

**MERCYONE OELWEIN MEDICAL CENTER
MEDICAL STAFF BYLAWS
April 1, 2021**

MERCYONE OELWEIN MEDICAL CENTER MEDICAL STAFF BYLAWS

PREAMBLE

- The best interests of the patients and the community are served by ongoing cooperation among MercyOne Oelwein Medical Center administration, the Board of Directors and the Medical Staff. Therefore, the practitioners in MercyOne Oelwein Medical Center have formally organized themselves as the MercyOne Oelwein Medical Center Medical Staff to carry out the responsibilities and functions delegated by Board of Directors subject to the ultimate authority of the Board of Directors of MercyOne Oelwein Medical Center
- The Medical Staff of MercyOne Oelwein Medical Center affirms that patients are entitled to receive a comparable level of care for the same condition, independent of the service providing care, the discipline of the practitioner or the setting of care.
- The Medical Staff strives to continuously improve the quality of patient care.

1. DEFINITIONS

- 1.1. Admission Privileges – the privilege of admitting patients to MercyOne Oelwein Medical Center; the same are distinct from and independent of clinical privileges and may be granted, denied, suspended or withdrawn independently from a practitioner’s membership.
- 1.2. Admitting Physician – the practitioner who admits the patient to MercyOne Oelwein Medical Center. The admitting physician can be the personal physician, the attending physician or the consultant.
- 1.3. Adverse Action/Decision/Recommendation – a restriction or action based on the type of occurrence which might give rise to a request for corrective action or summary suspension as set out in Section 12 of these Bylaws, or would constitute grounds to request a hearing as set out in Section 13 of these Bylaws, which includes, but is not limited to, action taken against a practitioner’s clinical privileges such as reducing, restricting, suspending, revoking, or denying privileges, and also includes a decision not to renew a practitioner’s privileges if that decision is based on the practitioner’s professional competence or professional conduct. Voluntary relinquishments are not considered “adverse actions” as these conditions may be rectified administratively, and are not based on the professional conduct or competence of the practitioner which affects or could affect adversely the health or welfare of a patient.
- 1.4. Allied Health Professional – an individual, other than a practitioner, whose patient care activities require permission to perform services that must be reviewed and approved through the Medical Staff credentialing process. Allied Health Professionals include physician assistants, nurse practitioners, certified nurse anesthetists, physician employed therapists, nurses and social workers and similar positions.
- 1.5. Attending Physician – a physician with clinical privileges who is responsible for all aspects of management of patient care, including preparing a complete and legible medical record for each patient and designating the lines of responsibility and communicating with all physicians involved in the care of a patient, the patient and the family.
- 1.6. Caregiver Law - Refers to any state or federal felony or misdemeanor pursuant to which the individual is banned from access to patients pursuant to applicable law including under the Iowa Department of Public Safety, Department of Human Services, and Department of Inspection and Appeals program found at Iowa Code 135B.34, 135C.33, and its related regulations.
- 1.7. Clinical Privileges or Privileges – permission granted by the Board of Directors to a practitioner to provide specified diagnostic, therapeutic, medical, dental, podiatric or surgical services.
- 1.8. Co-admitting Physician – a physician who has co-admitting privileges as defined in these Bylaws.

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- 1.9. Consultant – A physician called in to give professional advice to the attending or admitting physician.
- 1.10. He or She – All references in these Bylaws to he or she are intended to be equally applicable to either gender.
- 1.11. Medical Staff – includes all practitioners who have been formally appointed to the Medical Staff by the Board of Directors, pursuant to these Bylaws and who attend patients at MercyOne Oelwein Medical Center.
- 1.12. Medical Staff year – November 1 to October 31. The Medical Staff Year shall not apply to terms of appointment or any other time frames under these Bylaws unless explicitly stated.
- 1.13. Member or Membership – the privilege and responsibility of Medical Staff participation and does not necessarily include any privileges what so ever.
- 1.14. Personal Physician – the physician who regularly is called to care for the patient.
- 1.15. Physician – an individual who has been awarded the degree of Doctor of Medicine (M.D.), Doctor of Osteopathic Medicine (D.O.) or Doctor of Podiatric Medicine (D.P.M.)
- 1.16. Practice Protocols – a set of guidelines, agreed to by the supervising physician and an Allied Health Professional, recommended by the Medical Staff Executive Committee and approved by the Board of Directors, which define the specific activities the Allied Health Professional is permitted to perform.
- 1.17. Practitioner – any appropriately licensed doctor of medicine, doctor of osteopathic medicine, podiatrist, clinical psychologist, oral surgeon or dentist applying for or exercising clinical privileges at MercyOne Oelwein Medical Center.
- 1.18. MercyOne Hospital - Refers to any MercyOne Northeast Iowa owned, affiliated and/or managed hospital.

2. PURPOSES, RESPONSIBILITY AND AUTHORITY TO ACT

2.1. Purposes

The MercyOne Oelwein Medical Center Medical Staff is organized to facilitate:

- 2.1.1. Obtaining the benefits of Medical Staff membership obtained by individual practitioners and fulfilling the obligations of the Medical Staff.
- 2.1.2. Accountability to the Board of Directors for appropriate professional performance, personal and ethical behavior by members of the Medical Staff and the Allied Health Professional Staff.
- 2.1.3. Participation in performance improvement activities to enhance the level of quality, effectiveness and efficiency of care consistent with the knowledge and resources available in the community.
- 2.1.4. Providing Medical Staff input into MercyOne Oelwein Medical Center's policy and planning processes.

2.2. Responsibilities

The responsibilities of the MercyOne Oelwein Medical Center Medical Staff are fulfilled through the actions of its officers and committees and include:

- 2.2.1. To account for the quality and appropriateness of care rendered by all practitioners authorized to practice in MercyOne Oelwein Medical Center through the following measures:
 - 2.2.1.1. Processes and mechanisms for recommending to the Board of Directors, appointment and reappointment to the Medical Staff and for evaluating and recommending initial clinical privileges and the renewal of clinical privileges.
 - 2.2.1.2. Evaluation and review of the quality of care in coordination with performance improvement, utilization review and risk management activities.
 - 2.2.1.3. Continuing medical education programs based on needs identified through performance improvement, utilization review and risk management activities.
- 2.2.2. To make recommendations to the Board of Directors with respect to appointment and reappointment, Medical Staff category, clinical privileges and corrective action.
- 2.2.3. To report to the Board about the quality, effectiveness and efficiency of patient care including recommendations about performance improvement and quality review activities.
- 2.2.4. To initiate and pursue corrective action with respect to practitioners and Allied Health Professionals when warranted.
- 2.2.5. To assist in identifying community health needs and setting organizational goals.

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- 2.2.6. To exercise the authority granted through these Bylaws in adequately fulfilling these and other responsibilities delegated by the Board of Directors.
- 2.3. Authority to Act
 - 2.3.1. The MercyOne Oelwein Medical Center Medical Staff is delegated the authority to undertake the purposes and responsibilities by the Board of Directors consistent with law, regulation and accreditation standards.
 - 2.3.2. Recommendations and actions of the MercyOne Oelwein Medical Center Medical Staff with respect to any person who is not a member of the Medical Staff shall be expressed only through the President of the Medical Staff after consulting the MercyOne Oelwein Medical Center Administrator. If the action or recommendation involves the MercyOne Oelwein Medical Center Administrator, consultation will be directly with the Board of Directors. A member or members of the Medical Staff who attempt to act or make recommendations in the name of the Medical Staff shall be subject to corrective action.

3. MEDICAL STAFF MEMBERSHIP

3.1 Nature of Membership.

- A. Membership on the Medical Staff of MercyOne Oelwein Medical Center is a privilege extended to professionally competent Physicians, dentists, and podiatrists who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and such other policies as are adopted from time to time by the Board of Directors.
- B. No Practitioner shall be entitled to membership on the Medical Staff or to the exercise of particular Clinical Privileges in the Hospital merely by virtue of the fact that he or she is duly licensed to practice medicine, dentistry, or podiatry in the State of Iowa or by virtue of membership in any professional organization or past or present privileges at another hospital.

3.2 Basic Qualifications for Staff Membership.

To be eligible to be and remain on the Medical Staff, a Practitioner shall have the burden of demonstrating to the Board of Directors and the Medical Staff that (s)he is of good moral character; that (s)he possesses sound professional ethics; that the requested Privileges are consistent with any Medical Staff plan approved by the Board of Directors; that (s)he possesses the background, experience, training, and demonstrated competence which assures, in the judgment of the Board of Directors, that any patient treated by him/her in the Hospital will be given quality medical care; and that (s)he, at a minimum meets the following qualifications (the "Basic Qualifications"):

- A. Is a graduate of an accredited medical, osteopathic, podiatric, or dental school and is a qualified practitioner of medicine, osteopathy, podiatry, or dentistry;
- B. Possesses an unrestricted license to practice medicine and surgery, podiatry, or dentistry in the State of Iowa, including full compliance with all continuing education requirements of licensure;

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- C. Successfully completed a residency program approved by the Accreditation Council of Graduate Medical Education or the American Osteopathic Association, or a PSR-12 podiatric residency.
- D. Maintains certification by a board approved by the American Board of Medical Specialties, the American Osteopathic Association, American Board of Oral & Maxillofacial Surgery, American Dental Association or the American Board of Foot and Ankle Surgery, as applicable to the practitioner's specialty and requested privileges.

If not certified, having completed the formal training requirements leading to certification and be eligible for certification by the American Board of Medical Specialists, the American Osteopathic Association, American Board of Oral & Maxillofacial Surgery, or the American Board of Foot and Ankle Surgery, as applicable. Each practitioner must receive certification within the time set forth by the applicable Specialty Board. A failure to achieve such certification within the specified time period shall result in automatic non-renewal of privileges, unless the Executive Committee makes a recommendation for an extension for the purpose of obtaining a certification and such extension is approved by the Board of Directors;

Board certification requirement may be waived by sixty percent (60%) of the voting members of the Executive Committee upon the specific recommendation of the Practitioner's department chair, in order to respond to unmet community needs or to allow uniquely qualified Practitioners to participate in the care of Hospital patients;

Physicians, podiatrists and oral surgeons who were appointed to the Medical Staff prior to July 1, 1988 and who are not board certified shall not be required to become board certified as a condition of continued Medical Staff membership and clinical privileges, provided they otherwise meet the established competency requirements and other relevant criteria as established by the Medical Staff and Board of Directors;

- E. Is qualified legally, professionally, and ethically for the position to which the Applicant may be appointed;
- F. Is free from physical or mental conditions which would impair his/her ability to exercise Clinical Privileges requested or to care for patients;

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- G. Possesses the ability to work effectively with Members of the Medical Staff, Administration, other Practitioners, and employees of the Hospital;
- H. Possesses current valid professional liability insurance coverage in such form and in amounts satisfactory to the Board of Directors;
- I. Is eligible to participate in the Medicare/Medicaid programs; and
- J. Shall have a record that is free from any state or federal felony conviction or any "Caregiver Law" conviction, except as is otherwise permitted pursuant to the Pre-Application process set forth in these Bylaws. This requirement may not otherwise be waived.

While professional competence is the primary qualification for Medical Staff appointment, the needs of the Hospital for additional Practitioners in a given area of practice or specialty, the ability of the Hospital to support the Practitioner with personnel, supplies and equipment, as well as the growth and development of the Medical Staff may be considered in granting or denying appointment or reappointment.

Medical Staff applications and applications for clinical privileges shall not be denied on the basis of race, color, religion, sex or national origin or on any illegal discriminatory basis.

3.3 Basic Requirements/Conditions of Staff Membership

The following requirements shall apply to every Medical Staff Applicant and Medical Staff Member and shall be conditions for consideration of applications for appointment and reappointment and for continued Medical Staff appointments. Each Applicant and Member of the Medical Staff shall:

- A. Provide patients with continuous care at the level of quality and efficiency generally professionally recognized and refrain from delegating responsibility for diagnosis or care of hospitalized patients to a Practitioner who is not qualified to undertake the responsibility;
- B. Agree to be bound by the Medical Staff Bylaws and all other lawful standards, policies, procedures, rules, and regulations of the Medical Staff and Hospital and all applicable Iowa and federal laws and regulations;

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- C. Discharge such Medical Staff, department, section, committee, and Hospital functions for which the Member is responsible by appointment, election, or otherwise;
- D. Prepare and complete in a timely manner, as defined elsewhere by the Executive Committee, the medical and other required records for all patients admitted or in any other way provided care by the Member in the Hospital;
- E. Attend electronic medical record training at initial appointment and maintain competency throughout Medical Staff membership by attending ongoing training opportunities and assigned competencies.
- F. Abide by ethical principles of the medical profession, the Ethical and Religious Directives for Catholic Health Care Facilities as promulgated by the United States Catholic Conference, and the Code of Ethics of the American Medical, Dental, Osteopathic, or Podiatry Association, as applicable. Should there be a conflict between any provision of the applicable Code of Ethics and the Ethical and Religious Directives, the latter shall prevail;
- G. Provide, with or without request, new or updated information that is pertinent to any question on the application form as it occurs. Except as required by Section 3.3(H) below, failure to provide such information within one (1) week may constitute grounds for automatic withdrawal of an Applicant's application or automatic termination of a Member's Clinical Privileges and Medical Staff membership. Applicants whose applications are deemed withdrawn pursuant to this provision and Members whose Clinical Privileges and membership are terminated pursuant to this provision are not entitled to fair hearing and appeal rights;
- H. Refrain from illegal fee splitting or other illegal inducements relating to patient referral;
- H. Notify the Administrator/Hospital President, President of the Medical Staff, Vice President of Medical Affairs or the Medical Staff Office, within forty-eight (48) hours of, and provide such additional information as may be requested, regarding each of the following:
 - 1. Voluntary or involuntary revocation, limitation, or suspension of his/her professional license, Drug Enforcement Administration

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- (DEA) registration, or Iowa Controlled Substances Act (CSA) certificate (if applicable); any reprimand or other disciplinary action taken by any state or federal government agency relating to his/her professional license; or the imposition of terms of probation or limitation by any state;
2. Voluntary or involuntary cancellation or change of professional liability insurance coverage; and
 3. Receipt of a quality inquiry letter, an initial sanction notice, notice of proposed sanction or of the commencement of a formal investigation or the filing of charges relating to health care matters by a Medicare peer review organization, the Department of Health and Human Services, or any law enforcement agency or health regulatory agency of the United States or the State of Iowa;
 4. Receipt of notice of the filing of any suit against the Practitioner alleging professional liability in connection with the treatment of any patient in or at the Hospital;
 5. Being charged with any violation of any state or federal felony or any Caregiver Law or if the Practitioner becomes aware that he or she is the subject of any active investigation, involving his or her violation of any federal or state felony or violation of any Caregiver Law;
 6. Being convicted of any state or federal felony or any Caregiver Law; or
 7. Termination, suspension or restriction of staff membership or privileges, whether temporary or permanent, at any hospital or other health care facility, including without limitation any MercyOne Northeast Iowa Hospital.

Failure to timely make notification of any of the items (1) through (7) above of this Section shall constitute an automatic withdrawal of an Applicant's pending application. Notwithstanding any other term or conditions set forth in these Bylaws, any such automatic withdrawal shall not constitute an adverse action otherwise giving rise to any appeal or fair hearing rights and Applicants whose applications are deemed to be automatically withdrawn pursuant to this Section are not entitled to any rights to a fair hearing or appellate review.

For current Members of the Medical Staff, failure to timely make the notifications of the items specified in (1) through (4) of this Section shall result in automatic suspension hereunder. Notwithstanding any other term or conditions set forth in these Bylaws, any such automatic suspension shall not constitute an adverse action otherwise giving rise to any appeal or fair hearing rights and Members whose Medical Staff membership and

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Clinical Privileges are deemed to be automatically suspended pursuant to this Section are not entitled to any rights to a fair hearing or appellate review.

For current members of the Medical Staff, failure to timely make the notifications with respect to items (5), (6) or (7) above of this Section shall result in automatic termination hereunder. Notwithstanding any other term or conditions set forth in these Bylaws, any such automatic termination shall not constitute an adverse action otherwise giving rise to any appeal or fair hearing rights and Members whose Medical Staff membership and Clinical Privileges are deemed to be automatically terminated pursuant to this Section are not entitled to any rights to a fair hearing or appellate review.

- I. Submit and maintain on file at all times current evidence of continued licensure, DEA registration or CSA certificate (if applicable), and professional liability insurance coverage in an amount determined by the Board of Directors;
- J. At the request of the Board of Directors, agree to undergo a health examination by a physician acceptable to the Board of Directors or to submit other reasonable evidence of current health status that may be requested by the Medical Staff Executive Committee or the Board of Directors. The presence of a physical or mental condition which would impair the Practitioner's ability to exercise the Clinical Privileges requested or to care for patients will not constitute a bar to the granting of Medical Staff membership or Clinical Privileges if, with reasonable accommodation, the Practitioner can safely perform the Clinical Privileges requested and safely care for patients. Practitioners must also provide evidence of any laboratory results of immunizations as required by the State of Iowa;
- K. Agree that any misrepresentation, misstatement in, or omission from the application, whether intentional or not, shall result in automatic termination of the application process. In the event that an appointment has been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery shall result in automatic termination from the Medical Staff and of Clinical Privileges;
- L. Agree to sufficiently use the Hospital and its equipment so as to accommodate evaluation of current competence by appropriate committees and individuals;

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- M. Maintain eligibility to participate in the Medicare/Medicaid programs;
 - N. Comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and corresponding regulations;
 - O. Complete and document a medical history and physical exam for each patient no more than 30 days before or 24 hours after admission or registration at the Hospital, but prior to surgery or a procedure requiring anesthesia services (and if the history and physical are performed with 30 days before admission or registration, each Practitioner must complete an updated exam of the patient, including changes in the patient's condition, within 24 hours after admission or registration), all as further described in the Medical Staff Rules and Regulations. Only MD, DO, ARNP, and PA's may complete a History and Physical Exam; and
 - P. Submit the applicable Application or Re-Application Fee. Failure to submit the required Application or Re-Application Fee will constitute grounds for automatic withdrawal of the Applicant's/Re-Applicant's application, and the application will not be further processed. Applicants/Re-Applicants whose applications are deemed withdrawn pursuant to this provision are not entitled to fair hearing and appeal rights.
- 3.4. Conditions and duration of appointment.
- A. The Board of Directors shall make initial appointments and reappointments to the Medical Staff. The Board shall act on appointments, reappointments or revocation of appointments after there has been a recommendation from the Medical Staff as provided in these Bylaws. The Board of Directors may act without recommendation on the basis of documented evidence of the applicant or Medical Staff member's professional and ethical qualifications obtained from reliable sources other than the Medical Staff.
 - B. Initial appointment shall be for a period of two years, unless otherwise recommended by the Medical Staff Executive Committee and approved by the Board of Directors.
 - C. Reappointment shall be for a period of two years, unless otherwise recommended by the Medical Staff Executive Committee and approved by the Board of Directors.

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- D. The Medical Staff Executive Committee shall review the application, quality assurance and quality improvement records for each Medical Staff member and recommend to the Board of Directors for each member regarding whether the member should be reappointed, including a recommendation regarding the Medical Staff category and stating clinical privileges and any limitations of such.
- E. Appointments to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted in accordance with these Bylaws.

4. CATEGORIES OF MEDICAL STAFF MEMBERSHIP

4.1. Medical Staff:

- 4.1.1. The Medical Staff shall be divided into Active, Courtesy, Honorary and Resident.
- 4.1.2. Active Medical Staff
 - 4.1.2.1. The Active Medical Staff shall consist of practitioners who regularly attend patients at MercyOne Oelwein Medical Center and who assume all the functions and responsibilities of membership on the Active Medical Staff. Members of the Active Medical Staff shall be eligible to vote, to hold office and must serve on Medical Staff committees as assigned. Active Medical Staff members are expected to attend a minimum of 50 percent of the assigned committee meetings each year.
 - 4.1.2.2. Practitioners who attend 25 or more patients or perform procedures upon 25 or more patients annually would automatically be made an Active staff member as recommended by the Medical Staff Executive Committee and approved by the Board of Directors.
 - 4.1.2.3. Active Medical Staff members shall be located closely enough to provide continuous care to their patients as defined by the Medical Staff.
 - 4.1.2.4. Active Medical Staff members shall actively participate in and regularly cooperate with the Medical Staff in fulfilling its obligations related to patient care including but not limited to:
 - 4.1.2.4.1. Providing continuous care to their patients.
 - 4.1.2.4.2. Participate in patient care studies.
 - 4.1.2.4.3. Participate in peer review.
 - 4.1.2.4.4. Participate in utilization review.
 - 4.1.2.4.5. Participate in quality improvement and related monitoring activities required of and by the Medical Staff.
 - 4.1.2.4.6. Participate in supervising and proctoring initial appointees and Allied Health Professionals.
 - 4.1.2.4.7. Participate in discharging such functions as may be required from time to time.
 - 4.1.2.5. Active Members of the Medical Staff may participate in covering the emergency room, and if on call for the emergency room, the practitioner must be immediately available by telephone and must be available on-site within 30 minutes of being called.
- 4.1.3. Courtesy Medical Staff
 - 4.1.3.1. The Courtesy Medical Staff shall consist of practitioners qualified for staff membership, but who only occasionally attend patients at MercyOne Oelwein Medical Center, or who act only

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as consultants and attend 24 or less patients or perform procedures upon 24 or less patients annually.

- 4.1.3.2. Members of the Courtesy Medical Staff shall be located closely enough to MercyOne Oelwein Medical Center, as established by the Medical Staff, to provide continuous care to their patients.
- 4.1.3.3. Courtesy Medical Staff members may be requested to serve on Medical Staff committees, but they shall not be eligible to hold office in this Medical Staff organization.
- 4.1.3.4. Courtesy Medical Staff members shall not be allowed to vote at Medical Staff meetings, but may vote at meetings of committees to which they have been appointed.
- 4.1.3.5. Courtesy Medical Staff members are not required to attend Medical Staff meetings, except as otherwise required by these bylaws. Courtesy Medical Staff physicians will be considered Active Medical Staff Members at any time they meet the requirements stated above in Section 4.1.2 regarding Medical Staff membership.
- 4.1.4. Honorary Medical Staff
 - 4.1.4.1. The Honorary Medical Staff consists of Medical Staff members who were previously appointed to the Active Medical Staff who no longer actively care for patients at MercyOne Oelwein Medical Center.
 - 4.1.4.2. Honorary Medical Staff members may serve in a medical-administrative position without having clinical privileges.
 - 4.1.4.3. Honorary Medical Staff members may serve as members of committees of the Medical Staff, attend meetings and participate in educational activities.
 - 4.1.4.4. Honorary Medical Staff members may not hold office or vote.
- 4.1.5 Resident Staff
 - 4.1.5.1 The Resident Staff consists of practitioners in training who are affiliated with MercyOne Oelwein Medical Center through an approved residency or preceptor program. They shall remain a member of the Residency Staff until they have completed their training or ceased their training. Residents in training are not Members of the Medical Staff.
 - 4.1.5.2 The activities of each Resident shall be monitored by their training program director or assigned preceptor.
 - 4.1.5.3 At the end of each training year, the program director shall notify the Medical Staff Executive Committee if the Resident is qualified to continue in training.
 - 4.1.5.4 Monitoring and reporting on the performance of Residents in training is not an adverse action which would trigger Hearing Rights under Section 13 of these Bylaws.
 - 4.1.5.5 Upon completion or cessation of training, a Resident's membership on the Resident is terminated.

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4.2 Leave of Absence.

- 4.2.1 A member of the Medical Staff, who is not on provisional status, may request a leave of absence. The request shall be made in writing to the President of the Medical Staff, stating the reason or reasons for the request and the anticipated duration of the leave of absence, not to exceed twenty-four months. Three months prior to the conclusion of the period of the leave of absence, a completed reapplication form must be submitted and will be processed in the usual way set out in Section 5 of these Bylaws, including query of the National Practitioner Data Bank. An absence, which extends beyond twenty-four months, shall be considered voluntary relinquishment of the Medical Staff membership and all privileges.

4.3 Active Military Duty

- 4.3.1 A member of the Medical Staff who is called to Active Duty will be granted an automatic leave of absence for the time they are on active military duty. It is the responsibility of the Medical Staff member to notify the Medical Affairs Office and report their call to active military duty. Prior to the conclusion of their military tour of duty, it is the Medical Staff member's responsibility to contact the Medical Affairs Office and report the date their active tour of duty will conclude. If the member wishes to be restored to his/her previous status, a completed reapplication form must be submitted and will be processed in the usual way set out in Section 5 of these Bylaws including query of the National Practitioner Data Bank. An absence, which extends beyond twenty-four months, shall be considered voluntary relinquishment of Medical Staff membership and all privileges associated therewith.

5. STAFF APPOINTMENT AND REAPPOINTMENT

5.1. Initial Appointment

5.1.1. Pre-application Questionnaire

5.1.2.1 Practitioners who are interested in applying for Medical Staff membership must complete a pre-application questionnaire prior to receiving the initial application. The pre-application questionnaire is a screening tool for the applicant to use to determine if they meet the minimum requirements and Basic Qualifications for Medical Staff membership.

5.1.2.2 Upon request, the Medical Staff Office will mail the prospective applicant a pre-application questionnaire.

5.1.2.3 Notwithstanding any other term or condition of these Bylaws, a prospective applicant shall not be eligible to receive an application for appointment or membership to the Medical Staff, nor shall an application be accepted from a prospective applicant, if, based on information from a pre-application questionnaire or any other source, it is determined that any of the following exist:

- i. The prospective applicant does not meet the Basic Qualifications set forth in these Bylaws.
- ii. The prospective applicant's medical staff membership and/or all privileges at any MercyOne Northeast Iowa Hospital have been terminated or suspended, whether on a temporary or permanent basis, (other than by voluntary resignation by the Practitioner unrelated to any investigation) or the prospective applicant is aware that he or she is the subject of a pending investigation involving the potential termination or suspension of his/ her medical staff membership and/or all privileges at any MercyOne Northeast Iowa Hospital.
- iii. The prospective applicant currently has charges pending, or is aware that he or she is the subject of any active investigation, involving the prospective applicant's violation of any federal or state felony or violation of any Caregiver Law.
- iv. The prospective applicant has been convicted of a violation of state or federal law as follows:
 - (a) Caregiver Law Convictions. If the prospective Applicant was convicted of a Caregiver

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Law, then the prospective Applicant is not eligible to receive an application, at any time, except as set forth in Subsection (b) below.

(b) Caregiver Law Convictions Where Rehabilitation Waiver Granted. If the prospective Applicant was convicted of a Caregiver Law, and such conviction was entered more than two (2) years from the date of the prospective Applicant's request for an application, then the prospective Applicant is still not eligible to receive an application for membership to the Medical Staff, unless he or she is able to affirmatively demonstrate, to the satisfaction of the Pre-Application Background Review Committee ("PBR Committee") (defined below), in its sole discretion, that he or she has been deemed rehabilitated in accordance with applicable law and therefore not banned by state law from patient access, and the following requirements are also satisfied

- 1) The prospective Applicant does not pose a threat to the health or safety of any individuals;
- 2) The conviction and the prospective Applicant's conduct is not inconsistent with the Mission, Vision or Values of MercyOne Northeast Iowa; and
- 3) The conviction and the prospective Applicant's conduct does not have the potential to cause any material injury to the reputation of the Medical Staff or the Hospital.

(c) Other Felony Convictions Entered More than 2 Years from Date of Request. If the prospective Applicant was convicted of a state or federal felony other than a Caregiver Law conviction and such conviction was entered more than two (2) years from the date of the prospective Applicant's request for an application, then the prospective Applicant is still not eligible to receive an application for membership to the Medical Staff unless he or she is able to affirmatively demonstrate, to the satisfaction of the PBR Committee, in its sole discretion, that the following requirements are met:

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- 1) The conviction and the prospective Applicant's activities are not related to medical staff membership or privileges or patient care;
- 2) The prospective Applicant does not pose a threat to the health or safety of any individuals;
- 3) The conviction and the prospective Applicant's conduct is not inconsistent with the Mission, Vision or Values of MercyOne Northeast Iowa; and
- 4) The conviction and the prospective Applicant's conduct does not have the potential to cause any material injury to the reputation of the Medical Staff or the Hospital.

- 5.1.2 Application. The application requires detailed information concerning the applicant's professional qualifications including:
- 5.1.2.1. A statement that the applicant has received and read the Bylaws and the Rules and Regulations of the Medical Staff and of the MercyOne Oelwein Medical Center and agrees to be bound by the provisions therein if granted membership in the Medical Staff.
 - 5.1.2.2 Detailed information concerning qualifications and training.
 - 5.1.2.3 A specific request for Medical Staff category and clinical privileges.
 - 5.1.2.4 The names and addresses of three individuals who have worked with and observed the professional performance of the applicant and can provide information concerning the applicant's current clinical ability, ethical character and the ability to work with others. At least one of these individuals must be a peer, not currently in association with the applicant.
 - 5.1.2.5 A list of all current and past state medical or professional licenses, including information as to whether the applicant's license to practice any profession in any jurisdiction has ever been denied, suspended, revoked, restricted or voluntarily or involuntarily relinquished to avoid adverse action.
 - 5.1.2.6 A list of all current and past Medical Staff membership and clinical privileges including information as to whether the applicant's Medical Staff membership or privileges have ever

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- been denied, suspended, revoked, restricted or voluntarily or involuntarily revoked to avoid adverse action.
- 5.1.2.7 The names of any facilities with which the practitioner has been associated, employed, privileged or practiced and, if the association was discontinued, the reason(s) for the discontinuation.
 - 5.1.2.8 Information concerning any past or pending professional misconduct proceedings, including the status or disposition of any such action.
 - 5.1.2.9 Information concerning any convictions of any state or federal felonies or any Caregiver Laws, whether or not such convictions were related to his or her fitness to practice medicine. This obligation shall include a requirement to provide further information upon request.
 - 5.1.2.10 The applicant's current federal and state (if applicable) Drug Enforcement Administration registration including information as to whether registration has ever been denied, suspended, revoked, restricted or voluntarily or involuntarily revoked to avoid adverse action.
 - 5.1.2.11 The name and limits of the applicant's current and all previous professional liability carrier.
 - 5.1.2.12 The particulars of any professional liability action to which the applicant is or was a party including the status and disposition of any such action.
 - 5.1.2.13 A statement that the applicant has no health problems which will affect the ability to provide quality and efficient care to patients.
 - 5.1.2.14 A signed and notarized waiver by the applicant of any confidentiality provisions and a release authorizing MercyOne Oelwein Medical Center to obtain information from any source and the National Practitioner Data Bank.
 - 5.1.2.15 A statement that the applicant consents to the inspection of records and documents pertinent to specific training, experience, current competence and health status.
 - 5.1.2.16 A statement that the applicant release MercyOne Oelwein Medical Center, its officers and employees and the Medical Staff from any civil liability as the result of the collection and verification of information regarding the application.
 - 5.1.2.17 A statement that the applicant is not, and has never been, excluded from participation in federal health care programs.
- 5.1.3 The applicant has the burden of providing adequate information for a proper evaluation of his or her competence, character, ethics, health status and other qualifications, including, upon request to meet with representatives of the Medical Staff or the Board of Directors and for resolving doubts about such qualifications.

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Failure to adequately complete the application, the withholding of requested information or providing false or misleading information shall be the basis for denial of membership, granting of privileges or removal from the Medical Staff.

5.1.4 Reviewing the Application

- 5.1.4.1 Any recommendation concerning initial appointment and privileges shall consider the present and future composition of the Medical Staff as well as the needs, requirements and ability of MercyOne Oelwein Medical Center to provide adequate facilities, staff and support for the applicant and his or her patients.
- 5.1.4.2 When an application has been received, with no part lacking and with all required documentation attached, the application will be considered complete.
- 5.1.4.3 The Medical Staff Coordinator will initiate verification of all information from original sources directly or through a Joint Commission or NCQA qualified verification program and perform a criminal background check.
- 5.1.4.4 After verification is complete the application will be submitted to the President of the Medical Staff for review and a recommendation to the Medical Staff Executive Committee. The President shall consider evidence of the character, professional competence, qualifications and ethical standing of the practitioner as well as information obtained from references and other sources available to the Medical Staff.
- 5.1.4.5 The President of the Medical Staff may recommend:
 - 5.1.4.5.1 The applicant be granted provisional appointment (as set out in Section 5.1.5.5) to the Medical Staff with the privileges requested.
 - 5.1.4.5.2 The applicant be granted provisional appointment (as set out in Section 5.1.5.5) to the Medical Staff with specific privileges less than those requested.
 - 5.1.4.5.3 The applicant be rejected for Medical Staff membership.
 - 5.1.4.5.4 The application be deferred for further consideration if additional information is needed to clarify the information required under Section 5.1.3.
- 5.1.4.6 Medical Staff Executive Committee Action
 - 5.1.4.6.1 Upon receipt of the recommendation of the President of the Medical Staff, the Medical Staff Executive Committee will review the recommendation.
 - 5.1.4.6.2 After review, the Medical Staff Executive Committee may defer the application for further consideration for up to 90 days to obtain additional information in order to clarify information required under Section 5.1.3.

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The applicant must be notified of the reason for the deferral, including any additional information requested. This notification must be sent to the applicant within 10 days of the decision to defer action delivered by certified mail, return receipt requested. The applicant shall be allowed 30 days from the receipt of notification to respond. If no response is received within the allotted time, the application shall be considered as voluntarily withdrawn by the applicant.

5.1.4.6.3 If, after review, the recommendation of the Medical Staff Executive Committee is adverse to the applicant as to membership or any requested privilege, the President of the Medical Staff shall notify the applicant of the decision, and of the procedural rights provided in these Bylaws. Notification will be addressed to the address listed in the application, delivered by certified mail, return receipt requested. The applicant shall be allowed 30 days from the receipt of notification to respond. If no response is received within the allotted time, the applicant shall be considered to accept the adverse recommendation.

5.1.4.6.4 If, after review, the Medical Staff Executive Committee favorably recommends Medical Staff membership and the privileges requested, such recommendation shall be forwarded to the Board for final action.

5.1.5 Board Action

5.1.5.1 If the Board of Directors does not receive a recommendation from the Medical Staff Executive Committee within 120 days of the Hospital's receipt of a completed application, the Board may request immediate action by the Medical Staff Executive Committee. If the Medical Staff Executive Committee declines to act on the request of the Board to provide a recommendation within 10 days of the Board's request, the Board may act without recommendation from the Medical Staff Executive Committee, pursuant to Section 3.8.1 of these Bylaws.

5.1.5.2 The Board of Directors shall review the recommendation of the Medical Staff Executive Committee regarding an applicant's appointment, and shall adopt, or reject in whole or in part, the recommendation or shall refer the recommendation back to the Medical Staff Executive Committee for further consideration stating the reason for such referral and setting a time limit for a subsequent recommendation to be received.

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- 5.1.5.3 If the Board's decision is adverse to the applicant, the Board shall inform the applicant of the decision, and of the procedural rights as provided in Section 13 these Bylaws. Notification will be addressed to the address listed in the application, delivered by certified mail, return receipt requested. The applicant shall be allowed 30 days from the receipt of notification to respond. If no response is received within the allotted time, the applicant shall be considered to accept the decision of the Board of Directors.
- 5.1.5.4 If the final decision of the Board of Directors is favorable to the applicant, the applicant shall be notified by routine correspondence. The Medical Staff and MercyOne Oelwein Medical Center shall also be notified of the decision. The notice shall include the Staff category to which the applicant is assigned, the clinical privileges granted and any special conditions associated with the initial appointment.
- 5.1.5.5 All initial appointments are provisional for the first six months practice at MercyOne Oelwein Medical Center. During this provisional period, the appointee's adherence to the professional, quality, ethical and behavioral standards of the Medical Staff will be reviewed by the Medical Staff Executive Committee prior to a decision for advancement to Active Staff membership or membership to such other Medical Staff category as applied for by the practitioner.
 - 5.1.5.5.1 If there is insufficient information for review of the appointee's performance, the Medical Staff Executive Committee may continue the appointee's provisional status for another six months. If the Medical Staff Executive Committee extends the appointee's provisional status for an additional 6 months, the Medical Staff Executive Committee shall conduct another review of the appointee, using the same criteria as above, at the end of the twelve month period. If, at the end of the twelve month period, the Medical Staff Executive Committee determines there is still not enough information for review of the appointee's performance, the appointee will be considered to have voluntarily relinquished his or her Medical Staff membership, in which case the appointee is not entitled to hearing rights as set out in Section 13 of these Bylaws.
 - 5.1.5.5.2 If there is sufficient information for review of the appointee's performance at the end of six months, or at the end of the twelve month period if the Medical Staff Executive Committee extended the appointee's provisional status for an additional 6 months, the

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Medical Staff Executive Committee shall determine whether to advance the appointee to Active Staff or to such other Medical Staff category as applied for by the practitioner.

5.1.5.5.2.1 If the Medical Staff Executive Committee determines not to advance the appointee to Active Staff or to such other Medical Staff category as applied for by the practitioner, based on professional, quality, ethical or behavioral standards, the Medical Staff Executive Committee shall inform the appointee of the decision, and of the procedural rights as provided in Section 13 these Bylaws. Notification will be addressed to the appointee's address on file with the Hospital, delivered by certified mail, return receipt requested. The appointee shall be allowed 30 days from the receipt of notification to respond. If no response is received within the allotted time, the appointee shall be considered to accept the decision of the Medical Staff Executive Committee.

5.1.5.5.2.2 If the Medical Staff Executive Committee determines to advance the appointee, the Medical Staff Executive Committee shall make such recommendation to the Board.

5.1.5.5.3 Upon receiving a recommendation from the Medical Staff Executive Committee that an appointee be advanced, the Board shall make a final decision regarding the appointee's advancement to the Medical Staff. The Board may advance the appointee to Active Staff (or such other Medical Staff category as applied for) or may decide not to advance the appointed if the appointee did not demonstrate adherence to the professional, quality, and ethical behavioral standards of the Medical Staff. If the final decision of the Board of Directors is to advance the appointee, the appointee shall be notified by routine correspondence. The Medical Staff and MercyOne Oelwein Medical Center shall also be notified of the decision. The notice shall include the Staff category to which the appointee is advanced. If the Board determines not to advance the appointee, the Board shall inform the appointee of the decision, and of the procedural rights as provided in Section 13 of these Bylaws. Notification will be addressed to the appointee's address on file with the Hospital, delivered by certified mail, return receipt requested. The appointee shall be allowed 30 days from the

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receipt of notification to respond. If no response is received within the allotted time, the appointee shall be considered to accept the decision of the Board of Directors.

5.2. Reappointment.

5.2.1. At least 90 days prior to the date the practitioner is scheduled for periodic reappointment, the practitioner will be provided an application for reappointment. The reappointment application must be completed and returned to the Medical Staff Office within 30 days of receipt by the practitioner. Failure to complete and return the reappointment application within 30 days may be considered as voluntary relinquishment of Medical Staff membership and all privileges at MercyOne Oelwein Medical Center on the last day of the current appointment. As a result the practitioner has no rights for a hearing or appeal as provided in Article 13. The practitioner will be required to reapply for Medical Staff membership and privileges as provided in these Bylaws.

5.2.1.1. As part of the reappointment application, the practitioner is expected to provide information concerning:

5.2.1.1.1. Pending professional claims or judgments.

5.2.1.1.2. Professional licensure having been denied, revoked, suspended, not renewed, or voluntarily or involuntarily resigned or relinquished to avoid adverse action.

5.2.1.1.3. Membership and/or privileges at any other institution having ever been denied, revoked, suspended, not renewed, or been resigned to avoid adverse action.

5.2.1.1.4. Health status.

5.2.1.1.5. Any professional sanctions by any Board or professional society.

5.2.1.1.6. Any reprimand, censure, admonition or warning.

5.2.1.1.7. Extent to which the Member meets the Basic Qualifications set forth in these Bylaws;

5.2.2. The President of the Medical Staff has the responsibility to review the reappointment application, any request for changes in privileges as well as any pertinent information and make a recommendation to the Medical Staff Executive Committee, unless the re-applicant is the President of the Medical Staff. If the applicant is the President of the Medical Staff, the responsibility of reviewing the reappointment application shall be with the other members of the Medical Staff Executive Committee, which shall not include the President of the Medical Staff. The recommendation of the President of the Medical Staff to the Medical Staff Executive Committee, or in the case of the President being the re-applicant the recommendation of the Medical

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Staff Executive Committee to the Board of Directors, shall be based on periodic reappraisal of the practitioner's competence and clinical judgment, participation in peer review and performance improvement activity, health status, ethics, personal and professional conduct, compliance with these Bylaws, Rules and Regulations, cooperation with MercyOne Oelwein Medical Center's staff and overall demeanor.

- 5.2.2.1. If there is no documentation of participation in significant peer review or performance improvement activities since the practitioner's last reappointment, the President of the Medical Staff or the Medical Staff Executive Committee, as applicable, may recommend six months provisional reappointment. If during this six months, the practitioner does not actively participate in significant peer review or performance improvement activity, the practitioner shall be considered to have voluntarily relinquished his Medical Staff membership and all privileges at MercyOne Oelwein Medical Center, and shall be afforded no procedural rights as set out in Section 13 of these Bylaws.
- 5.2.2.2. If the President of the Medical Staff or, as applicable the Medical Staff Executive Committee, recommends that the practitioner not be reappointed or there be an involuntary reduction in privileges, the President of the Medical Staff or the Medical Staff Executive Committee, as applicable, must document the reasons for such recommendation.
- 5.2.2.3. If the President of the Medical Staff, or as applicable, the Medical Staff Executive Committee recommends that the practitioner be reappointed and no reduction in privileges, the President of the Medical Staff or as applicable, the Medical Staff Executive Committee must indicate that the practitioner's performance is satisfactory.
- 5.2.2.4. If the request for reappointment includes a request for new or additional privileges, the President of the Medical Staff or, as applicable the Medical Staff Executive Committee, must recommend any proctoring or monitoring requirement.
- 5.2.3. Medical Staff Executive Committee Action; Board Action
 - 5.2.3.1. Following review of the recommendation of the President of the Medical Staff, or following its own review as provided herein, all favorable recommendations shall be forwarded to the Board of Directors for final action.
 - 5.2.3.1.1 The Board of Directors shall review the recommendations of the Medical Staff Executive Committee regarding a re-applicant's appointment, and shall adopt, or reject in whole or in part, the recommendation or shall refer the recommendation back to the Medical Staff Executive Committee for further consideration stating the reason for such referral and setting a time limit for a subsequent recommendation to be received.

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- 5.2.3.1.2 If the Board's decision is adverse to the re-applicant, the Board shall inform the re-applicant of the decision, and of the procedural rights as provided in Section 13 these Bylaws. Notification will be addressed to the address listed in the application, delivered by certified mail, return receipt requested. The applicant shall be allowed 30 days from the receipt of notification to respond. If no response is received within the allotted time, the applicant shall be considered to accept the decision of the Board of Directors.
 - 5.2.3.1.3 If the final decision of the Board of Directors is favorable to the re-applicant, the re-applicant shall be notified by routine correspondence. The Medical Staff and MercyOne Oelwein Medical Center shall also be notified of the decision. The notice shall include the Staff category to which the re-applicant is assigned, the clinical privileges granted and any special conditions associated with the appointment.
 - 5.2.3.2. When the recommendation of the Medical Staff Executive Committee is adverse to the practitioner, the President of the Medical Staff shall notify the applicant of the decision, and of the procedural rights provided in these Bylaws. Notification will be addressed to the address listed in the application, delivered by certified mail, return receipt requested. The applicant shall be allowed 30 days from the receipt of notification to respond. If no response is received within the allotted time, the applicant shall be considered to accept the denial.
- 5.3. Reapplication after adverse decision denying application or reapplication, adverse corrective action, resignation in lieu of disciplinary action or upon conviction of a felony.
- 5.3.1. The following practitioners shall not be eligible to reapply for membership or clinical privileges or the additional privileges requested for one year from the date the adverse decision became final or the practitioner resigned, as applicable:
 - 5.3.1.1. An applicant who has received a final adverse decision regarding initial appointment or reappointment, withdrawn an application for membership and clinical privileges following an adverse recommendation by the Medical Staff Executive Committee or before a decision by the Board of Directors.
 - 5.3.1.2. A former member of the Medical Staff who has received a final adverse decision by the Board of Directors or voluntarily relinquished membership and clinical privileges in lieu of adverse action.
 - 5.3.1.3. A member of the Medical Staff who has received a denial of additional privileges.
 - 5.3.2. An adverse decision shall be considered final on the date the application was withdrawn, all discussions, hearings and other

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proceedings conducted by the Medical Staff of MercyOne Oelwein Medical Center have been completed and the Board's decision announced, or all judicial proceedings bearing on the decision are filed and served on MercyOne Oelwein Medical Center, which ever is later.

- 5.3.3. It is the responsibility of the practitioner to demonstrate satisfactorily that the basis for the adverse recommendation or decision no longer exists as part of the information provided in support of the reapplication.
- 5.3.4. An applicant or former member of the Medical Staff who has been convicted of a state or federal felony or Caregiver Law shall be eligible to reapply to the Medical Staff as provided in Section 5.1.2.3(iv) herein.

6. CLINICAL PRIVILEGES

6.1. Routine Clinical Privileges

- 6.1.1. Every practitioner or Allied Health Professional providing care at MercyOne Oelwein Medical Center is entitled to exercise only the privileges or practice protocols specifically granted to the practitioner by the Board of Directors.
- 6.1.2. Review of privileges or practice protocols, as appropriate, will occur not more than every two years as part of the reappointment process.
- 6.1.3. The practitioner, the Medical Staff Executive Committee or the Board of Directors may request a review of privileges at any time. Any change in privileges, including requests for new or additional privileges will be based on the review and approval process described in section 5.2 of these Bylaws.

6.2. Special Conditions for Clinical Privileges:

- 6.2.1. Admission, appraisal and treatment by Dentists and Podiatrists.
 - 6.2.1.1. Patients admitted for care by a Dentist or Podiatrist shall receive the same medical appraisal as patients admitted for care by a MD/DO member of the Medical Staff. If there is disagreement between the Dentist or Podiatrist and the MD/DO as to the proposed care, the issue shall be resolved before treatment is initiated or continued.
 - 6.2.1.2. Dentists and podiatrists who are members of the Medical Staff must co-admit inpatients with a MD/DO member of the Medical Staff provided the MD/DO:
 - 6.2.1.2.1. Conducts the admission evaluation of the patient.
 - 6.2.1.2.2. Records a history and physical examination.
 - 6.2.1.2.3. Accepts responsibility for care of the patient's medical condition outside the privileges granted to the limited license practitioner.
 - 6.2.1.3. The co-admitting practitioner is responsible for the portion of the admission evaluation pertinent to dental, oral surgery or podiatric condition of the patient as appropriate.
 - 6.2.1.4. Surgical procedures performed by dentists, oral surgeons and podiatrists shall be under the overall supervision of the President of the Medical Staff.

6.2.2. Co-Admitting Privileges:

- 6.2.2.1. Physicians may be required to have co-admitting privileges if:
 - 6.2.2.1.1. They have insufficient peer review activity on which to evaluate their personal, professional behavior, skills and knowledge.
 - 6.2.2.1.2. They do not reside or practice closely enough to the Hospital to provide continuous care for their patients.

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- 6.2.2.1.3. They do not meet other requirements defined within these Bylaws.
- 6.2.2.1.4. As a result of corrective action by the Board of Directors. If the requirement for co-admitting privileges is a reduction in privileges, this may be reportable to the National Practitioner Data Bank.
- 6.2.2.1.5. A co-admitting physician has a supervising physician who is ultimately responsible for the patient's care. The co-admitting physician may evaluate, treat or perform procedures only with the approval of the supervising physician, within the scope of privileges of the supervising physician and within any limits placed on the privileges granted to the co-admitting physician

6.2.3. Temporary Privileges:

6.2.3.1 The Hospital President or designee may, upon the concurrence of the President of the Medical Staff or designee, grant temporary Privileges to an Applicant for up to 120 consecutive days, only in the following circumstances:

A. When a new Applicant with a complete application that raises no concerns is awaiting review and approval of the Executive Committee and the Board of Directors (complete applications are identified as those that meet all medical staff qualifications and requirements, are not missing information, include all requested support documents, and for which all required verifications have been obtained), or

B. To fulfill an important patient care, treatment, or service need. There are three types of temporary privileges that meet this requirement: (1) locum tenens to cover the absence of or to replace a current member of the medical staff; (2) care of a specific patient; or (3) a special time-limited service not available amongst the current medical staff. In any event, temporary privileges will be granted rarely and only when necessary, and the reason for requesting temporary privileges will be set forth with specificity by the person requesting them.

6.2.3.2 An applicant for temporary privileges, as identified in section (B) above, shall submit the following information:

a. A completed request for temporary Privileges form, which must include sufficient information to query the NPDB, such as Social Security number, date of birth, and home address;

b. A delineation of the Clinical Privileges being requested;

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- c. Dates and numbers of state licenses (the Iowa medical license will be primary source verified);
 - d. Information which will allow the Medical Staff Office to verify the Applicant's DEA license and CSA certificate, as well as information as to whether the Applicant's DEA license or CSA certificate is or has ever been suspended, modified, terminated, restricted, or is currently being challenged;
 - e. A copy of his/her current Professional Liability Insurance Face-sheet;
 - f. A copy of a TB Skin Test Result from within the past year. If the Applicant is a positive reactor, then a TB questionnaire must be completed and a chest x-ray result from within the past five (5) years must be submitted;
 - g. If requested by the Medical Staff Office, a copy of proof of any additional immunizations;
 - h. If possible, written or verbal confirmation that the Applicant is in good standing at another health care facility, preferably a hospital; and
 - i. The individual's signed acknowledgement to be bound by the Hospital Bylaws, the Medical Staff Bylaws, and Medical Staff and Hospital Policies, Rules, and Regulations in all matters, especially those relating to the temporary Clinical Privileges and medical records completion.
- 6.2.3.3. The Hospital shall verify the Practitioner's current licensure and competence, search the OIG Exclusion Database, query the NPDB, and complete a criminal, child abuse, and/or dependent adult abuse background check. If the information reasonably supports a favorable determination regarding the Practitioner's qualifications, ethical standing, competence, ability, and judgment to exercise the requested Privileges, the Hospital President or designee, with the recommendations of the Medical Staff President or designee and the appropriate department/section chair or designee, may grant the Practitioner temporary privileges for up to 120 consecutive days, after which the Practitioner must apply for Medical Staff membership and Clinical Privileges in order to continue to exercise Privileges at the Hospital.
- 6.2.3.4. Locum tenens applicants for temporary privileges: A Member of the Medical Staff or designee may submit a written request to the Medical Staff Office for locum tenens coverage by

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a qualified Practitioner. Whenever possible, notice of planned locum tenens should be submitted to the Hospital at least sixty (60) days in advance by the Medical Staff Member or designee. Temporary Privileges for a locum tenens Practitioner shall be automatically relinquished upon completion of services as a locum tenens Practitioner. Locum tenens Practitioners shall be granted privileges in a department in accordance with their qualifications.

- 6.2.3.5. Temporary Privileges for the care of a specific patient:
Temporary privileges for the care of a specific patient shall be automatically relinquished upon completion of the Practitioner's care for the patient.
- 6.2.3.6. Temporary Privileges for provision of special services:
Temporary privileges granted to a Practitioner when the Hospital has a special, time-limited need for the provision of the Practitioner's services shall be automatically relinquished when the need for the services no longer exists.
- 6.2.3.7. Practitioners who are performing services in the Hospital pursuant to temporary Privileges granted in accord with this section shall be under the overall supervision of the President of the Medical Staff and the Medical Director/Section in which the Practitioner has Clinical Privileges or his or her designee. The President of the Medical Staff, appropriate Medical Director/Section, Hospital President or designee shall be entitled to suspend or revoke such temporary Privileges when the conduct of the Practitioner so indicates. Suspension or revocation of such temporary Privileges shall not be subject to the fair hearing procedures or appellate review procedures set forth in these Bylaws. In the event of any such termination, the Practitioner's patients then in the Hospital shall be assigned to a Medical Staff Member by the chair of the department responsible for supervision or designee. The wishes of the patient shall be considered, where feasible, in choosing a substitute Practitioner. In addition, temporary Privileges shall be automatically terminated at such time as the Executive Committee makes an unfavorable recommendation with respect to an Applicant's appointment to the Medical Staff, and, at the Executive Committee's discretion, temporary Clinical Privileges shall be modified to conform to the Executive Committee's recommendation that the Applicant be granted different permanent Privileges from the temporary Privileges.
- 6.2.4. Transplantation Team Practitioners:

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6.2.4.1. Practitioners from outside organ procurement organizations designated by the Secretary of Human and Health Services, who are engaged solely in the harvesting of tissues and/or other body parts for transplantation, therapy, research or educational purposes as defined in the Federal Anatomic Gift Act are exempt from the requirement to obtain privileges.

6.2.5. Emergency Privileges:

6.2.5.1. In an emergency as defined in section 6.2.6.2, any practitioner may be granted emergency privileges to the degree permitted by licensure regardless of staff status or clinical privileges, and may be assisted by Hospital personnel in doing everything possible to save a patient from serious harm or loss of life.

6.2.5.2. An emergency is defined as any condition or situation in which serious or permanent harm or loss of life may result to the patient if there is any delay in initiating treatment.

6.2.6 Disaster Privileges:

6.2.6.1 When an emergency disaster situation arises, the Chief Executive Officer (or designee) shall periodically assess the need for additional professional resources to handle immediate patient care needs.

6.2.6.2 Upon determining that additional professional resources are needed to respond to the emergency disaster setting, the Hospital will follow the Disaster Privileges protocol as outlined in the MercyOne Northeast Iowa Medical Staff Office policy entitled "Disaster Privileges"

7. ALLIED HEALTH PROFESSIONAL STAFF

- A. The Allied Health Professional Staff consists of individuals other than those eligible for Medical Staff appointment who participate in patient care at MercyOne Oelwein Medical Center. Members of the Allied Health Professional (AHP) staff include: Advanced Registered Nurse Practitioners, Certified Registered Nurse Anesthetists, and Physician Assistants.

- B. Qualifications of Allied Health Professionals.
 - 1) Be licensed or registered by the appropriate agency or organization for his or her discipline; and
 - 2) Be certified by a nationally recognized professional organization or be eligible and become certified within five (5) years of initial eligibility for certification and maintains such certification; and
 - 3) Maintain professional liability insurance coverage at a level acceptable to the Board of Directors;
 - 4) Be eligible to participate in the Medicare/Medicaid programs;
 - 5) Be employed by a physician Member of the Medical Staff or MercyOne Oelwein Medical Center.
 - 6) Shall have a record that is free from any state or federal felony conviction or any Caregiver Law conviction, except as is otherwise permitted pursuant to the Pre-Application process set forth in these Bylaws.

- C. Responsibilities of Allied Health Professionals
 - 1) Providing care within the scope of practice established by the State of Iowa.
 - 2) Adhering to the practice protocols and limitations approved by the Board of Directors of MercyOne Oelwein Medical Center.
 - 3) Complying with all requirements established by licensing, regulatory or accrediting bodies.
 - 4) Complying with requirements for certification and rectification as required by a recognized national professional organization.
 - 5) Providing and maintaining practice protocols which have been approved in writing by the supervising physician.
 - 6) Maintaining the confidentiality of any and all information related to any patient or patients.
 - 7) Not engaging in activity or professional conduct which is detrimental to patient safety, disruptive of the efficient delivery of patient care or the orderly operation of the Hospital.

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- 8) Providing proof of licensure, liability insurance coverage and continuing education as required by the Board of Directors, accreditation or regulatory authorities.
- 9) Notify the Hospital President, President of the Medical Staff, Vice President of Medical Affairs or the Medical Staff Officer within forty-eight (48) hours of, and provide such additional information as may be requested, regarding each of the following:
 - (i) The revocation, limitation, or suspension of his/her professional licensure or DEA registration, any reprimand or other disciplinary action taken by any state or federal government agency relating to his/her professional license or the imposition of terms of probation or limitation in any state;
 - (ii) Cancellation of or failure to maintain professional liability insurance coverage in accordance with requirements established by the Board of Directors;
 - (iii) Receipt of a quality inquiry letter, an initial sanction notice, notice of proposed sanction, or the commencement of a formal investigation of the filing of charges relating to health care matters by a Medicare peer review organization, the Department of Health and Human Services, or any law enforcement agency or health regulatory agency of the United States or the State of Iowa.
 - (iv) Receipt of notice of the filing of any suit against the DAHP alleging professional liability in connection with the treatment of any patient in or at the Hospital.
 - (v) Termination of employment or other engagement by a Member of the Hospital's Medical Staff.
 - (vi) Being charged with any violation of any state or federal felony or any Caregiver Law or if the DAHP becomes aware that he or she is the subject of any active investigation, involving his or her violation of any federal or state felony or violation of any Caregiver Law;
 - (vii) Being convicted of any state or federal felony or any Caregiver Law.
 - (viii) Termination, suspension or restriction of privileges and/or practice protocols, whether temporary or permanent, at

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any hospital or other health care facility, including without limitation any MercyOne Northeast Iowa Hospital.

Failure to timely make notification of any of the items (i) through (viii) above of this Section shall constitute an automatic withdrawal of an AHP Applicant's pending application. Notwithstanding any other term or conditions set forth in these Bylaws, any such automatic withdrawal shall not constitute an adverse action otherwise giving rise to any appeal or fair hearing rights and AHP Applicants whose applications are deemed to be automatically withdrawn pursuant to this Section are not entitled to any rights to a fair hearing or appellate review.

Failure to timely make the notifications of the items specified in (i) through (iv) of this Section shall result in automatic suspension hereunder. Notwithstanding any other term or conditions set forth in these Bylaws, any such automatic suspension shall not constitute an adverse action otherwise giving rise to any appeal or fair hearing rights and AHP whose privileges and/or practice protocols are deemed to be automatically suspended pursuant to this Section are not entitled to any rights to a fair hearing or appellate review.

Failure to timely make the notifications of the items specified in (v) through (viii) above of this Section shall result in automatic termination hereunder. Notwithstanding any other term or conditions set forth in these Bylaws, any such automatic termination shall not constitute an adverse action otherwise giving rise to any appeal or fair hearing rights and AHP whose privileges and/or practice protocols are deemed to be automatically terminated pursuant to this Section are not entitled to any rights to a fair hearing or appellate review.

D. Responsibilities of Physicians Who Supervise AHP's. The responsibilities of supervising physicians for Allied Health Professionals include, but are not limited to:

- 1) Complying with all requirements for supervision and oversight established by the Board of Directors, the State of Iowa, regulatory or accrediting bodies.
- 2) Providing and maintaining practice protocols for each Allied Health Professional and which have been acknowledged by the Allied Health Professional.
- 3) Accepting ultimate responsibility for the actions of the Allied Health Professionals supervised.

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- 4) Promptly notifying MercyOne Oelwein Medical Center when the relationship with the Allied Health Professional has been terminated for any reason.
- 5) Complying with MercyOne Oelwein Medical Center Policies and Procedures and MercyOne Oelwein Medical Center Medical Staff Rules and Regulations.

E. Pre-Application Process

1. Pre-Application Questionnaire: AHPs who meet the qualifications set forth in these Bylaws and who desire to provide approved professional services in the Hospital must first complete a pre-application questionnaire.
2. Individuals who meet basic qualifications shall then be sent an application. Individuals who fail to meet basic criteria will be notified that they are not eligible to apply at any of the MercyOne Northeast Iowa Hospitals, and they will not be sent applications.

F. Submission of Application.

The application requires detailed information concerning the applicant's professional qualifications including:

- a) Detailed information concerning qualifications and training.
- b) The names of two individuals who have worked with and observed the professional performance of the applicant and can provide information concerning the applicant's current clinical ability, ethical character and the ability to work with others.
- c) A list of all current and past state professional licenses, including information as to whether the applicant's license to practice any profession in any jurisdiction has ever been denied, suspended, revoked, restricted or voluntarily or involuntarily relinquished to avoid adverse action.
- d) The names of any facilities with which the applicant has been associated, employed, privileged or practiced and, if the association was discontinued, the reason(s) for the discontinuation.
- e) Information concerning and past or pending professional misconduct proceedings including the status or disposition of any such action.
- f) Information concerning any state or federal felony or Caregiver Law convictions.
- g) If applicable, the applicant's current federal and state Drug Enforcement Administration registration including information

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as to whether registration has ever been denied, suspended, revoked, restricted or voluntarily or involuntarily revoked to avoid adverse action.

- h) The name and limits of the applicant's current professional liability carrier.
- i) The particulars of any professional liability action to which the applicant is or was a party including the status and disposition of any such action.
- j) A statement that the applicant has no health problems which will affect the ability to provide quality and efficient care to patients.
- k) A signed release authorizing MercyOne Oelwein Medical Centers to obtain information from any source, to include the National Practitioner Data Bank.
- l) A statement that the applicant consents to the inspection of records and documents pertinent to specific training, experience, current competence and health status.
- m) A statement that the applicant releases MercyOne Oelwein Medical Center, its officers and employees and the Medical Staff from any civil liability as the result of the collection and verification of information regarding the application.
- n) Practice protocols mutually acceptable to the applicant and the supervising physician.
- o) Acknowledgement by the supervising physician of the responsibility for supervision.
- p) A statement that the applicant is not, and has never been excluded from participation in federal healthcare programs.

The applicant has the burden of providing adequate information for a proper evaluation of his or her competence, character, ethics, health status and other qualifications, including, upon request to meet with representatives of the Medical Staff or the Board and for resolving doubts about such qualifications.

Failure to adequately complete the application, the withholding of requested information or providing false or misleading information shall be the basis for denial of membership, granting of privileges or removal from the Allied Health Professional Staff.

G. Processing the Application

The application shall be processed in a manner similar to that described in these Bylaws for initial application to the Medical Staff.

H. Temporary permission to provide patient care.

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Temporary permission to provide patient care may be granted to an AHP applicant by the Administrator of MercyOne Oelwein Medical Center and the Medical Staff President for up to 120 consecutive days, only if a complete application has been received, all verifications are completed, and the application is awaiting Medical Executive Committee and Board approval.

I. Reappointment

Application for reappointment shall be processed in a manner similar to that described in these Bylaws for reappointment to the Medical Staff.

J. Automatic Termination. An Allied Health Professional's clinical privileges shall automatically terminate upon any of the following events:

- 1) Termination of employment or other engagement by a Member of the Hospital's Medical Staff.
- 2) Conviction of any state or federal felony or conviction of any Caregiver Law;
- 3) The AHP's termination of all of their clinical privileges and/or practice protocols at any other MercyOne Northeast Iowa Hospital (other than voluntary resignation by the AHP unrelated to any investigation).
- 4) The AHP's decertification, debarment or exclusion from participation in any state or federal health care program.

Notwithstanding any other term or condition of these Bylaws, automatic termination in the event of any of the above shall be administrative in nature and shall not entitle the AHP to any of the hearing or appellate review rights otherwise set forth below.

K. Automatic Suspension. An AHP's clinical privileges shall be automatically suspended upon any of the following events:

- 1) The revocation, or suspension of his/her professional licensure, DEA registration, CSA certification, any reprimand or other disciplinary action taken by any state or federal government agency relating to his/her professional license or the imposition of terms of probation or limitation in any state;
- 2) failure to maintain professional liability insurance in amounts established by the Hospital applicable to AHPs;
- 3) The existence of any of the following as they relate to patient abuse, neglect, misappropriation of patient property or similar offenses shall result in automatic suspension or termination of an AHP's clinical privileges to the extent required by Section 50.065 of

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the Iowa Statutes (Criminal Background Law): (a) pending criminal charges; or (b) pending investigation.

An automatic suspension shall be imposed upon an AHP's failure without good cause to supply information or documentation requested by any of the following: the Hospital President or his or her designee, , the Medical Executive Committee or the Board. Such suspension shall be imposed only if: (1) the request was in writing, (2) the request was related to evaluation of the Practitioner's current qualifications for membership or clinical privileges, (3) the Practitioner failed to either comply with such request or to satisfactorily explain his or her inability to comply, and (4) the Practitioner was notified in writing that failure to supply the request information within 15 days from receipt of such notice would result in automatic suspension.

Notwithstanding any other term or condition of these Bylaws, automatic suspension in the event of any of the above shall be administrative in nature and shall not entitle the AHP to any of the hearing or appellate review rights otherwise set forth below.

L. Automatic Withdrawal.

Processing of an AHP's pending application shall cease and be deemed voluntarily withdrawn if any of the items in sections 7.8 or 7.9 above occur. Notwithstanding any other term or condition of these Bylaws, automatic suspension in the event of any of the above shall be administrative in nature and shall not entitle the AHP to any of the hearing or appellate review rights otherwise set forth below

M. Leave of Absence.

A member of the Medical Staff may request a leave of absence for their Allied Health Professional. The request shall be made in writing to the president of the Medical Staff, stating the reason or reasons for the request and the anticipated duration of the leave of absence, not to exceed twenty-four months. Three months prior to the conclusion of the period of the leave of absence, if the member wishes to be restored to hi/her previous status, a completed reapplication form must be submitted and will be processed in the usual way including query of the National Practitioner Data Bank if practicing in an independent capacity. An absence which extends beyond twenty-four months shall be considered voluntary relinquishment of Allied Health Professional Staff membership and practice protocol.

N. Active Military Duty

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A member of the Allied Health Professional Staff who is called to Active Duty will be granted an automatic leave of absence for the time they are on active military duty. It is the responsibility of the Allied Health Professional staff member to notify the Medical Affairs Office and report their call to active military duty. Prior to the conclusion of their military tour of duty, it is the Allied Health Professional staff member's responsibility to contact the Medical Affairs Office and report the date their active tour of duty will conclude. If the member wishes to be restored to his/her previous status, a completed reapplication form must be submitted and will be processed in the usual way including query of the National Practitioner Data Bank for those Allied Health Providers practicing in an independent capacity. An absence, which extends beyond twenty-four months, shall be considered voluntary relinquishment of Medical Staff membership and all privileges.

8. OFFICERS

A. Officers Of The Medical Staff:

The Officers of the Medical Staff shall be Active Members of the Hospital's Medical Staff and include:

- 1) President of the Medical Staff
- 2) Vice President of the Medical Staff/President-Elect
- 3) Immediate Past President of the Medical Staff

B. Qualifications of Medical Staff Officers:

- 1) Only those Medical Staff members who are on the Active Staff and who meet the following criteria shall be eligible to serve as Medical Staff Officers:
- 2) Those who have been appointed and remain in good standing on the Medical Staff of MercyOne Oelwein Medical Center.
- 3) Those who have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges.
- 4) Those who have demonstrated involvement in maintaining quality medical care at MercyOne Oelwein Medical Center.
- 5) Those who are not presently serving as a Medical Staff or corporate officer, department or committee chair at another hospital, and shall not so serve during the term of office.
- 6) Those who have constructively participated in Medical Staff affairs, including peer review activities.
- 7) Those who have MercyOne Oelwein Medical Center as their primary hospital affiliation.
- 8) Those who are willing to discharge faithfully the duties and responsibilities of the position to which the individual has been elected.
- 9) Those who are knowledgeable concerning the duties of the office.
- 10) Officers of the Medical Staff serve with the approval of the Board of Directors.

All Medical Staff Officers must possess at least the above qualifications and maintain such qualifications during their term of office.

C. Nomination and Election of Officers.

At least two (2) months prior to the start of the Medical Staff year, the President of the Medical Staff shall solicit nominations for Vice President/President-Elect. The election will be held at the last general staff meeting of the Medical Staff year. A quorum shall consist of a

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majority of Members of the Medical Staff eligible to vote. A plurality of those voting shall be sufficient to select a nominee who shall be approved by the Board of Directors prior to taking office.

D. Term of Office.

Newly selected and Board approved officers shall take office at the beginning of the Medical Staff year immediately following the election and shall serve a two year term or until successors are selected and approved by the Board of Directors. Neither the President nor Vice President-Elect may succeed themselves in office (except as noted) nor may the President of the Medical Staff be elected to the office of Vice President/President-elect until at least two years after his term as President of the Medical Staff.

E. Vacancies.

If there is a vacancy in the office of the President of the Medical Staff, the Vice President/President-elect shall assume the office of President and serve the remaining term of office. If the Vice President who assumes the Presidency serves as President for less than six (6) months, he or she may be reelected for one full term. Upon the succession of the Vice President to the Presidency, a new Vice President/President-elect shall be elected at a general staff meeting in accordance to procedures described in this section of the Bylaws. If vacancies occur not covered by this section, the Medical Staff Executive Committee shall decide the procedure for filling the vacancy.

F. Removal from Office.

- 1) The Board of Directors may remove any officer of the Medical Staff for failure to maintain alignment with the Mission, Vision and Values of MercyOne Oelwein Medical Center.
- 2) The Medical Staff may remove any officer by petition of twenty-five (25) percent of Medical Staff members eligible to vote and a subsequent two-thirds (2/3)-majority vote by secret ballot at a regular or special Medical Staff meeting.
- 3) Removal shall be for failure:
 - a) To meet the qualifications in section 8.B above.
 - b) To conduct those responsibilities assigned within these Bylaws or other policies and procedures of the Medical Staff.

G. Duties of Officers.

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- 1) President: The President of the Medical Staff shall serve as the chief administrative officer and principal elected officer of the Medical Staff and as such shall:
 - a) Act in coordination and cooperation with the Administrator of MercyOne Oelwein Medical Center in all matters of mutual concern.
 - b) Call, preside at, and be responsible for, the agenda of all general Medical Staff meetings.
 - c) Serve as Chairperson of the Medical Staff Executive Committee.
 - d) Serve as an ex-officio member of all Medical Staff committees.
 - e) Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations and for implementation of sanctions when these are indicated.
 - f) Appoint Medical Staff members to Medical Staff committees and to multidisciplinary committees, except for the Medical Staff Executive Committee and the Pre-Application Background Review Committee.
 - g) Represent the views, policies, needs and concerns to the Board of Directors and to the MercyOne Oelwein Medical Center Administrator.
 - h) Receive and interpret the policies of the Board of Directors to the Medical Staff and report to the Board on the performance and maintenance of the quality of care provided, as authorized under the laws and regulations of the State of Iowa.
 - i) The President of the Medical Staff shall have the authority and responsibility to require a vote in any Medical Staff Committee as to whether it will go into executive session at which time persons not bona fide Medical Staff members shall be required to leave.
 - j) The President shall perform such additional duties as may be assigned by the Medical Staff Executive Committee or the Board of Directors.

- 2) Vice President/President-Elect:
 - a) In the absence of the President of the Medical Staff, the Vice President shall assume all the duties, responsibilities and authority of the President, except for the President's ex-officio duties.
 - b) The Vice President/President-Elect shall be a member of the Medical Staff Executive Committee.

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- c) The Vice President/President-Elect shall automatically succeed to the office of the President if the President fails to serve for any reason.
- d) The Vice President/President-Elect shall perform such additional duties as may be assigned by the President of the Medical Staff, the Medical Staff Executive Committee or the Board of Directors.

9. MEETINGS

A. Annual Medical Staff Meeting.

The meeting of the Medical Staff held in the calendar month prior to the end of the Medical Staff year shall be the annual meeting at which the election of officers for the following year shall be announced.

B. Regular Meetings.

The Medical Staff Executive Committee shall meet at least six (6) times per year. The primary objective of meetings is to report on the relevant activities and to conduct other business as may be on the agenda.

Minutes of all medical staff committee meetings shall be prepared and shall include a record of the attendance of members and of motions passed or failed. A summary report of the minutes shall be submitted to the Medical Staff Executive Committee for review, approval and/or recommendation to the Board of Directors. A permanent file of minutes shall be maintained.

C. Special Meetings.

The President of the Medical Staff may call a special meeting of the Medical Staff or committee at any time.

The President of the Medical Staff shall call a special meeting of the Medical Staff within twenty days after receipt of a request and must be:

- a) Signed by 40 percent of the Active Medical Staff.
- b) From the Board of Directors or the Administrator of the Hospital.

Written notice stating the time, place and purpose of any special meeting shall be conspicuously posted and sent to each member of the Active Medical Staff at least ten days before the date of a special meeting. Attendance at a special meeting of the Medical Staff constitutes a waiver of notice of the meeting.

No business shall be transacted at any special meeting except that business stated in the notice announcing the meeting.

D. Quorum.

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- 1) General Medical Staff Meetings: A majority the Active members of the Medical Staff constitutes a quorum at general Medical Staff meetings.
- 2) Medical Staff Executive Committee: A majority of the voting members of the committee constitute a quorum at Medical Staff Executive Committee meetings.
- 3) Other Regular Meetings: Those members present and voting, but not less a majority of voting members constitute at regular committee meetings.
- 4) Special Meetings: Those present and voting but not less than a majority of the Active members of the Medical Staff constitutes at special Medical Staff meetings.

E. Manner of Action.

The action of the Medical Staff, or committee thereof, shall be by majority vote at a meeting at which a quorum is present, unless otherwise expressly provided in these Bylaws.

F. Attendance Requirements.

- 1) Members of the Medical Staff will attend at least 50 percent of meetings of the Medical Staff, and to committees to which appointed.
- 2) Meeting attendance will be considered to support participation in peer review and performance improvement activity, ethical behavior, personal and professional conduct at the time of reappointment.
- 3) If a Medical Staff member is absent from a meeting which the member is required to attend, it is the responsibility of the member to obtain the information provided at the meeting and to abide by the decisions in which the member would have participated if the member had been present.

G. Ex-Officio Members.

- 1) Persons serving as ex-officio members of a committee have all the rights and privileges of regular members except they shall not vote nor be counted in determining the existence of a quorum.

10. COMMITTEES

- A. Committee Designation, Structure and Function:
- 1) There shall be a Medical Staff Executive Committee and such other standing and ad hoc committees of the Medical Staff, responsible to the Medical Staff Executive Committee, as may from time to time be necessary and desirable to perform the functions listed in these Bylaws or required by law, regulation or accreditation standards. The Medical Staff Executive Committee has overall responsibility for supervising all committees.
 - 2) Those functions requiring participation of, rather than direct oversight by, the Medical Staff may be discharged by Medical Staff representation on such MercyOne Oelwein Medical Center committees as are established to perform such functions.
 - 3) Whenever these Bylaws require a function be performed by, or that a report or recommendation be submitted to the Medical Staff Executive Committee, but a standing or ad hoc committee has been established to perform the function, the committee established shall act in accordance with the authority delegated by the Medical Staff Executive Committee. All such committee actions are subject to review by the Medical Staff Executive Committee.
 - 4) Unless expressly described in these Bylaws, a quorum shall be those Medical Staff members present and voting, but must be at least a majority of active Medical Staff members assigned to the committee.
 - 5) All committees shall maintain a record of their activities and minutes of their meetings and submit copies of these records and minutes to the Medical Staff Executive Committee expeditiously.
- B. Committee Appointments.
- 1) The President of the Medical Staff, except as otherwise provided in these Bylaws, shall appoint the chairperson and members of all committees. In formulating committee appointments the President of the Medical Staff shall confer and obtain the views of the Hospital Administrator.
 - 2) The Hospital Administrator prior to the Medical Staff year shall assign members of the Hospital staff to committees. The Hospital Administrator will determine the number and choice of Hospital staff assigned to committees after consultation with the President of the Medical Staff. Hospital staff members assigned to Medical Staff committees are non-voting members.
 - 3) Committee appointments are for two Medical Staff years or until a successor is appointed.

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C. Qualifications of Committee Chairs.

- 1) Except as otherwise provided herein, Committee Chairpersons must meet the qualifications for officers of the Medical Staff defined in section 8.B.

D. Pharmacy and Therapeutics Committee

- 1) **Composition.** The Pharmacy and Therapeutics Committee shall consist of at least one Medical Staff Members. The chair of the committee shall be the Manager of Pharmacy Services at MercyOne Oelwein Medical Center. Others who may serve on the committee, as deemed necessary by the chair, include representatives from nursing services, social services, laboratory, administration, infection control and nutritional services.
- 2) **Duties.** The duties of the Pharmacy and Therapeutics Committee shall be:
 - a) To assist in the formulation of professional policies regarding the evaluation, selection, distribution, handling and safe administration of drugs.
 - b) To establish policies and procedures to ensure accountability and safe use of medications within the Hospital in compliance with federal and state requirements.
 - c) To review adverse drug reactions and medication.
 - d) To initiate medication usage programs and studies.
 - e) To sponsor educational activities related to medication use.
- 3) **Meetings.** The committee meets every quarter. The committee shall maintain a permanent record of its proceedings and actions and shall report its recommendations to the Executive Committee and Board of Directors upon request.

The Medical Staff delegates the development, review, update and approval of the drug formulary for use in the Hospital to the Trinity Health System Formulary Management Committee or a successor committee provided such committee contains physician representation from the Medical Staff of the Hospital. The Medical Staff reserves the right to utilize non-formulary medications with the approval of the MEC if not having the non-formulary medication available is determined to cause hardship for patients or could compromise high quality patient care.

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E. Medical Staff Executive Committee.

- 1) The Medical Staff Executive Committee shall be a standing committee that shall consist of the following:
 - a) Officers of the Medical Staff listed in these Bylaws.
 - b) All other Active Medical Staff members
 - c) Ex officio members without vote: Board of Directors representative, MercyOne Oelwein Medical Center Administrator, and Vice President, Medical Affairs, MercyOne Northeast Iowa.
 - d) Committee chairpersons will be asked to attend to respond to any questions or concerns raised by their reports, minutes or recommendations. They will not have a vote on the business conducted by the Medical Staff Executive Committee.
- 2) Duties of the Medical Staff Executive Committee:
 - a) Receive or act upon reports and recommendations concerning patient care, quality and peer reviews, evaluation and monitoring functions and the discharge of delegated administrative functions. Recommend to the Board of Directors specific programs and systems to implement these functions.
 - b) Coordinate the activities and responsibilities delegated to the Medical Staff by the Board of Directors.
 - c) Account to the Board of Directors for the overall quality and efficiency of patient care.
 - d) Submit recommendations to the Board of Directors concerning all matters relating to appointments, reappointments, staff category, admitting and clinical privileges and corrective action.
 - e) Take reasonable steps to encourage professionally ethical conduct and competent clinical performance on the part of Medical Staff appointees including investigations and initiating corrective action, when warranted.
 - f) Make recommendations on medical administrative matters.
 - g) Keep the Medical Staff informed concerning licensure, accreditation and regulatory status.
 - h) Consistent with the Mission Vision and Values of MercyOne Oelwein Medical Center and MercyOne Northeast Iowa, participate in identifying community needs and in setting goals and implementing programs to meet these goals.
 - i) Formulate Medical Staff Rules and Regulations.

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- j) Review the Bylaws at least every three years and make recommendations for amendments to the Board of Directors, pursuant to Section 15 of these Bylaws.
 - k) Review patient care service contracts and appointment of medical directors.
- 3) Meetings: The Medical Staff Executive Committee shall meet at least six (6) times per year.

F. Special Committees.

- 1) The President of the Medical Staff with the approval of the Medical Staff Executive Committee may appoint special or ad hoc committees.
- 2) If Hospital staff is required; the Hospital Administrator shall assign members of the Hospital staff. Hospital staff members assigned to Medical Staff committees are non-voting members.

F. Pre-Application Background Review Committee.

- 1) Composition. The Pre-Application Background Review Committee (the "PBR Committee") shall be composed of the Vice President of Medical Affairs of the Hospital, the President of the Medical Staff President of the Medical Staff, the President of the Hospital, the MercyOne Northeast Iowa Chief Medical Officer, and the President of MercyOne Northeast Iowa (or his or her designee). MercyOne Northeast Iowa Chief Medical Officer shall serve as the Chair of the Committee or in his or her absence, the President of MercyOne Northeast Iowa (or his or her designee) shall chair the PBR Committee. If any of the above titles changes, the individuals in the comparable positions shall serve on this committee, as determined by the President of the MercyOne Northeast Iowa (or his or her designee).
- 2) Meetings. The PBR Committee shall meet if and as needed in the event that a potential applicant's conviction record is required to be reviewed hereunder as part of the Pre-Application Process set forth in these Bylaws.
- 3) Duties. The duties of the PBR Committee shall be to review a potential Applicant's background record if and as required hereunder and make a final determination as to whether such conviction is a bar to the prospective applicant's receipt of an application for membership to the Medical Staff as specified above in the Pre-Application Process described in these Bylaws. The PBR Committee may review any and all information as it deems relevant and necessary to make the

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determinations specified hereunder. The decision of this committee is binding and not appealable.

G. MercyOne Professional Review Committee (MOPRC)

- 1). **Composition.** The Chair of the MercyOne Professional Review Committee (MOPRC) shall be a physician who is an Active Member of the MercyOne Waterloo Medical Center, MercyOne Cedar Falls Medical Center, or MercyOne Oelwein Medical Center Medical Staff in full time clinical practice. Other members shall include Active Members of the 3 respective hospitals and may include representatives from the following clinical departments: Medicine and Family Medicine, Emergency Medicine, Pediatrics, OB/GYN, Surgery, Anesthesia, and Behavioral Health as well as the Director of Quality Services (ex-officio and resource), the Manager of Medical Affairs (ex-officio and resource) and the Vice President of Medical Affairs. Additional members may be added on an ad hoc basis by approval of the MOPRC when a particular need arises.
- 2). **Meetings.** The MOPRC shall meet regularly according to the needs of the review activity, but no less than quarterly.
- 3). **Duties.**
 - a. Monitor Medical Staff performance through the use of prospective quality indicators;
 - b. Review all cases that vary from screening indicators; Determine compliance with established standards of care;
 - c. Make recommendations for corrective action to the Department Chair or Hospital MEC (as appropriate) when standards of care are not met;
 - d. Reports to the MECs following each MOPRC meeting; reports the results of aggregated and profiled quality review findings to the MEC and the Medical Staff Office quarterly, and more frequently as indicated or requested;
 - e. Provide specific feedback to a referring Department Chair for each referred situation, that addresses the issues raised;

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- f. Provide acknowledgement to referring entities other than a Department Chair, indicating only that the referral was received, will be reviewed and appropriately acted upon;
- g. To assure that issues of quality related to individual physician performance have been identified in the peer review process and that appropriate and fair corrective action has been taken to address those quality issues;
- h. To create an appropriate reporting process to the Board of Directors no less than annually; and
- i. To regularly review the peer review activities to ensure the quality of the peer review process is uniformly high and occurs in a timely manner.

Please refer to the MOPRC policy for additional information on the specific responsibilities and processes followed by the committee.

11. RULES AND REGULATIONS

A. Medical Staff Rules and Regulations

- 1) Subject to the approval of the Board of Directors, the Medical Staff shall adopt Rules and Regulations as may be needed to implement the principles and policies found in these Bylaws. The Rules and Regulations are intended to facilitate:
 - a) A high level of patient care.
 - b) The effective and efficient discharge of the responsibilities of the Medical Staff.
 - c) Ensure the conduct of each staff members and Allied Health Professional is consistent with the Mission, Vision and Values, and other policies and procedures of MercyOne Oelwein Medical Center and MercyOne Northeast Iowa.
- 2) Upon approval by the Board of Directors, Rules and Regulations become part of these Bylaws. They may be amended or repealed by majority vote at any regular meeting of the Medical Staff Executive Committee or general Medical Staff at which a quorum is present. Previous notice or the calling of a special meeting is not required. Final approval is required by the Board of Directors before any amendments to the rules and Regulations are effective.

12. CORRECTIVE ACTION

- A. Criteria for Initiation
- 1) A Corrective action investigation may be initiated by any Officer of the Medical Staff, the Chair of any standing committee of the Medical Staff, the Administrator of MercyOne Oelwein Medical Center or the Board of Directors in any of the following circumstances:
 - a) The activity, personal behavior or professional conduct of any member of the Medical Staff is detrimental to patient safety.
 - b) The activity, personal behavior or professional conduct of any member of the Medical Staff is inconsistent with the delivery of quality and efficient patient care.
 - c) The activity, personal behavior or professional conduct of any member of the Medical Staff is disruptive to the orderly, effective and efficient operation of MercyOne Oelwein Medical Center.
 - d) The member of the Medical Staff fails to participate in the performance improvement/quality assurance activities of the Hospital or the Medical Staff.
- B. Confidentiality
- 1) Corrective action investigations, hearings and appellate review activities are peer review activities entitled to the confidentiality protection of Federal and State law.
 - 2) The written request for corrective action investigation, as well as complaint files, investigation files, reports and other investigative information prepared for the purpose of peer review of the issues raised are considered privileged and confidential and shall be released only as required or permitted by law.
- C. Requests and Notices
- 1) All requests for corrective action investigation shall be in writing, submitted to the President of the Medical Staff, and supported by specific information regarding the grounds for the request. The President of the Medical Staff shall promptly notify the Administrator of the MercyOne Oelwein Medical Center whenever a request for corrective action investigation is received. If the request involves the President of the Medical Staff, the request shall be submitted to the Administrator of MercyOne Oelwein Medical Center who will then inform the Vice President of the Medical Staff. In this situation, the Vice-President of the Medical Staff will replace references to the President of the Medical Staff in section C and D.

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D. Investigation

- 1) Within ten days of the receipt of the request, the President of the Medical Staff and the Administrator of the Hospital shall select an investigating officer and inform the affected practitioner of the nature of the request. The investigating officer may be a member of the Medical Staff of the Hospital, or a physician not currently engaged in the practice of medicine at the Hospital. If the investigating officer is not a member of the Medical Staff, the officer must be a member of the Iowa Medical Society and a member of the Medical Staff at another hospital.
- 2) If the President of the Medical Staff and the Administrator of the Hospital are unable to agree on the selection of an investigating officer within ten days, they shall prepare a list of three potential investigating officers. The list shall be submitted to the Chairman of the Board who shall select the investigating officer.
- 3) Within ten days of his or her appointment, the investigating officer shall forward a report of the findings to both the President of the Medical Staff and the Administrator of the Hospital. The investigating officer may request up to two extensions of ten days each to complete his investigation. The investigating officer may interview the affected practitioner. This interview is for the sole purpose of collecting information; it is not a hearing.
- 4) The investigating officer shall submit a report to include pertinent information and supporting documentation to the President of the Medical Staff and the Administrator of the Hospital.

E. Review and Action

- 1) Upon receipt of the report and supporting documentation by the President of the Medical Staff and the Administrator of the Hospital, they shall review the report. If they concur that there is no cause for action, this request for corrective action shall be considered not supported and the matter closed. In all other situations, the report and supporting documentation shall be referred to the Medical Staff Executive Committee.
- 2) Upon receipt of the findings of the investigation officer, the Medical Staff Executive Committee shall consider the request for corrective action and the findings of the investigation officer at its next regular meeting, or at a special meeting, for the purpose of recommending an appropriate disposition of the request. If the investigation officer's report concerns a member of the Medical Staff Executive Committee, such member shall not participate in any meetings or discussions of the Medical Staff pertaining to the investigation officer's report and/or any related corrective action.

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- 3) The Medical Staff Executive Committee shall make a recommendation regarding the corrective action to be implemented, which shall include, if warranted, a recommendation regarding whether to reduce, modify, suspend or revoke privileges or to revoke Medical Staff membership.
 - a) If the Medical Staff Executive Committee does not recommend a reduction, suspension, revocation or limitation of Medical Staff membership, the recommendation shall be reported to the Board for final action. Following receipt of the recommendation of the Medical Staff Executive Committee, the Board of Directors shall act to accept or reject the recommendation of the Medical Staff Executive Committee. The decision of the Board of Directors shall be sent to the affected practitioner.
 - i. If the decision is not to reduce, suspend, revoke or limit Medical Staff membership, the practitioner shall be notified by routine correspondence. The Medical Staff and MercyOne Oelwein Medical Centers shall also be notified of the decision.
 - ii. If the decision is to reduce, suspend, revoke or limit Medical Staff membership, the decision shall be sent to the affected practitioner in writing by certified mail, return receipt requested, addressed to the physician's office or last known residence, and shall include a description of his rights to a hearing. This notice shall advise the practitioner of the proposed action, the reasons for the proposed action, the practitioner's right to a hearing, and the fact that if a hearing is not requested within thirty days, the practitioner will be considered to have waived the right to a hearing and consented to the proposed action. Within thirty days following the receipt of the notice, the practitioner who desires a hearing shall notify the Chairman of the Board of Directors.
- 4) If the recommendation of the Medical Staff Executive Committee is to reduce, suspend, revoke or limit Medical Staff membership, the decision shall be sent to the affected practitioner in writing by certified mail, return receipt requested, addressed to the physician's office or last known residence, and shall include a

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description of his rights to a hearing. This notice shall advise the practitioner of the proposed action, the reasons for the proposed action, the practitioner's right to a hearing, and the fact that if a hearing is not requested within thirty days, the practitioner will be considered to have waived the right to a hearing and consented to the proposed action. Within thirty days following the receipt of the notice, the practitioner who desires a hearing shall notify the Chairman of the Board of Directors.

F. Summary Suspension

- 1) Criteria for Suspension. All members of the Medical Staff are subject to summary suspension of any or all privileges at MercyOne Oelwein Medical Center if the member's conduct requires immediate action:
 - a) To protect the life of any patient.
 - b) To prevent the immediate injury or damage to the health or safety of any patient, employee or other person present in the Hospital.
- 2) Method of Suspension
 - a) A member's privileges may be suspended summarily with the concurrence of any two of the following officers:
 - i. President of the Medical Staff.
 - ii. Administrator of MercyOne Oelwein Medical Center.
 - iii. Chairman of the Board.
 - b) The officers imposing the suspension shall immediately notify the member by direct communication in person or by telephone. The summary suspension becomes effective immediately upon communication.
 - c) The Administrator of the Hospital must give written notice to the practitioner by certified mail, return receipt requested. The notice must include the reasons for suspension.
 - d) The President of the Medical Staff is responsible for designating alternative practitioners to care for the hospitalized patients of the suspended practitioner, the wishes of the patients being considered.
 - e) Medical Staff Executive Committee Action, Board Action
 - i. Within ten days of a summary suspension, a practitioner whose privileges have been summarily suspended may request an interview with the Medical Staff Executive Committee, and if requested, shall have an opportunity to present information and answer questions posed by the Medical Staff Executive Committee.

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- ii. After such interview, the Medical Staff Executive Committee shall consider the grounds for summary suspension and make a recommendation. The recommendation may be continuation, modification or termination of the summary suspension and/or a request for corrective action.
- iii. If the Medical Staff Executive Committee's recommendation is to continue any summary restriction, the decision shall be sent to the affected practitioner in writing by certified mail, return receipt requested, addressed to the physician's office or last known residence, and shall include a description of his rights to a hearing. This notice shall advise the practitioner of the proposed action, the reasons for the proposed action, the practitioner's right to a hearing, and the fact that if a hearing is not requested within thirty days, the practitioner will be considered to have waived the right to a hearing and consented to the proposed action. Within thirty days following the receipt of the notice, the practitioner who desires a hearing shall notify the Chairman of the Board of Directors, and every reasonable effort will be made to accommodate a request for an early hearing pursuant to section 13.5.1 of these Bylaws.
- iv. If the Medical Staff Executive Committee's recommendation is a request for corrective action, the process described in section 12.1 through 12.5 will be followed.
- v. If the Medical Staff Executive Committee's recommendation is to terminate the summary restriction, such recommendation shall be forwarded to the Board for final action.
- vi. Following receipt of the recommendation of the Medical Staff Executive Committee, the Board of Directors shall act to accept or reject the recommendation of the Medical Staff Executive Committee. The decision of the Board of Directors shall be sent to the affected practitioner.

If the Board's decision is to terminate the summary restriction, the practitioner shall be notified by routine correspondence. The Medical Staff and MercyOne

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Oelwein Medical Center shall also be notified of the decision.

If the Board's decision is to continue any summary restriction, the decision shall be sent to the affected practitioner in writing by certified mail, return receipt requested, addressed to the physician's office or last known residence, and shall include a description of his rights to a hearing. This notice shall advise the practitioner of the proposed action, the reasons for the proposed action, the practitioner's right to a hearing, and the fact that if a hearing is not requested within thirty days, the practitioner will be considered to have waived the right to a hearing and consented to the proposed action. Within thirty days following the receipt of the notice, the practitioner who desires a hearing shall notify the Chairman of the Board of Directors, and every reasonable effort will be made to accommodate a request for an early hearing pursuant to Section 13.5.1 of these Bylaws.

- G. Automatic Termination. The following shall result in automatic termination of a Medical Staff Member's membership and clinical privileges:
- 1) Conviction of the Practitioner of any state or federal felony or conviction of any Caregiver Law. There will be no review, fair hearing, or appeal of the termination based on such conviction.
 - 2) The Practitioner's medical staff membership at any other MercyOne Northeast Iowa Hospital have been terminated (other than voluntary resignation by the Practitioner unrelated to any investigation). There will be no review, fair hearing, or appeal of the termination based on the foregoing.
 - 3) Failure to timely make the notifications required by Section 3.3.H. (5), (6) or (7) above of these Bylaws. There will be no review, fair hearing, or appeal of the termination based on the foregoing.
 - 4) Upon the happening of any of the situations identified in Section 3.3.K. above of these Bylaws. There will be no review, fair hearing, or appeal of the termination based on the foregoing.
 - 5) In the event that a Practitioner has been decertified, debarred or excluded from participation in the Medicare or Medicaid program. There will be no review, fair hearing, or appeal of the termination based on the foregoing.

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Immediately upon the imposition of an automatic termination, the Practitioner shall provide for alternative medical coverage for the patient(s) who are still in the Hospital at the time of such termination. The wishes of the patient(s) shall be considered in the selection of such alternate Practitioner(s). The terminated Practitioner shall confer with the alternate Practitioner to the extent necessary to safeguard the patient(s). If the Practitioner is unable or unwilling to coordinate alternative medical coverage for the patient(s) in the Hospital, the President of the Medical Staff President of the Medical Staff, Vice President of Medical Affairs or responsible Department Chief shall have the authority to provide for alternative medical coverage for patients of the terminated Practitioner.

Notwithstanding any other term or condition of these Bylaws, automatic termination for the reasons set forth in this Section shall not be deemed an adverse action nor shall it be deemed a professional review action and thus does not give rise to any right of hearing or appellate review.

- I. Automatic Suspension. The following shall result in automatic suspension of a Medical Staff member's membership and clinical privileges:
 - 1) Action by the State Board of Medicine revoking or suspending a Practitioner's license, or imposing probation or limitation of practice, shall automatically suspend all of the Practitioner's Hospital privileges. Such shall occur whether the action of the Board of Medicine is unilateral or agreed to by the Practitioner. In such an event, the Medical Staff Executive Committee shall promptly review the matter and submit a recommendation to the Board of Directors regarding the Practitioner's Medical Staff status and clinical privileges. The Medical Staff Executive Committee shall, if concurred in by the Hospital President be authorized to lift or modify any such automatic suspension pending final determination by the Board of Directors. In the event that such limitation imposes only a requirement to obtain additional continuing medical education and no other restrictions or practice limitations, the President of the Medical Staff President of the Medical Staff may, if concurred by the Hospital President, lift such automatic suspension pending review by the Medical Staff Executive Committee.
 - 2) An automatic suspension shall be imposed, after a warning of delinquency, upon a Practitioner for failure to complete medical records in accordance with the time limits set forth in the current Medical Staff Rules and Regulations, except as otherwise set forth in the Rules and Regulations. Such suspension shall take the form of withdrawal of the Practitioner's admitting privileges and shall be effective until requirements for medical record completion, as stated in the Rules and Regulations are met. Such suspension of privileges

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shall not affect the status or privileges of the Practitioner as regards patients who are at the time of the automatic suspension in the Hospital under the care of the Practitioner.

- 3) An automatic suspension shall be imposed, after a warning of delinquency, upon a Practitioner for failure to pay Medical Staff dues and/or assessments within sixty (60) days of billing, except as otherwise set forth in the Rules and Regulations. Such suspension shall take the form of withdrawal of the Practitioner's admitting privileges and shall be effective until the delinquent dues or assessments are paid. Such suspension of privileges shall not affect the status or privileges of the Practitioner as regards patients who are at the time of the automatic suspension in the Hospital under the care of the Practitioner.
- 4) A Practitioner whose DEA number is revoked or restricted or voluntarily surrendered shall automatically be divested of the right to prescribe medications controlled by such number.
- 5) An automatic suspension of all privileges shall be imposed by the Hospital President after discussion with the President of the Medical Staff, for misconduct that does not directly involve clinical issues but is in violation of Hospital policy. Such misconduct can consist of, but is not limited to: sexual harassment or abuse of others; drug, alcohol or other addiction; criminal, fraudulent or other improper conduct.
- 6) An automatic suspension shall be imposed upon a Practitioner's failure without good cause to supply information or documentation requested by any of the following: the Hospital President or his or her designee, the Medical Staff Executive Committee or the Board. Such suspension shall be imposed only if: (1) the request was in writing, (2) the request was related to evaluation of the Practitioner's current qualifications for membership or clinical privileges, (3) the Practitioner failed to either comply with such request or to satisfactorily explain his or her inability to comply, and (4) the Practitioner was notified in writing that failure to supply the request information within 15 days from receipt of such notice would result in automatic suspension. Any automatic suspension imposed pursuant to this paragraph may be a suspension of any portion or all of the Practitioner's privileges and shall remain in effect until the Practitioner supplies the information or documentation sought or satisfactorily explains his or her failure to supply it.
- 7) An automatic suspension shall be imposed upon a Practitioner's failure to maintain professional liability insurance coverage in accordance with limits established by the Medical Staff;

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Immediately upon the imposition of an automatic suspension, the Practitioner shall provide for alternative medical coverage for the patient(s) who are still in the Hospital at the time of such suspension. The wishes of the patient(s) shall be considered in the selection of such alternate Practitioner(s). The suspended Practitioner shall confer with the alternate Practitioner to the extent necessary to safeguard the patient(s). If the Practitioner is unable or unwilling to coordinate alternative medical coverage for the patient(s) in the Hospital, the President of the Medical Staff, Vice President of Medical Affairs or responsible Department Chief shall have the authority to provide for alternative medical coverage for patients of the suspended Practitioner.

Notwithstanding any other term or condition of these Bylaws, automatic suspension for the reasons set forth in this Section shall not be deemed an adverse action nor shall it be deemed a professional review action and thus does not give rise to any right of hearing or appellate review.

13. HEARINGS AND APPEALS

- A. Grounds for Hearing
- Except as otherwise provided in these Bylaws, a practitioner shall have the right to request a hearing and appeal in accordance with the procedures set forth below, whenever the Medical Staff Executive Committee makes a recommendation or the Board of Directors takes action which, if adopted as final action by the Board, would result in any one or more of the following adverse actions:
- 1) Denial of Medical Staff membership after receipt of a completed application for initial appointment or after the provisional appointment period.
 - 2) Denial of requested change in Medical Staff membership status.
 - 3) Denial of Medical Staff reappointment.
 - 4) Limitation, reduction, revocation, suspension or denial of privileges.
 - 5) Suspension of Medical Staff membership or privileges until completion of specific conditions or requirements.
 - 6) Summary suspension of Medical Staff membership during the process of corrective action, hearing and appeals.
 - 7) Termination of Medical Staff membership and/or privileges.
 - 8) Requirements for mandatory consultation.
- B. Notice of action or proposed action and right to hearing
- 1) Any member or applicant for membership on the Medical Staff who would be adversely affected by any action or proposed action by the Medical Staff Executive Committee or Board of Directors shall be provided with written notice to include
 - a) The action or proposed action.
 - b) The reasons for the action.
 - c) The right to a hearing.
 - d) The time limit within which the practitioner must request a hearing.
 - e) A summary of the practitioner's rights to a hearing.
 - 2) The written notice shall be delivered personally to the affected practitioner or by certified mail, return receipt requested to the practitioner's office or last known residence. The date of receipt shall be deemed to be either the date indicated on the mail receipt or five working days after mailing which ever is earlier.
- C. Request for hearing
- 1) Within 30 calendar days following the receipt of the notice, the physician desiring a hearing shall provide a written request for a

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hearing to the President of the Medical Staff or the Chair of the Board of Directors as appropriate.

D. Hearing Panel or Arbitrator

- 1) Upon receipt of the request for a hearing, the Chairman of the Board of Directors will appoint a Hearing Panel of three members, one of whom shall be designated chair. No member of the Hearing Panel may be in direct economic competition with the practitioner. Any or all of the members of the Hearing Panel may be from outside the Medical Staff.
- 2) The practitioner may request that the Board of Directors act as the Hearing Panel, in which case the practitioner waives his or her right to an appeal. However, the Board makes the final decision regarding the members of the Hearing Panel.
- 3) In the Alternative to a Hearing Panel, the Board may request with the agreement of the practitioner, that the hearing be held before an arbitrator mutually acceptable to the Hospital and the practitioner.
- 4) Presiding Officer
 - a) In cases before a Hearing Panel, the Hearing Panel may, in its discretion, appoint an attorney-at-law or another person with knowledge of general rules of hearing procedures, who shall not be a participant in the hearing in any other capacity, to act as Presiding Officer. Otherwise, the chairman of the Hearing Panel shall act as Presiding Officer. The Presiding Officer shall act to ensure that all participants in the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence, and shall generally maintain decorum. The Presiding Officer shall determine the order of procedure during the hearing, may establish deadlines for the designation of exhibits and witnesses, and shall have the authority, in his or her discretion and in accordance with these Bylaws, to make all rulings on questions which relate to matters of procedure and to admissibility of evidence. The Presiding Officer may meet with the parties or their attorneys or representatives prior to the hearing to work out procedures and discuss possible settlement or stipulations, and any anticipated legal or evidentiary issues, and may at any time prior to the hearing direct the parties to cooperate in matters of discovery, to identify witnesses and exhibits, and to do such other things as may reasonably facilitate the hearing.

E. Hearing Notice

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- 1) If the hearing is requested within thirty days, the practitioner will be given written notice stating the place, time and date of the hearing. The hearing should be not scheduled less than thirty days after the date of the notice, unless the practitioner requests an early date in writing.
- 2) The notice shall also list the witnesses, if any expected to testify in support of the recommendation or proposed action. At least ten days before the hearing the practitioner shall provide the Chairman of the Board of Directors, the Chairman of the Hearing Panel, or the Arbitrator, as appropriate, a list of witnesses, if any, that are expected to testify on the practitioner's behalf. The fact that a witness is not listed does not preclude the witness testifying if there is a reasonable explanation for the witness not being listed.

F. Hearing Procedure

- 1) At any hearing, the Hospital or the Board of Directors may appoint a representative or legal counsel to present evidence and argument in support of the recommendation or proposed action. Legal rules of evidence need not be followed. The practitioner may be represented by legal counsel or by another person of the practitioner's choosing. The practitioner has the right to be present at all hearings, but such right shall be considered waived if the practitioner fails to attend any hearing of which notice was given. The right to a hearing may be forfeited if the physician fails, without good cause, to appear. The practitioner has the right to present evidence, to call, examine and cross-examine witnesses and to submit a written statement at the close of the hearing. A stenographic record of the hearing shall be made at the Hospital's expense and a copy of the record shall be furnished the practitioner as soon as it is completed.
- 2) The rules of law relating to the examination of witnesses and the presentation of evidence do not apply in the hearing. Any relevant evidence, including hearsay, shall be permitted by the Presiding Officer if it is the sort of evidence which responsible persons are accustomed to rely on in the conduct of serious affairs, regardless of the admissibility in a court of law.
- 3) The hearing panel may interrogate witnesses or call additional witnesses if it deems such action is appropriate.
- 4) Postponements and Extensions. Reasonable postponements and extensions of time beyond the times described in these bylaws are

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permitted by mutual agreement of the practitioner, and the Hearing Panel or the Arbitrator, as applicable.

- 5) Burden of Proof. The practitioner requesting the hearing has the burden of proving by clear and convincing evidence that the action or proposed action lacks any factual basis or that the basis for the conclusion is arbitrary, capricious, unreasonable or violates the provisions of these Bylaws.
- 6) Discovery. Discovery shall be limited to exchanges of documents including exculpatory documents, exchanges of witness lists, and the production of documents intended to be produced as exhibits.
- 7) Within thirty days following the close of the hearing the Hearing Panel or Arbitrator, as applicable, shall make a written report including its findings, its recommendations and a rationale for the recommendation. A copy of the report will be given to the practitioner and to the Chairman of the Board of Directors. The practitioner may submit a written statement to the Board of Directors setting forth any objections the practitioner may have to the report within ten days of the receipt of the report by the practitioner.

G. Final Action

- 1) Within thirty days following receipt of the report of the Hearing Panel or Arbitrator, as applicable, the Board of Directors shall take final action. The practitioner will be given a copy of the written decision of the Board of Directors including a statement of the basis for the decision.

H. Appeals

- 1) Timeframe for Appeal
 - a) Within fifteen days of receipt of the decision of the Hearing Panel or Arbitrator, as applicable, the practitioner or the Medical Staff Executive Committee may request an appeal of such decision, and must do so by delivering written request for the appeal to the Hospital's Administrator who shall forward the notice to the Board of Directors. The request for an appeal shall include the grounds for an appeal and a clear and concise statement of the facts in support of the appeal. If neither the practitioner or the Medical Staff Executive Committee requests an appeal, the decision of the Hearing Panel or Arbitrator, as applicable, shall be final, subject to review and final action by the Board, as set out in Section 13.7.

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- b) When an appellate review is requested, the Board of Directors may sit as the appeal board or the Board may appoint an appeal board of at least three members of the Board of Directors. Knowledge of the matters under consideration does not preclude any person serving on the appeal board provided the person was not a member of an investigating committee or Hearing Panel, and was not an investigating officer or other officer, involving the same matter.
- 2) Grounds for Appeal. The grounds for appeal shall be:
 - a) Substantial non-compliance with the procedures required by these Bylaws, applicable law or regulation. So as to deny a fair hearing.
 - b) A decision not supported by the substantial evidence or other information collected in accordance with these bylaws.
 - c) Action or proposed action taken arbitrarily, unreasonably or capriciously.
- 3) Appeal Board Proceedings
 - a) Time, Place, and Notice of Appellate Review. Upon receipt of a request for appellate review, the Hospital Administrator shall deliver such request to the Chairman of the Board of Directors. The Board shall promptly notify the affected Practitioner and the Medical Staff Executive Committee of the time, place, and date of the commencement of the appellate review. The date of the commencement of the appellate review should, whenever possible, be not less than fifteen (15) nor more than forty-five (45) days from the date of such notice; provided, however, that when the request for appellate review is from a Member who is under Summary Suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made.
 - b) The proceedings of the appeal board shall be based on the report of the Hearing Panel or Arbitrator, as applicable and the recommendation of the Medical Staff Executive Committee as well as additional evidence provided that this evidence is material, newly discovered and could not have been found with reasonable diligence prior to the deliberations of the Hearing Panel or Arbitrator, as applicable. Each party shall have the right to present written and oral statements to support its position on appeal. Each party may be represented by legal counsel or other representative.
 - c) A stenographic transcript of the hearing shall be made at the expense of MercyOne Oelwein Medical Center. A copy

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shall be provided to the practitioner as soon as the transcript is completed.

- d) Within fifteen days after the Appellate Board hearing, the appeal board shall make a final recommendation to the Board of Directors, and the Board of Directors shall make a final decision within thirty days, or if the Appeals Board is the Board of Directors, such decision of the Appeals Board shall be the final decision.
 - e) A statement of the decision and the reasons for the decision shall be given to the practitioner, personally or by certified mail, receipt requested.
- I. Right to One Appeal Hearing. No practitioner is entitled to a right to more than one evidentiary and one appellate review on any matter which has been the subject of action by either the Medical Staff Executive Committee or the Board of Directors.
- J. Exhaustion of Remedies. If an adverse recommendation or action is made or taken with respect to a practitioner's Medical Staff membership or privileges, the practitioner must exhaust all the remedies afforded by these Bylaws before resorting to formal legal action challenging the decision, or the procedures used to make that decision, or making any claim against MercyOne Oelwein Medical Center or the participants in the process.

14. CONFIDENTIALITY OF INFORMATION AND IMMUNITY FROM LIABILITY

- 14.1. The following shall be express conditions to any practitioner's or allied professional's application for, or exercise of, clinical privileges at MercyOne Oelwein Medical Center:
 - 14.1.1. The confidentiality of all matters relating to Medical Staff membership, credentialing, quality assurance and risk management is maintained by all committees and staff involved and is protected to the fullest extent of the law.
- 14.2. Any act, communication, report, recommendation or disclosure, with respect to any practitioner, performed or made in good faith and without malice and at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.
- 14.3. Such privileges shall extend to members of the Medical Staff and the Board, the Hospital Administrator and designated representatives and to the third parties, who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this section, the term "Third Parties" means both individuals and organizations from whom information has been requested by or received from an authorized representative of the Board of Directors or the Medical Staff.
- 14.4. There shall be, to the fullest extent permitted by law, immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, made in substantial good faith, even where the information involved would otherwise be deemed privileged.
- 14.5. Such immunity shall apply to all acts, communications, reports, disclosures performed or made in connection with this or any other health care institution's activities related, but not limited to:
 - 14.5.1. Application for appointment or clinical privileges;
 - 14.5.2. Periodic reappraisals for reappointment or for clinical privileges;
 - 14.5.3. Corrective action, including summary suspension;
 - 14.5.4. Hearings and appellate reviews;
 - 14.5.5. Medical care evaluations;
 - 14.5.6. Utilization reviews; and
 - 14.5.7. Other Hospital, service or committee activities related to quality patient care and inter-professional conduct.
- 14.6. The acts, communications, reports, recommendations and disclosures referred to in this section may relate to a practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics or any other matter that might directly or indirectly have an effect on patient care.

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- 14.7. Each practitioner shall, upon request of the Hospital Administrator, shall execute a release in accordance with the tenor and import of this section in favor of the individuals and organizations specified in paragraph 14.3, subject to requirements of substantial good faith, absence of malice and due care.
- 14.8. The consents, authorizations, releases, rights, privileges and immunities provided by these Bylaws for the protection of MercyOne Oelwein Medical Center's practitioner's, other appropriate Hospital officials and personnel and third parties, in connection with applications for initial appointments, shall be fully applicable to the activities and procedures covered by this section.

15. AMENDMENTS

- 15.1. Amendments Initiated By Medical Staff
 - 15.1.1. Amendments to these Bylaws may be proposed by the Medical Staff Executive Committee, or by petition signed by at least two members of the Medical Staff in good standing who are entitled to vote.
 - 15.1.2. Such amendments may be recommended to the Board of Directors:
 - 15.1.2.1. After a majority vote of the voting members of the Medical Staff, provided that the proposed amendments were distributed to the members of the Medical Staff at least twenty-one days prior to the date of voting. The vote may be accomplished at a regular or special meeting of the Medical Staff or by written ballot. A majority of those voting is required for approval.
 - 15.1.2.2. The Medical Staff Executive Committee shall have the authority and responsibility to recommend amendments as are in the committee's judgment, technical or legal modifications or clarification, reorganization or renumbering, or amendments needed because of punctuation, spelling or errors of grammar or expression.
 - 15.1.2.3. Amendments shall be approved by the Board of Directors prior to becoming effective.
- 15.2. Amendments by the Board Of Directors
 - 15.2.1. If these Bylaws are not in compliance with the requirements imposed by law, regulation, court order, for accreditation, for tax purposes, or are otherwise necessary to avoid punishment or sanction against the Hospital, or are inconsistent with the Bylaws of the Hospital or the effective and efficient operation of the Hospital, the Board of Directors may request appropriate amendment.
 - 15.2.2. The Medical Staff shall take action on the Board's request by a majority vote of the voting members of the Medical Staff, provided that the proposed amendments were distributed to the members of the Medical Staff at least twenty-one days prior to the date of voting. The vote may be accomplished by at a regular or special meeting of the Medical Staff or by written ballot. A majority of those voting is required for approval.
 - 15.2.3. Amendment as proposed by the Board of Directors that is necessary to comply with law, regulation, court order, accreditation requirements or tax purposes, or to avoid punishment or sanction as described herein or to promote the orderly, effective and efficient operation of the Hospital, shall be deemed adopted by the Medical Staff unless the Medical Staff takes action that amends these Bylaws to conform to such requirements.
- 15.3. Exclusivity

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15.3.1. The mechanism described herein shall be the sole method for the initiation, adoption, amendment or repeal of the Medical Staff Bylaws.

16.ADOPTION

Adopted:

By the MercyOne Oelwein Medical Center Medical Staff, March 18, 2021

Critical Access Hospital Committee Review/Approval: 5/25/2020

Revised 10/01
Revised 05/03
Revised 06/03
Revised 1/08
Revised 01/12
Revised 05/12
Revised 02/13
Revised 06/13
Revised 12/14
Revised 8/17
Reviewed 3/21