a. Assist in the formulation of broad professional policies regarding the evaluation, selection, storage, distribution, use, safety procedures, administration and all other matters relating to drugs and diagnostic testing materials in the Hospital;
- b. Advise the Medical Staff and the Hospital's Pharmaceutical Department on matters pertaining to the choice of available drugs and review all significant untoward drug reactions;
- c. Make recommendations concerning drugs to be stocked on the nursing unit floors and by other services;
- d. Develop and review periodically a formulary or drug list for use in the Hospital;
- e. Evaluate clinical data concerning new drugs or preparations requested for use in the Hospital;
- f. Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs; and
- g. Perform such other duties as assigned by the President or the Executive Committee.

8.2-3 MEETINGS

The Committee shall meet at least quarterly during Medical Staff meetings.

8.3 PROFESSIONAL ACTIVITIES COMMITTEE

8.3-1 COMPOSITION

The Professional Activities Committee shall be composed of active Medical Staff Members and the Chief Executive Officer who will be ex-officio.

8.3-2 DUTIES

Professional Activities Committee's duty is to adopt, modify, supervise and coordinate the conduct and findings of patient care monitoring activities.

- a. Surgical case/Tissue Review: conduct surgical case review, including tissue review, evaluation and comparison of preoperative and postoperative diagnosis, indications for surgery, actual diagnosis of tissue removed and situations in which no tissues were removed. Preliminary tissue review is conducted by the Pathologist.
- b. Blood Utilization Review: conduct regular blood usage reviews including evaluation of appropriateness of all transfusions, review of all confirmed transfusion reactions and review of practices for blood and blood products.
- c. Infection Control: review, trend and evaluate on an ongoing basis the incidence of hospital-acquired infections, clean and clean-contaminated surgical infections, reporting conclusions, recommendations, actions taken and action results. The Infection Control Committee meets bi-monthly to review and summarize all infection control data and activities. Findings are summarized and presented to Professional Activities Committee.
- d. Review and evaluate on an ongoing basis the effectiveness of Patient Satisfaction Surveys reporting conclusions, recommendations, action taken and action results.
- e. Review on a continuous basis other general indicators of the quality of care and of clinical performance, including unexpected patient care events.
- f. Utilization Review: define utilization management criteria that applies to all patients, review appropriateness and medical necessity of admissions, hospital stays, discharge planning, data collection and reporting requirements.
- g. Risk Management: conduct a review to analyze trends of hazardous and risk management events, determine effective solutions and recommend action to enhance quality and safety of patient care. Submit a report including a summary of findings to the Governing Body through the Medical Staff meeting minutes.
- h. Medical Records: conduct a review and evaluate medical records to determine that they properly describe the condition and progress of the patient and develop, review, enforce and survey Medical Staff policies and rules relating to medical records including record completion, preparation, forms, formats, filing, indexing, storage, destruction and recommended methods of enforcement.

8.3-3 MEETINGS

The Professional Activities Committee shall meet at least ten (10) times a year and shall be part of the Committee of the Whole.

ARTICLE IX: MEETINGS

9.1 MEETINGS

9.1-1 ANNUAL MEETING

There shall be an annual meeting of the Medical Staff during the month of June in conjunction with the regular monthly meeting. The election of officers and Committee members shall take place at this meeting on a biennial basis, as required by these bylaws. The President shall present a report on actions taken, if any, on matters believed to be of interest and value to the Membership. Notice of this meeting shall be given to the

Membership concurrently with the notice of the regular monthly meeting.

9.1-2 REGULAR MEETINGS

Regular meetings of the Membership shall be at least ten (10) times annually. The date, place, and time of the regular meetings shall be determined by the Committee of the Whole.

9.1-3 AGENDA

The order of business at regular meetings shall be determined by the President. The agenda shall include at least:

- a. Acceptance of the minutes of the last regular and all special meetings held since the last regular meeting.
- b. Surgical Case Review, Pharmacy and Therapeutics, Medical Records, Blood Utilization, Infection Control, Quality, Utilization Review and Credentialing.
- c. The election of officers when required by these Bylaws.
- d. Timely reports by responsible officers and committees, on the overall results of patient care audit and other quality review, evaluation, and monitoring activities of the Staff and on the fulfillment of the other required Staff functions.
- e. Recommendations for improving patient care within the Hospital, as appropriate.

9.1-4 SPECIAL MEETINGS

Special meetings of the Medical Staff may be called at any time by the President and shall be called at the request of the Governing Body or any member of the Active Medical Staff. The meeting must be called within seven (7) days after receipt of such request. No business shall be transacted at any special meeting except that stated in the notice calling the meeting. Each member is entitled to written notice stating the time, place, day and hour. It is to be delivered either personally or by mail not less than seven (7) or more than twenty (20) days before the meeting.

9.2 QUORUM

9.2-1 STAFF MEETINGS

The presence of fifty percent (50%) of the total Membership of the Active Medical Staff at any regular or special meeting shall constitute a quorum for the purpose of amending these Bylaws or the Rules and Regulations of the Medical Staff.

The presence of those in attendance shall constitute a quorum for all other actions.

9.2-2 COMMITTEE MEETINGS

Those in attendance shall constitute a quorum.

9.3 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. Committee action may be conducted by telephone conference which shall be deemed to constitute a meeting for the matters discussed in that telephone conference.

9.4 MINUTES

Minutes of all meetings shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and forwarded to the Medical Staff. A permanent file of the minutes of each meeting shall be maintained.

9.5 ATTENDANCE AT MEETINGS

Medical Staff Members shall regularly attend Medical Staff meetings and meetings of committees to which they are assigned.

9.6 CONDUCT OF MEETINGS

Unless otherwise specified, meetings shall be conducted according to Robert's Rules of Order, however, technical failures to follow such rules shall not invalidate action taken at such a meeting.

ARTICLE X: CONFIDENTIALITY, IMMUNITY, AND RELEASES

10.1 SPECIAL DEFINITIONS

For the purposes of this Article, the following definitions shall apply:

- a. INFORMATION means all acts, communications, records of proceeding, minutes, other records, reports, memoranda, recommendations, data, and other disclosures, whether in written, recorded, computerized or oral form, relating to professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.
- b. REPRESENTATIVE means a board, any director, a committee, a chief executive officer or Chief Executive Officer of a Hospital or other health care institution or their designee; a Medical Staff entity, an organization of Practitioners, a Professional Review Organization (PRO), a state or local board of medical or professional quality assurance, and any members, officer or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- c. THIRD PARTIES means both individuals and organizations providing information to any representative.

10.2 AUTHORIZATIONS, RELEASES, AND CONDITIONS

By applying for or exercising Privileges within this Hospital, a Practitioner:

- a. Authorizes representatives of the Hospital and the Medical staff to solicit, provide, and act upon information bearing on his/her professional ability and qualifications.
- b. Authorizes third parties and their representatives to provide information, including otherwise privileged or confidential information, concerning such practitioner to the Hospital and its Medical Staff.
- c. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative who acts in accordance with the provisions of this Article.
- d. Releases from liability, to the fullest extent permitted by law, the Hospital and Governing Body, officers, employees, and agents, and this Medical Staff, its officers, members, and committees, and others who

furnish information to them or cooperate with them, for requesting, receiving, considering, discussing, furnishing to others, or acting upon information as authorized above in connection with the peer review functions of this Hospital and its Medical Staff or of other hospitals and their medical staffs, so long as they act in good faith and without malice;

- e. Agrees to furnish upon request all information in his or her possession which may be relevant to peer review of another applicant or Member of the Medical Staff, and to fulfill assigned responsibilities under these Bylaws in the peer review functions of this Hospital and its Medical Staff;
- f. Acknowledges that the provisions of this Article are express conditions to his/her application for or acceptance of Medical Staff Membership and the continuation of such Membership, or to his/her exercise of clinical Privileges at this Hospital, or to his/her application for or acceptance of approval and exercise of practice Privileges at this Hospital; and
- g. Pledges to maintain the confidentiality of the minutes, records, and work product of the Hospital and its Medical Staff related to peer review.

10.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any Practitioner submitted, collected or prepared by any representative for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality or contributing to clinical research shall be confidential, to the fullest extent permitted by law, and shall not be disseminated to anyone other than a representative, nor be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall become a part of the Medical Staff Committee files and shall not become part of any particular patient's file or of the general Hospital records.

10.4 IMMUNITY FROM LIABILITY

10.4-1 FOR ACTION TAKEN

Each Representative of this Hospital, including its Medical Staff Members, shall be exempt, to the fullest extent permitted by law, from liability to a Practitioner for damages or other relief for any action taken or statement or recommendation made within the scope of his/her duties as a representative.

10.4-2 FOR INFORMATION GIVEN

Each representative of this Hospital, including its Medical staff members, and all third parties shall be exempt, to the fullest extent permitted by law, from liability to a practitioner for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative concerning a practitioner.

10.5 ACTIVITIES AND INFORMATION COVERED

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, or disclosures performed or made in connection with this or any other health care facility's or organization's activities concerning, but not limited to:

- a. Applications for appointment, reappointment, clinical Privileges, practice Privileges, and prerogatives and periodic reappraisals of a health care practitioner's Membership Privileges, and/or prerogatives.
- b. Corrective action.
- c. Hearings and appellate reviews.

- d. Hospital, Committee, or other Medical Staff activities related to monitoring, maintaining, and improving the quality of patient care, appropriate utilization, and appropriate professional conduct.
- e. Professional Review Organization (PRO) and like reports.

10.6 RELEASES

Each practitioner, upon request of the Hospital, shall execute general and specific releases in accordance with the provisions, tenor, and import of this Article. Execution of such releases shall not however, be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XI: GENERAL PROVISIONS

11.1 MEDICAL STAFF RULES AND REGULATIONS

Subject to the approval of the Governing Body, the Executive Committee shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles stated in these Bylaws. The Rules and Regulations will be construed in a manner consistent with these Bylaws, and in the event of any irreconcilable inconsistency, these Bylaws will control. Amendments shall become effective only after approval by the Governing Body.

11.2 PROFESSIONAL LIABILITY INSURANCE

Each member granted clinical Privileges in the Hospital shall maintain in force professional liability insurance in an amount not less than \$1,000,000 per event and \$3,000,000 aggregate or such higher amount as shall be required of all medical staff members by the Governing Body.

11.3 CONSTRUCTION OF TERMS AND HEADINGS

Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural as the context and circumstances require. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

11.4 AUTHORITY TO ACT

Action of the Medical Staff in relation to any person other than the members thereof shall be expressed only through the President or the Executive Committee, or his/her or its designee, and they shall first confer with the Administrator. Any member or members who act in the name of this Medical Staff without proper authority shall be subject to such disciplinary action as the Executive Committee or Governing Body may deem necessary.

11.5 RESERVATION OF GOVERNING BODY AUTHORITY

The Governing Body is ultimately responsible for operation of the Hospital, and recognizes that matters affecting the Medical Staff may in some circumstances be most effectively addressed directly by the Governing Body or its Chief Executive Officer. For example, direct initial action by the Governing Body or Chief Executive Officer may be most effective when:

- a. The Medical Staff is unable or unwilling to take necessary action, or requests the involvement of the Governing Body or Chief Executive Officer; or

- b. The matter at hand relates to general organizational, labor, health or safety standards of the Hospital, or involves other issues of a type that can be properly evaluated by laypersons and do not require professional medical judgment or expertise.

Accordingly, the Governing Body reserves the authority to act directly, itself or through the Chief Executive Officer, to address matters otherwise delegated to the Medical Staff, whenever the Governing Body determines, after carefully considering the opinions and desires of the Chief of Staff and/or the Active Staff, that it should do so. In all such cases, the Governing Body shall first assure that the Medical Staff is consulted, is aware of and has had an opportunity to act or not act on the matter, and shall assure that the President or his or her designee is kept informed of action taken on the matter.

11.6 ACCEPTANCE OF PRINCIPLES

All Members of whatever class or category, by application for Membership in this Medical staff, do thereby agree to be bound by the provisions of these Bylaws, a copy of which shall be delivered to each member on his/her initial appointment, and a copy of each amendment thereto, promptly after adoption. Any violation of these Bylaws shall subject the applicant or member to such disciplinary action as the Governing Body shall direct.

All Medical Staff Members are held accountable for Hospital ethics as defined in a corporate compliance plan.

11.7 DIVISION OF FEES

The practice of the division of professional fees under any guise whatsoever is forbidden and any such division of fees shall be cause for exclusion or expulsion from the Medical Staff.

11.8 NOTICES

Except where specific notice provisions are otherwise provided in these Bylaws, any and all notices, demands, requests, and other communications required or permitted to be served on or given to a party or parties by another, pursuant to these Bylaws, shall be in writing and shall be delivered personally, by United States Postal Service, first-class postage prepaid, or by leaving the same in the party's box which is located on the premises of the Hospital. In the case of notice to Hospital, Governing Body, Medical Staff or officers or Committee thereof, the notice shall be addressed as follows:

MercyOne Elkader Medical Center

901 Davidson St. NW

Elkader, Iowa 52043

In the case of a notice to a Practitioner, or other party, the notice shall be addressed to the Practitioner's address as it appears in the records of the Hospital. If personally delivered, such notice shall be effective upon delivery, and if mailed as provided for above, such notice shall be effective two days after it is placed in the mail. Any party may change its address as indicated above, by giving written notice of such change to the other party in the manner as above indicated.

11.9 SECRET WRITTEN BALLOT

Whenever these Bylaws require voting by secret, written mail ballot, the mail ballots shall be returned in an unmarked envelope, which shall be placed inside a properly identified return envelope on which the staff Member has printed and signed his/her name.

11.10 AMENDMENTS

These Bylaws, the Credentialing Manual, Rules and Regulations and Fair Hearing Manual referenced in these Bylaws may be adopted, amended or repealed at any regular or special meeting of the Medical Staff, provided that notice of such business is sent to all members no later than thirty (30) days before such meeting. The notice shall include the exact wording of the proposed addition or amendment, if applicable, and the time and place of the meeting. In order to enact a change, the affirmative vote of a majority of the Active Medical Staff members shall be required. Changes adopted by the Medical Staff shall become effective only after approval by the Governing Body. If these Bylaws are not in compliance with the requirements imposed by law, regulation, court order, accreditation standard or Hospital's tax-exempt status, the Medical Staff shall amend the Bylaws to comply. If the Medical Staff fails to amend the Bylaws accordingly, such amendment as is proposed by the Governing Board that is necessary to comply with law, regulation, court order, accreditation standard or requirement of tax-exempt status, shall be deemed adopted by the Medical Staff upon approval by the Governing Board.

11.11 MANUALS

The Credentialing Manual, Rules and Regulations and Fair Hearing Manual cited herein are incorporated herein by this reference and may be amended as outlined in Section 11.10 of these Bylaws.

ARTICLE XII: CORRECTIVE ACTION AND HEARING RIGHTS

The Medical Staff shall initiate professional review actions, take corrective action, provide procedural and other hearing rights, and engage in related action, in accordance with the Fair Hearing Manual of the Medical Staff, which is incorporated herein by reference.

- A. These Bylaws, when adopted at any regular or special meeting of the Medical Staff, shall be recommended to replace any previous Bylaws.
- B. These Bylaws shall be subject to, and effective upon, approval of the Governing Body. They shall, when adopted and approved, be equally binding on the Governing Body and Medical Staff.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Board	Brooke Kensinger: CEO [KP]	06/2021
Medical Staff	Katie Pope: Lab Tech	06/2021
PAC Committee	Katie Pope: Lab Tech	06/2021
Manager	Heidi Reeder: Administrative Assistant [BK]	06/2021

Step Description	Approver	Date
Manager	Brooke Kensinger: CEO	06/2021

Applicability

MercyOne Elkader Medical Center

COPY