

**ST. MARY'S SACRED HEART
HOSPITAL
MEDICAL STAFF BYLAWS**

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Definitions

Allied Health Professional means an individual, other than a licensed Physician, who exercises independent judgment within the areas of his/her professional competence and who is qualified to render medical or surgical care under the supervision of a Physician who has been accorded Clinical Privileges to provide such care in the Hospital. Allied Health Professionals shall not be members of the Medical Staff and shall not exercise rights, privileges, and responsibilities attendant to appointment to the Medical Staff.

Board means the Board of Directors of St. Mary's Sacred Heart Hospital.

President means the individual appointed by the Board to act on its behalf in the overall management of the Hospital.

Clinical Privileges means the authorization granted by the Board to a Practitioner to provide specific care, treatment, or services in the organization within well-defined limits, based on the following factors: license, education, training, experience, competence, health status, and judgment.

Hospital means the acute care hospital licensed in the State of Georgia known as St. Mary's Sacred Heart Hospital.

Physician means a doctor of medicine or osteopathy, legally authorized to practice medicine and surgery by the State of Georgia, including a doctor of dental surgery, a doctor of podiatric medicine, a doctor of optometry, and a chiropractor, with respect to those services which the individual is legally authorized to perform as such in the State of Georgia.

Licensed Independent Practitioner means an individual permitted by law and by the Board to provide care, treatment, and services without direction or supervision. A Licensed Independent Practitioner operates within the scope of his/her license, consistent with individually granted Clinical Privileges.

Medical Staff means the group of all Licensed Independent Practitioners and other Practitioners privileged through the organized Medical Staff process that is subject to the Medical Staff Bylaws.

Medical Staff Member means a Licensed Independent Practitioner who has been appointed to the Medical Staff.

Practitioner means any individual who is licensed and qualified to practice a health care profession (for example, a Physician, nurse, social worker, clinical psychologist, psychiatrist, or respiratory therapist) and is engaged in the provision of care, treatment, or services.

Special Notice means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.

Article 1. Purpose

- 1.01 The purpose of the Medical Staff shall be:
01. To seek to ensure that all patients admitted to or treated in any of the facilities of the Hospital receive quality, safe medical care
 02. To seek to assure a high level of performance of the Medical Staff Members through the delineation of Clinical Privileges and the continuous review and evaluation of each Practitioner's care activities through an ongoing corrective action process
 03. To formulate, adopt, and maintain rules and regulations and policies for the self-governance of the Medical Staff and the implementation of these Bylaws
 04. To provide an appropriate educational setting designed to maintain high scientific standards and promote continuous advancement in professional knowledge and skill at the Hospital
 05. To provide a mechanism whereby issues of concern to the Medical Staff and the Hospital may be discussed
- 1.02 The responsibilities of the Medical Staff shall include:
01. To account for the quality, safety, and appropriateness of patient care rendered by Practitioners at the Hospital through the following means:
 - a. A credentialing process that provides for the appointment and reappointment of Physicians and the delineation of Clinical Privileges to Practitioners in accordance with verified credentials and demonstrated performance
 - b. A procedure for corrective action relating to Physicians and Practitioners
 - c. A quality improvement program designed to undertake retrospective review and evaluation of the quality of patients' care
 - d. Implementation of a planned and systematic process for monitoring and evaluating the quality, safety, and appropriateness of the care and treatment of patients
 - e. A utilization review program
 - f. Regular reports and recommendations to the Board concerning the quality improvement, safety, and appropriateness of patient care rendered at the Hospital
 02. To recommend to the Board action with respect to appointments, reappointments, Medical Staff category, Clinical Privileges, and corrective action for Practitioners

03. To initiate and pursue corrective action with respect to Practitioners when warranted
04. To maintain sound professional practices and an atmosphere conducive to the diagnosis and treatment of illness
05. To monitor the Medical Staff's education and training programs
06. To develop, administer, and seek compliance with these Bylaws, the Rules and Regulations of the Medical Staff, and other medical care related to Hospital policies
07. To assist in identifying community health needs and in recommending appropriate institutional goals and implementing programs to meet those needs
08. To exercise the authority granted by these Bylaws as necessary to adequately fulfill the foregoing responsibilities

Article 2. Medical Staff Membership

2.01 Qualifications for Membership

A. Eligibility Criteria:

To be eligible to apply for initial appointment or reappointment to the Medical Staff, physicians, dentists, and podiatrists must:

01. Licensure

- a. Have a current, valid, unrestricted license by the State of Georgia to provide patient care services, and have never had a license to practice revoked or suspended by any state licensing agency.
- b. Where applicable to their practice, have a current, unrestricted DEA registration.

02. Performance

- a. Have successfully completed a residency training program approved by the Accreditation Council for Graduate Medical Education ("ACGME"), or by the American Osteopathic Association ("AOA") subsequent to 1993, in the specialty in which the applicant seeks clinical privileges, or a dental or an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association ("ADA"), or a podiatric surgical residency program accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association.*
- b. Demonstrate recent active clinical practice in the specialty in which the individual is seeking clinical privileges during the last two years.
- c. Have never had Medical Staff appointment or clinical privileges denied, revoked, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct.
- d. Have never resigned Medical Staff appointment or relinquished privileges during a Medical Staff investigation or in exchange for not conducting such an investigation.
- e. Have never been convicted of, or entered a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, child abuse, elder abuse, or violence.
- f. Have never been convicted of, or entered a plea of guilty or no contest to, Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse.

- g. Have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program.

* These requirements shall be applicable only to those individuals who apply for initial staff appointment after September 20, 2017. These requirements are not applicable to existing Medical Staff members. Existing Medical Staff members shall be grandfathered and shall be governed by the residency training requirements in effect at the time of their initial appointments.

03. Ethics and Conduct

- a. Every Practitioner must demonstrate professional conduct that conforms to the Code of Ethics of the Hospital and the Practitioner's relevant professional organization and state licensing board.
- b. At the time of appointment and reappointment and at any time during the appointment period, every Practitioner must demonstrate, to the satisfaction of the Medical Executive Committee and the Board, a willingness and capability, based on current attitude and evidence of performance, to work with and relate to other Medical Staff Members, members of other health disciplines, Hospital management and employees, patients, and the community in general, in the cooperative, professional manner that is essential for maintaining Hospital operations appropriate to quality and efficient patient care.

04. Absence of Disability

To be free of or have under adequate control any physical or behavioral impairment that interferes with, or presents a probability of interfering with, the qualifications noted in .01 through .03 above; such that patient care is or is likely to be adversely affected. Physical or behavioral impairments may include, but are not limited to, mental and emotional instability and alcohol and/or drug abuse. The Medical Executive Committee may, in cases of questionable health and/or psychological status, require a physical and/or psychological exam by a Physician of the Medical Executive Committee's choosing.

05. Professional Liability Insurance

Each member of the Medical Staff shall maintain liability insurance coverage with a minimum of \$1,000,000 per claim or medical incident. Coverage must be provided by an insurer that is either licensed or approved by the State of Georgia's Insurance Commissioner. A new applicant to the Medical Staff shall provide to the Hospital a certificate of insurance meeting this requirement. Members of Medical Staff are required to submit annually a Certificate that verifies compliance with this requirement.

06. Participation in Emergency Services

All Physicians who are members of the Active Medical Staff shall have an obligation to participate actively in the provision of emergency services at the Hospital. The Medical Executive Committee shall establish a method of providing medical coverage in the emergency room. Such coverage shall include an on-call roster of Physicians who are available to provide treatment necessary to stabilize patients with an emergency medical condition relative to their area of expertise. The Medical Executive Committee shall establish the emergency room on-call coverage schedule, and such Physicians shall be listed by name on the call roster to provide call coverage. A Physician who reaches seventy (70) years of age may apply for exemption from this requirement described herein.

07. Other

a. No Practitioner shall automatically be entitled to membership on the Medical Staff or to the exercise of particular Clinical Privileges merely because he or she

- 1) Is licensed to practice in this or any other state
- 2) Is a member of any professional organization
- 3) Is certified by any clinical board
- 4) Is a member of the faculty and staff of a medical school, or
- 5) Had or presently has staff membership or privileges at another health care facility or in another practice setting

Nor shall any Practitioner be automatically entitled to appointment, reappointment, or particular privileges merely because he or she had or presently has Medical Staff Membership or those particular privileges at this Hospital.

b. No aspect of Medical Staff Membership or particular Clinical Privileges shall be denied on the basis of age, sex, race, creed, color, handicap, or national origin; however, Clinical Privileges may be denied on the basis of criteria related to the delivery of quality patient care in the Hospital; to professional qualifications; to the Hospital's purposes, needs, and capabilities; or to community need.

B. Waiver of Threshold Eligibility Criteria:

01. Any individual who does not satisfy one or more of the threshold eligibility criteria outlined above may request that it be waived. The individual requesting the waiver bears the burden of demonstrating exceptional circumstances, and that his or her qualifications are equivalent to, or exceed, the criterion in question.

02. A request for a waiver will be submitted to the Medical Executive Committee for consideration. In reviewing the request for a waiver, the Committee may consider the specific qualifications of the individual in question, input from the relevant department chief, and the best interests of the Hospital and the communities it serves. Additionally, the Committee may, in its discretion, consider the application form and other information supplied by the applicant. The Committee's recommendation will be forwarded to the Board. Any recommendation to grant a waiver must include the basis for such.
03. No individual is entitled to a waiver or to a hearing if the Board determines not to grant a waiver. A determination that an individual is not entitled to a waiver is not a "denial" of appointment or clinical privileges. Rather, that individual is ineligible to request appointment or clinical privileges.
04. The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals.
05. An application for appointment that does not satisfy an eligibility criterion will not be processed until the Board has determined that a waiver should be granted.

2.02 Responsibilities of Membership

Each Member of the Medical Staff, regardless of assigned Medical Staff category, and each Practitioner exercising Clinical Privileges under these Bylaws, shall:

01. Provide patients with care at least at the generally recognized professional level of quality and efficiency
02. Abide by the Medical Staff Bylaws and by all other lawful standards, policies, and rules and regulations of the Hospital and Medical Staff
03. Discharge those Medical Staff, Committee, Department, and Hospital duties for which he or she is responsible by virtue of Medical Staff category assignment, appointment, election, or otherwise
04. In timely fashion and according to all regulatory and accrediting bodies, prepare and complete all medical and other required records for patients he or she admits or in any way provides care to in the Hospital. The contents of the medical record shall be pertinent and current for each patient. This record shall include identification data; history; physical examination; diagnostic and therapeutic orders; appropriate informed consent(s); clinical observations, including results of therapy, progress notes, consultations, and nursing notes; reports of procedures, clinical laboratory tests, radiology, and results, including operative

reports; conclusions at termination of hospitalization, to include relevant diagnosis, clinical resume, and autopsy report when performed.

a. All charts, deficiencies, and/or queries should be completed/corrected within three (3) days from assignment and/or query to the physician. Any physician with incomplete charts after three (3) days from assignment or query, may have his/her admitting privileges suspended until such time all chart deficiencies are resolved.

b. Pursuant to CMS regulations, all physicians are required to complete all manual documentation, orders, dictation, etc. with physical **signature, date, AND time**. In cases where e-signature is utilized, date and time will automatically append to the e-signature. Failure to comply will result in chart deficiencies and may be subject to suspension of privileges, in accordance with paragraph 2.02.04.a.

05. Record in the Hospital medical records a complete admission history and physical examination within twenty-four (24) hours of a patient's admission. This report shall be documented in the Hospital and include all pertinent findings resulting from an assessment of all systems of the body. If a complete history has been recorded and a physical examination performed within 30 days prior to the patient's admission to the Hospital, a reasonable durable, legible copy of these reports may be used in the patient's Hospital medical record in lieu of the admission history and report of the physical examination, provided these reports were recorded by a Medical Staff Member with applicable Clinical Privileges, a Physician Assistant, authorized by his/her Job Description, or a Nurse Practitioner, in accordance with his/her Nurse Protocol Agreement, and such report is updated in the medical record within twenty-four (24) hours of admission. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded. Such reports must be authenticated by date and signature in the Hospital's medical records by a Member of the Medical Staff with Clinical Privileges. If the Nurse Practitioner or Physician Assistant documents a history and physical report, the report shall be authenticated by the sponsoring Medical Staff Member within 30 days following the patient's discharge.

06. Keep the Hospital informed as to any changes with respect to those items listed in Article 2 of these Bylaws

07. Abide by generally recognized standards of professional ethics

2.03 Leave of Absence

01. A Medical Staff Member may obtain a voluntary leave of absence by giving written notice to the Chief of Staff and the President. The notice

must state the approximate period of time of the leave, which may not exceed 18 months except for military service. During the period of the leave, the Medical Staff Member's Clinical Privileges, prerogatives, and responsibilities shall be suspended.

02. At least ninety (90) days prior to the termination of the leave, a Medical Staff Member must, or at an earlier time may, request reinstatement by sending a written notice to the Medical Executive Committee. The Medical Staff Member must submit a written summary of relevant activities during the leave if the Medical Executive Committee or the Board so requests. The Medical Executive Committee shall then make a recommendation to the Board concerning reinstatement, and the procedures concerning reappointment to the Medical Staff shall be followed, as applicable.

2.04 Resignation

If a Medical Staff Member resigns from the Medical Staff, he or she must reapply in accordance with Article 3 of these Bylaws.

Article 3. Procedure for Appointment and Reappointment

3.01 Application

01. General

All applications for appointment shall be in writing, shall be signed by the applicant, and shall be submitted on a prescribed form. Prior to submitting the application, the applicant shall be provided a copy of the Medical Staff Bylaws, the Rules and Regulations and policies of the Medical Staff. The application shall be presented to the President, who shall then transmit it to the Chief of Staff of the Medical Executive Committee.

02. Application Content

Every application for appointment and/or privileges shall furnish complete information concerning the following:

- a. The applicant's undergraduate and postgraduate training, including the name of each institution attended, degrees granted, program(s) completed, dates attended, and names of Practitioners responsible for the applicant's performance
- b. The applicant's current, valid, unrestricted medical, dental, or other professional licenses and/or certifications, with the date and number of each
- c. A current DEA registration
- d. The applicant's specialty or subspecialty board certification(s), recertification(s) and eligibility
- e. Membership awards or other recognition conferred upon or granted to the applicant by any professional health care societies, institutions, or organizations
- f. Health impairments, if any, that might affect the applicant's ability in terms of skill, attitude, or judgment to perform professional and Medical Staff duties fully
- g. The applicant's professional liability insurance coverage or other evidence of financial responsibility for professional liability, and information concerning any malpractice claims, history, and/or experience (suits and settlements made, concluded, and pending) during the prior five years, including the name of present and past insurance carriers
- h. The nature and specifics of any pending or completed action concerning the applicant that can result or did result in the denial, revocation, suspension, reduction, limitation, probation, nonrenewal, or voluntary relinquishment (by resignation or

expiration) of the applicant's license or certificate to practice any profession in any state or country; Drug Enforcement Administration or any other controlled substances registration; membership or fellowship in local, state, or national professional organizations; specialty or subspecialty board certification or eligibility; faculty membership at any medical or other professional school; staff membership status, prerogatives, or Clinical Privileges at any other hospital, clinic, or health care institution.

- i. Location of applicant's office(s); names and addresses of other practitioners with whom the applicant is or was associated and inclusive dates of such associations; names and locations of any other hospital, clinic, or health care institution or organization where the applicant provides or provided clinical services with the inclusive dates of each affiliation
- j. Medical Staff category and/or specific Clinical Privileges requested by the applicant
- k. Any current felony criminal charges pending against the applicant and any past charges, including their resolution
- l. A state or federally issued photo I.D.
- m. Evidence of a negative purified protein derivative (PPD) test, or, for applicants who have had positive PPD skin tests, provide evidence of a current chest x-ray showing no active disease (history of a BCG vaccination does not satisfy this requirement).

03. References

The application must include the names of three individuals, not currently partners with the applicant in professional practice or related to him/her, who have personal knowledge of the applicant. These references should be able to provide peer recommendations based on the applicant's medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, and communication skills.

04. Effect of Application

By filing the application, the applicant as a condition of application and of continuing membership on the Medical Staff:

- a. Agrees to update and keep current all information contained in said application during the course of the application process and as long as he or she remains a member of the Medical Staff
- b. Signifies his/her willingness to appear for interviews in connection with the applications
- c. If granted Medical Staff Membership and/or Clinical Privileges, agrees to abide by the terms of the Medical Staff Bylaws, Rules,

Regulations, policies and procedures, and those of the Hospital; and regardless of whether Medical Staff Membership and/or Clinical Privileges are granted, agrees to abide by the terms thereof in all matters relating to consideration of the application

- d. Agrees to maintain an ethical practice and to provide continuous care and supervision of patients at least at the generally recognized professional level of quality and efficiency
- e. Agrees to accept Committee assignments and such other reasonable duties and responsibilities as shall be assigned to him/her by the Board and the Medical Staff
- f. Authorizes and consents to Hospital representatives' consulting with prior associates or others who may have information bearing on his/her professional or ethical qualifications and competence and consents to their inspecting all records and documents that may be material to evaluation of said qualifications and competence
- g. Then and thereafter releases from any liability all those who, in good faith and without malice, obtain, review, act on, or provide information regarding the applicant's competence, professional ethics, character, health status, prior service, and other qualifications for Medical Staff appointment and Clinical Privileges, and for Medical Staff reappointment and reappraisal of Clinical Privileges, summary suspension or any other disciplinary action, hearings and appellate reviews, medical care evaluations, utilization reviews, and all other Hospital and Medical Staff activities relating to the quality of patient care or the professional conduct of an appointee to the Medical Staff or an individual granted Clinical Privileges to practice at the Hospital, or that might directly or indirectly have an effect on the individual's competence, on patient care, or on the orderly operation of this or any other hospital or health care facility; and
- h. Agrees that, if and when an adverse ruling is made with respect to Medical Staff Membership, Medical Staff status, and/or Clinical Privileges, he or she will exhaust the administrative remedies afforded by these bylaws before resorting to formal legal action

3.02 Processing the Application

01. Applicant's Burden

- a. The applicant has the burden of producing adequate information for a proper evaluation of his/her experience, training, demonstrated ability, character, ethics, and health status, and of resolving any doubts about these or any of the qualifications required for Medical Staff Membership, the requested Medical Staff category, Department

and service assignment, or Clinical Privileges, and of satisfying any reasonable requests for information or clarification (including health examinations) made by the Medical Executive Committee or Board.

- b. An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information has been verified from primary sources. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time during the credentialing process. Any application that continues to be incomplete 30 days after the individual has been notified of the additional information required shall be deemed to be withdrawn.

02. Verification

- a. A completed application form with copies of all required documents must be returned to the Medical Staff Office within 30 days after receipt.
- b. As a preliminary step, the application shall be reviewed by the Medical Staff Office and the President (if necessary) to determine that all questions have been answered and that the individual satisfies all threshold eligibility criteria. Incomplete applications shall not be processed. Individuals who fail to return completed applications within 30 days or fail to meet the threshold eligibility criteria shall be notified that their application shall not be processed. A determination of ineligibility does not entitle the individual to the hearing and appeal rights outlined in this Policy.
- c. The Medical Staff Office shall oversee the process of gathering and verifying relevant information, and confirming that references and other information or materials deemed pertinent have been received.
- d. When the collection and verification of the applicant's data has been accomplished, the Medical Staff Office shall transmit the complete application and all supporting materials to the Chief of Staff of the Medical Executive Committee.

3.03 Medical Executive Committee

01. The Medical Executive Committee shall review the application, the supporting documentation, any reports from the President or individual who reviewed the application, and any other relevant information available. In addition, the Medical Executive Committee may meet with the applicant to discuss the application. The Medical Executive Committee shall transmit to the Board its recommendation as to approval or denial of, and any special limitations on, Medical Staff

appointment, category, Department, and the scope of Clinical Privileges. If the recommendation of the Medical Executive Committee is delayed longer than 60 days, the Chair of the Committee shall send a letter to the applicant, with a copy to the President, explaining the reasons for the delay.

02. If the recommendation of the Medical Executive Committee is favorable to the applicant, the President shall promptly forward the application, together with all supporting documentation and any reports or recommendations from the Medical Executive Committee, to the Board.
03. If the recommendation of the Medical Executive Committee is adverse to the applicant, with respect to Medical Staff appointment, category, Department, or Clinical Privileges, and would entitle the applicant to request a hearing, the MEC shall forward its recommendation to the President, who shall promptly send special notice to the applicant. The President shall then hold the application until after the applicant has completed or waived a hearing and appeal.
04. If the recommendation of the Medical Executive Committee is adverse to the Applicant and the Applicant has invoked his or her hearing rights in accordance with Article 7, and if, after the Medical Executive Committee has considered the report and recommendation of the hearing committee and reviewed the hearing record, the Medical Executive Committee's reconsidered recommendation is favorable to the Applicant, the application shall be processed in accordance with paragraph 3.03.02 above. If such recommendation continues to be adverse, the President shall promptly notify the Applicant by special notice. The President shall also forward such recommendation and documentation to the Board.

3.04 Review by Board

01. At its next regular meeting after receipt of a favorable recommendation, the Board shall take action on the application, unless such action is deferred for good cause. Favorable action by the Board shall be effective as its final decision. If, following a favorable Medical Executive Committee recommendation, the Board's decision is adverse to the applicant with respect to Medical Staff appointment, category, Department or Clinical Privileges, the President shall promptly send special notice to the applicant that the applicant is entitled to request a hearing.
02. If the recommendation of the Medical Executive Committee is adverse to the applicant,

at its next regular meeting after applicant's rights under Article 7 have been exhausted or waived, the Board shall take action on the matter. The Board's decision shall be conclusive, except that the Board may defer

final determination by referring that matter back to the Medical Executive Committee for further consideration. Any such referral back to the Medical Executive Committee shall state the reasons therefore, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. At its regular meeting after receipt of such subsequent recommendation, including new evidence in the matter, if any, the Board shall make a final decision on the application. Any decision to appoint to the Medical Staff shall include reference to the Practitioner's Medical Staff category, Department, and the specific Clinical Privileges which the Practitioner may exercise.

03. When the Board's decision is final, it shall send notice of such decision to the applicant, to appropriate individuals within the Hospital and, as required, to appropriate external entities.:

3.05 Reapplication after Adverse Decision

An applicant who has received a final adverse decision regarding Medical Staff appointment, category, Department, or Clinical Privileges shall not be eligible to reapply to the Medical Staff or for the denied category, Department, or Clinical Privileges for a period of six months after the final adverse decision. Any such reapplication shall be processed as an initial application, and the applicant must submit such additional information as the Medical Staff or the Board may require to demonstrate that the basis for the earlier decision no longer exists.

3.06 Initial Appointment

01. All new appointments to the Medical Staff shall be for a provisional period of between 12-24 months, which may be extended. During the provisional period, the Practitioner must demonstrate all of the qualifications, may exercise all of the prerogatives, and must fulfill all of the obligations attendant to their respective Staff status; and he or she may exercise all of the Clinical Privileges granted to him/her. A Practitioner's performance will be specifically observed and evaluated during this provisional period by the Medical Executive Committee or by other Medical Staff Members who have been delegated observational and evaluation responsibilities by the Chief of Staff.
02. The provisional period shall include the formal Focused Professional Practice Evaluation (FPPE), as described below:
 - a. Upon the initial appointment to the Medical Staff, FPPE shall be conducted by an evaluator from the Active Staff appointed by the Medical Executive Committee Chief of Staff, in conjunction with the Chairman of the Department for the appropriate specialty. If an evaluator cannot be chosen from the Medical Staff (for any reason, including lack of expertise or obvious or perceived conflict of

interest), the Medical Executive Committee Chief of Staff shall agree upon an evaluator (outside of the Medical Staff) with expertise in the field or procedure being proctored. In all cases, the approved proctor will be an active member of an accredited hospital. The evaluator will review the Practitioner's clinical practice and procedural skills and provide a report to the Medical Executive Committee – designated peer review committee – within six months of granting of Medical Staff Membership and Clinical Privileges. Ongoing Professional Practice Evaluation (OPPE) may be conducted thereafter and reported to the Medical Executive Committee at six month intervals during the provisional period.

- b. The Medical Executive Committee will act on the above information to transition the Practitioner to OPPE or recommend continuing FPPE.
- c. In order to advance to OPPE status, a Practitioner must complete FPPE within six months with a positive recommendation from the Medical Executive Committee. If the Practitioner fails to perform the adequate number of contacts for review within six months, the peer review committee may recommend the time period for FPPE review be extended, but in no event shall the time frame for FPPE extend beyond 24 months after the initial granting of privileges. After expiration of the initial 24 months, failure to perform an adequate number of procedures or meet the minimum number of contacts for review will result in a recommendation to the Medical Executive Committee to determine the appropriate Medical Staff status and Clinical Privileges for the Practitioner. The Medical Executive Committee shall notify the Practitioner of his/her deficiency, and the Practitioner shall be provided an opportunity to request an appropriate Medical Staff Category; the request must be submitted prior to the expiration of the provisional period as described below.
- d. Following the provisional period, the Practitioner shall be eligible for appointment to the appropriate category of the Medical Staff (Active, Courtesy, Consulting), or to the Allied Health Professional Staff. The provisional period of appointment to the Medical Staff may be extended, but shall not exceed two years.
- e. Following completion of the FPPE process, on a semiannual basis the Quality Oversight Committee will continue to evaluate the Practitioner's performance.
- f. The findings shall be maintained in the credentialing file for the Practitioner. OPPE shall be continuous, and the Quality Oversight Committee's findings shall be reported to the Medical Executive Committee for action, as applicable. Based upon the review of the findings described above, the Quality Oversight Committee may

recommend to the Medical Executive Committee one of the following:

- 1) The Practitioner is performing within the desired expectations, and no further action is warranted;
 - 2) Some questions exist and additional FPPE is needed to confirm competence;
 - 3) There are concerns about the practitioner's competence to exercise some or all of the clinical privileges granted, the details of a performance improvement plan that would adequately address the Committee's concerns about the individual's competence, or the changes that should be made to the practitioner's clinical privileges subject to the procedural rights outlined in Article 7;
 - 4)
- g. The FPPE and OPPE requirements as described in the Hospital Rules and Regulations shall apply to Practitioners, including the Medical Staff and the Allied Health Professional staff, as applicable based upon the Practitioner's privileges.

3.07 Reappointment

01. At least sixty (60) days prior to the date of expiration of a Medical Staff or Allied Health Professional member's appointment, the President shall notify the Medical Staff Member of the specific date of expiration of the Medical Staff appointment. Each member of the Medical Staff or Allied Health Professional Staff who desires reappointment to the Medical Staff or renewal of Clinical Privileges shall then, within 30 days of receipt of said notice of expiration, submit an application for reappointment to the Medical Staff Office, including, in writing, at least the following:
 - a. Complete information to bring current his file on the items listed in § 2.01 of these Bylaws
 - b. Any evidence of continuing training and education, external to the Hospital, received since the Medical Staff Member's prior appointment or reappointment to the Medical Staff
 - c. Requests for changes in Medical Staff category or Department
 - d. Any changes in specific Clinical Privileges sought by the Medical Staff Member on reappointment to the Medical Staff
02. The Medical Executive Committee may require that a Practitioner seeking reappointment procure an impartial physical or mental examination and make a report thereon available to it, either as part of the reappointment process or, during the appointment year, to aid it in determining whether Clinical Privileges should be granted or

discontinued. Failure of the Practitioner to procure such an examination and submit the results in writing within three weeks of being requested to do so by the Medical Executive Committee shall constitute a voluntary relinquishment of all Clinical Privileges until such time as the Medical Executive Committee has received the examination results and has had an opportunity to evaluate them and make a recommendation thereon.

03. Failure of the Medical Staff Member, without good cause, to provide the information above shall be grounds for automatic suspension of the Practitioner's admitting privileges at the expiration of the current term unless explicitly extended for not more than two 30-day periods by action of the Medical Executive Committee. A member of the Medical Staff whose privileges are so restricted shall be entitled to the procedural rights provided in Article 7 of these Bylaws for the sole purpose of determining the issue of good cause.
04. The President or his designee shall verify all information received from each applicant for reappointment and shall notify the Medical Staff Member of any information deficiencies or verification problems noted. The Medical Staff Member shall then have the burden of producing adequate information for the Medical Executive Committee to evaluate the application for reappointment.
05. For each application for reappointment, the President or his/her designee shall collect all relevant information regarding the individual's professional and collegial activities, performance, and conduct in the Hospital. Such information shall include, without limitation: patterns of care and judgment as demonstrated in the finding of quality assurance activities and elsewhere; participation in relevant internal teaching and continuing education activities and attendance at required Medical Staff, Department, and Committee meetings; timely and accurate completion of medical records; compliance with all applicable Bylaws, policies, rules and regulations, and procedures of the Hospital and Medical Staff; evidence with respect to the Medical Staff Member's professional ethics, physical and mental capacity to treat patients, clinical practice patterns, chart review related to the Medical Staff Member, and his/her behavior and cooperation with Hospital personnel and patients.
06. Recommendation for reappointment to the Medical Staff or renewal of Clinical Privileges shall be based upon:
 - a. The Medical Staff Member's professional ethics
 - b. The Medical Staff Member's competence and clinical judgment in the treatment of patients and his/her physical and mental capacity to treat patients, evidenced by relevant recent training and based upon observation of patient care provided, review of the records of patients treated at the Hospital and other hospitals, and review of all

other materials collected by the Medical Executive Committee or its designee

- c. The Medical Staff Member's attendance at Medical Staff meetings and participation in Medical Staff affairs
 - d. The Medical Staff Member's compliance with Hospital policies and the Medical Staff Bylaws, Rules and Regulations, and policies
 - e. The Medical Staff Member's cooperation and relations with other Practitioners, and his/her general attitude toward and behavior and cooperation with patients, Hospital personnel, and the public
 - f. Physical and/or mental health
 - g. Satisfactory completion of such continuing education requirements as may be imposed by law, the Hospital, the Medical Staff, or applicable accreditation agencies, and
 - h. Ongoing Professional Practice Evaluation as described in the Hospital Rules and Regulations
07. The application for reappointment shall be processed in accordance with § 3.02 through § 3.04.
08. Reappointments to the Medical Staff and grants of Clinical Privileges shall be for a period of not more than two years.

3.08 Requests for Modification of Membership Status or Clinical Privileges

A Practitioner may, either in connection with reappointment or at any other time, request modification of his/her Medical Staff category or Clinical Privileges by submitting a written application to the President on the prescribed form. A modification application shall be processed in the same manner as a reappointment.

3.09 Time Periods for Processing

Once an application is deemed complete, it is expected to be processed within 90 days, unless it becomes incomplete. This time period is intended to be a guideline only and shall not create any right for the applicant to have the application processed within this precise time period.

Article 4. Categories of Medical Staff

4.01 Active Staff

01. Qualifications

An Active Staff member must:

- a. Be a doctor of medicine or a doctor of osteopathy and meet the requirements listed in § 2.01
- b. If scheduled for call coverage, be able to respond to a call for coverage at the Hospital within a reasonable time as determined by applicable laws, regulations, or accepted standard of care.
- c. Regularly admit patients to or otherwise be regularly involved in the care of patients in the Hospital

02. Prerogatives

- a. An Active Staff member may admit patients without limitation, except as otherwise specified in his/her Medical Staff appointment, or as provided in the Medical Staff Rules and Regulations, or as necessitated by the unavailability of appropriate facilities within the Hospital.
- b. An Active Staff member may vote on all matters presented at regular and special meetings of the Medical Staff, and of the Department and Committees of which the Medical Staff Member is a member.
- c. An Active Staff member may hold office at any level in the Medical Staff organization, including serving as a chairperson of a Department, or member of a Medical Staff Committee.
- d. An Active Staff member may exercise such Clinical Privileges as are granted to him/her.

03. Obligations

An Active Staff member must:

- a. Contribute to the organizational and administrative affairs of the Medical Staff, including service in Medical Staff, Department and service offices, and on Hospital and Medical Staff committees, faithfully performing the duties of any office or position to which he or she is elected or appointed
- b. Participate in the quality improvement activities required of the Medical Staff
- c. Discharge the recognized functions of staff membership by engaging in the staff's continuing education programs, attending service or charity patients as required, giving consultation to other staff members consistent with his/her delineated privileges, and

fulfilling such other staff functions, including supervising practitioners and medical associates, as may reasonably be required of staff members

- d. Attend regular and special meetings of the Medical Staff and of the service and committees of which he or she is a member

4.02 Courtesy Staff

01. Qualifications

A Courtesy Staff member must:

- a. Be a doctor of medicine or a doctor of osteopathy and meet the requirements listed in § 2.01
- b. Be able to respond to a call for coverage at the Hospital within a reasonable time as determined by applicable laws, regulations, or accepted standard of care or otherwise arrange to provide continuous care to a patient admitted by the Physician at the Hospital
- c. Not admit more than 12 patients to the Hospital per year

02. Prerogatives

- a. A Courtesy Staff member may admit patients in the same manner as an Active Staff member and may exercise such Clinical Privileges as granted to the Courtesy Staff member. At times of full Hospital occupancy or shortage of Hospital beds or other facilities, as determined by the Executive Director, the elective patient admissions of Courtesy Staff members shall be subordinate to those of Active Staff members.
- b. A Courtesy Staff member may serve on Committees, serve as chairman of Committees and vote on matters before the Committee. A Courtesy Staff Member shall be eligible to serve as a Member of the Medical Executive Committee.
- c. Courtesy Staff members shall be eligible to vote at all meetings of the Medical Staff.

03. Obligations

A Courtesy Staff member must:

- a. Apply for admission to and incur the responsibilities of the Active Medical Staff if he or she admits more than 12 inpatients in any 12-month period, unless it can be demonstrated that the excess occurred because of a unique set of circumstances unlikely to occur again.

- b. Participate in quality review, risk management, or utilization management activities of the Medical Staff, and be subject to Focused Professional Practice Evaluation for new privileges and where issues may arise requiring further information, and Ongoing Professional Practice Evaluation

4.03 Consulting Staff

01. Qualifications

A Consulting Staff member must be a Physician, Clinical Psychologist, Dentist or Podiatrist and meet the qualifications listed in § 2.01.

02. Prerogatives

- a. The Consulting Staff member may exercise such Clinical Privileges as are granted to him/her.
- b. Consulting Staff members shall not be eligible to admit patients to the Hospital, to hold office in the Medical Staff, or to vote at meetings of the Medical Staff, Departments, or Committees.

4.04 Allied Health Professionals

01. Qualifications

- a. An Allied Health Professional must be an individual other than a licensed Physician who exercises independent judgment within the areas of his or her professional competence and is qualified to render medical or surgical care under the supervision of a Physician
- b. An Allied Health Professional must meet the qualifications listed in § 2.01.

02. Prerogatives

- a. An Allied Health Professional may not admit patients to the Hospital, but may treat patients under the supervision of a Physician who is a member of the Medical Staff and acknowledges in writing the scope of practice and Clinical Privileges of the Allied Health Professional, provided such activities are within the scope of the Allied Health Professional's license and/or qualifications, and in accordance with these Bylaws and Rules and Regulations.
- b. A Physician member of the Medical Staff must perform a basic medical appraisal for each Allied Health Professional's patient, be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization, and determine the risk and effect of any proposed surgical or special procedure on the total health status of the patient.

- c. An Allied Health Professional may, subject to any licensure requirement or other limitation, exercise independent judgment within the areas of his/her professional competence and participate directly in the medical management of patients under the supervision of a Physician who has been granted Clinical Privileges at Hospital to provide such care.
- d. Subject to the delegation by the Physician to a Nurse Practitioner through a Collaborative Practice Agreement or to a Physician Assistant through a Job Description, the Allied Health Professional may document each patient's medical history and physical, which shall be reviewed and countersigned by the Licensed Independent Practitioner who is the supervising or delegating entity with appropriate Clinical Privileges for such entries.
- e. Surgical procedures performed by an Allied Health Professional are under the direct supervision of the Physician who is a member of the Medical Staff and acknowledges in writing the scope of practice and Clinical Privileges of the Allied Health Professional, but the overall supervision of the sponsoring Physician who is a member of the Medical Staff.
- f. Allied Health Professionals may not act independently.
- g. Allied Health Professionals may not hold office.
- h. Allied Health Professionals may not vote.

4.05 Outpatient Associate Staff

01. Qualifications

An Outpatient Associate Staff member must be a Physician and meet the qualifications listed in § 2.01.

02. Prerogatives

- a. An Outpatient Associate Staff member may order services for patients at the Hospital.
- b. An Outpatient Associate Staff member may receive documentation and copies of patient's medical records.
- c. An Outpatient Associate Staff member shall not be eligible to exercise clinical privileges or admit patients to the Hospital, to hold office in the Medical Staff, or to vote at meetings of the Medical Staff, Departments, or Committees.

4.06 Honorary Staff

01. Qualifications

An Honorary Staff member must be either:

- a. A former Medical Staff member who, upon retirement from practice, the Medical Staff or Board wishes to honor in recognition of his/her long-standing services to the Hospital or other noteworthy contributions to its activities, or
- b. A Practitioner of outstanding professional attainment

02. Prerogatives

- a. The Honorary Staff member shall not be eligible to exercise clinical privileges or admit patients to the Hospital, to hold office in the Medical Staff, or to vote at meetings of the Medical Staff, Departments, or Committees.
- b. The Honorary Staff member shall be entitled to the procedural rights provided in these Bylaws with respect to hearings or appeals.

4.07 Telemedicine Staff

The Telemedicine Medical Staff shall consist of recognized Physicians qualified for membership, who have signified a willingness to accept such appointment.

01. Qualifications

- a. A Telemedicine Medical Staff member must maintain medical staff membership with a CMS approved accredited hospital or ambulatory care organization.
- b. A Telemedicine Medical Staff member must provide evidence of professional liability insurance as required in § 2.01 ¶05.
- c. A Telemedicine Medical Staff member must maintain a current, valid license in the state of Georgia to practice medicine.

02. Prerogatives

- a. The Telemedicine Staff member may exercise such Clinical Privileges as have been granted pursuant to § 2.01.
- b. Telemedicine Staff members shall not be eligible to admit patients, to vote on Medical Staff matters, to hold office in the Medical Staff, or to serve on Medical Staff Committees.
- c. The Telemedicine Staff member must agree to fulfill the obligations of participation in quality assurance activities within this organization as they pertain to participation in clinical programs.

Article 5. Clinical Privileges

5.01 General

01. Each application for appointment and reappointment to the Medical Staff must contain a request for the specific Clinical Privileges desired by the Applicant or Medical Staff Member.
02. All requests for Clinical Privileges will be processed according to the procedures outlined in Article 3.
03. There may be attached to any grant of Clinical Privileges – in addition to requirements for consultation in specified circumstances as may be provided for in these Bylaws or in the Rules, Regulations, and policies of the Medical Staff, any of its clinical units, or the Hospital – special requirements for consultation as a condition to the exercise of particular Clinical Privileges. The enumeration of such requirements should specifically be considered for applicants seeking to expand the scope of their Clinical Privileges within the Hospital. In any event, each Practitioner must obtain consultation when necessary for the safety of his/her patients or when required by the Rules, Regulations or other policies of the Medical Staff, any of its clinical units, or the Hospital.
04. Privileges governing clinical practice are required in accordance with prior and continuing education, training, experience, and demonstrated current competence and judgment as documented and verified in each Practitioner's credentials file and in accordance with the qualifications set forth in Article 2.01 of these Bylaws. The basis for Clinical Privilege determinations for current Medical Staff Members in connection with reappointment or a requested change in privileges must include observed clinical performance and documented results of the Medical Staff's quality assurance program activities.
05. Every Practitioner practicing at the Hospital, by virtue of Medical Staff Membership or otherwise, shall, in connection with such practice, be entitled to exercise only those Clinical Privileges specifically granted to him by the Board.

5.02 Clinical Privileges for Dentists and Podiatrists

01. Requests for Clinical Privileges from dentists and podiatrists shall be processed in the manner specified in this Article. Surgical procedures performed by dentists and podiatrists shall be under the overall supervision of the attending physician, who shall be a member of the Active Medical Staff. All dental and podiatry patients shall receive a basic medical appraisal by a member of the Active Medical Staff. A member of the Active Medical Staff shall also be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization and shall advise the dentist or podiatrist

regarding the risk and effect of any proposed surgical or special procedure on the total health status of the patient. When significant medical abnormality is present, the final decision on whether to proceed with the surgery must be agreed upon by the dentist or podiatrist and the attending physician.

02. Dentists shall be responsible for the dental care of their patients, including dental examination, histories, and entries in the medical record. In addition, dentists may write orders within the scope of their license and consistent with the Hospital and Medical Staff Bylaws, Rules and Regulations.
03. Podiatrists may write orders, complete and update histories and physicals within the scope of their license and consistent with the Hospital and Medical Staff Bylaws, Rules and Regulations.

5.03 Clinical Privileges for Allied Health Professionals

01. Requests to perform specified patient care services from Allied Health Professionals shall be processed in a manner similar to that of the Medical Staff. An Allied Health Professional may be subject to any licensure requirements or other limitations, including those requirements for services for which Clinical Privileges are granted. An Allied Health Professional may exercise independent judgment within the areas of his/her professional competence and independent judgment and participate directly in the medical management of patients under the supervision of a Practitioner who has been accorded Clinical Privileges to provide such care. Surgical procedures performed by an Allied Health Professional shall be under the supervision of a Physician. A Physician Medical Staff Member must perform a basic medical appraisal for each Allied Health Professional, be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization, and must assess the risk and effect of any proposed surgical or special procedure on the total health status of the patient.

5.04 Temporary Privileges

01. The President may grant temporary privileges, upon recommendation of the Chief of Staff or authorized designee in the following circumstances:
 - a. Temporary Privileges for Applicants
After receipt of an application for Medical Staff appointment, including a request for specific temporary privileges, an appropriately licensed applicant may be granted temporary admitting and Clinical Privileges for an initial period of up to 90 days, with subsequent 30-day renewals not to exceed 120 days, provided the applicant has provided a complete application that raises no concerns and is awaiting review and approval by the

Medical Executive Committee and the governing body. Temporary privileges may also be granted for a critical patient care, treatment, or service need which must be filled in an instance when time is of the essence. The license and the practitioner's competence shall be verified prior to granting of any temporary privileges.

b. One-Case Privileges

Upon written request, an appropriately licensed Practitioner who is not an applicant may be granted temporary privileges in order to fill an important patient care, treatment, or service need for the care of a specific patient(s). The request must state the specific temporary privileges sought. In exercising any such temporary privileges, the Practitioner shall act under the supervision of a qualified member of the medical staff and shall exercise Clinical Privileges only with respect to the specific patients for which they are granted.

02. Verification Requirements

a. Temporary Privileges may be granted for an applicant upon verification of the following:

- 1) Current licensure
- 2) Relevant training or experience
- 3) Current competence
- 4) Ability to perform the privileges requested
- 5) A query of the National Practitioner Data Bank information
- 6) Complete application
- 7) No current or previously successful challenge to licensure or registration
- 8) No subjection to involuntary termination of medical staff membership at another organization
- 9) No subjection to involuntary limitation, reduction, denial, or loss of Clinical Privileges

b. Temporary privileges may be granted to meet an important care need upon verification of current licensure and current competence.

5.05 Emergency Privileges

In the case of an emergency, a Medical Staff Member, to the extent permitted by his/her license, may do everything possible to save the life of a patient. In such an emergency, a Medical Staff Member may use all Hospital facilities, seek assistance from all Hospital personnel, and request consultation. For purposes of this section, an "emergency" is defined as a condition that is likely to result

in serious or permanent harm to a patient or in which the life of a patient is in immediate danger, and any delay in administering treatment would add to that danger.

5.06 Disaster Privileges

01. In the event of a disaster in which the emergency management plan has been activated, the President or Chief of Staff or his/her designee has the option to grant disaster privileges.
02. Disaster privileges may be granted upon the completion of a brief information form and presentation of any of the following:
 - a. A current picture Hospital identification card
 - b. A current license to practice and a valid picture identification issued by a state, federal, or regulatory agency
 - c. Identification indicating that the individual is a member of a Disaster Medical Assistance Team
 - d. Identification indicating that the individual has been granted authority by a federal, state, or municipal entity to render patient care in disaster circumstances, and/or
 - e. Presentation by current Hospital or Medical Staff Members with personal knowledge regarding the Practitioner's identity
03. Disaster privileges will immediately terminate once the emergency has ended, as notified by the Hospital. Disaster privileges may also be terminated on the discovery of any information or the occurrence of any event of a professionally questionable nature about the Practitioner's qualifications or ability to exercise any or all of the disaster privileges granted.
04. A Practitioner is not entitled to the procedural rights afforded in accordance with Article 7 because of his/her inability to obtain disaster privileges or because of any termination or suspension of any disaster privileges.

Article 6. Corrective Action and Summary Suspension

6.01 Procedure

01. Routine Corrective Action

Whenever the activities or professional conduct, either within or outside of the Hospital, of any Practitioner with Clinical Privileges is considered to be detrimental to the standards, aims, rules, or policies of the Hospital or Medical Staff; to be reasonably likely to be detrimental to patient safety or to the delivery of quality patient care; to be disruptive to the operations of the Hospital; or to constitute an impairment to the community's confidence in the Hospital, corrective action against such Practitioner may be requested by a member of the Medical Staff, by the President, or by the Board. All requests for corrective action shall be in writing, shall be made to the Medical Executive Committee, and shall be supported by reference to the specific activities or conduct that constitute the grounds for the request. A copy of the request shall be forwarded to the affected Practitioner by special notice and to the President, but only after the Medical Executive Committee has determined that the matter is worthy of investigation based upon its own initial review.

02. Investigation

Within 10 days after the Medical Executive Committee determines that the matter is worthy of investigation, it shall investigate the allegations contained in the request and make a report of its investigation. As part of the investigation the Medical Executive Committee will consider whether appropriate expertise is available to review the charges. Others within the Medical Staff or external experts may be asked to participate in the review. Prior to the making of such report, the Practitioner against whom corrective action has been requested shall be afforded an opportunity for an interview with the Medical Executive Committee. At such interview, the Practitioner shall be informed of the general nature of the charges against him/her and shall be invited to discuss, explain, or refute them. This interview shall not constitute a hearing and shall be preliminary in nature. None of the procedural rules provided in these Bylaws with respect to hearings shall apply to interviews provided pursuant to this subsection. A summary of any interview provided pursuant to this provision shall be included with the report.

03. Medical Executive Committee Action

Within 30 days of its investigation, the Medical Executive Committee shall take action upon the request. If the corrective action may involve suspension or expulsion from the Medical Staff, a change in Medical Staff category or status, or a reduction or suspension of Clinical Privileges, the affected Practitioner shall be permitted to make an appearance before

the Medical Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing and shall be preliminary in nature. None of the procedural rules provided in these bylaws with respect to hearings shall apply to such an appearance. A report of such appearance shall be prepared by the Medical Executive Committee.

The action of the Medical Executive Committee on a request for corrective action may be to reject or modify the request for corrective action; to recommend the issuance of a warning, a letter of admonition, or a letter of reprimand; to recommend the imposition of terms of probation or a requirement for consultation; to recommend that an already imposed summary suspension of Clinical Privileges be terminated, modified, or sustained; and/or to recommend that the Practitioner's Medical Staff Membership, category, and/or Clinical Privileges be altered, suspended, or revoked.

04. Deferral

If additional time is needed to complete the investigative process, the Medical Executive Committee may defer action on the corrective action request, but only with the written consent of the Practitioner. A subsequent recommendation for any one or more of the actions provided above must be made within the time specified in the consent, and if no time is specified, then within 30 days of the deferral.

05. Procedural Rights

Any recommendation by the Medical Executive Committee for suspension or expulsion from the Medical Staff, reduction in Medical Staff category or status, or for consultation, reduction, suspension, or revocation of Clinical Privileges shall entitle the Practitioner to the procedural rights provided in Article 7 of these Bylaws.

06. Notification

The Chief of Staff of the Medical Executive Committee shall promptly notify the President of all requests for corrective action received by the Medical Executive Committee and shall keep the President fully informed of all action taken in connection therewith. After the Medical Executive Committee has made its recommendation in a matter, the procedure to be followed shall be as provided in Article 7 of these bylaws.

6.02 Summary Suspension

01. Whenever a Practitioner's conduct requires that immediate action be taken to protect the life of Hospital patient(s) or to reduce the substantial likelihood of immediate injury or damage to the health or safety of Hospital patient(s), employee(s), or other person(s) at the Hospital, the

Chief of Staff of the Medical Executive Committee, the President, or the Board shall have the authority to summarily suspend the Medical Staff membership and all or any portion of the Clinical Privileges of such Practitioner. Such summary suspension shall become effective immediately upon imposition, and subsequently the President shall, on behalf of the imposer of such suspension, promptly give special notice of the suspension to the Practitioner.

02. As soon as possible after such summary suspension, a meeting of the Medical Executive Committee shall be convened to review and consider the action taken. The Medical Executive Committee may recommend modification, continuation, or termination of the terms of the summary suspension.
03. Unless the Medical Executive Committee recommends immediate termination of the suspension and cessation of all further corrective action, the Practitioner shall be entitled to the procedural rights provided in Article 7 of these Bylaws. The terms of the summary suspension, as sustained or as modified by the Medical Executive Committee, shall remain in effect pending a final decision regarding the matter by the Board.
04. Summary Suspension will be reported to the National Practitioner Data Bank only after investigation of the incident that results in suspension continuing longer than 30 days.
05. Immediately upon the imposition of a summary suspension, the Chief of Staff of the Medical Executive Committee shall have authority to provide for alternative medical coverage for the patients of the suspended Practitioner still in the Hospital at the time of suspension. The wishes of such patients shall be considered in the selection of an alternative Practitioner whenever possible.

6.03 Automatic Relinquishment

01. License

a. Revocation

Whenever a Practitioner's license to practice in Georgia is revoked, his/her Medical Staff membership and Clinical Privileges shall immediately and automatically be relinquished.

b. Restriction

Whenever a Practitioner's license is limited or restricted in any way, those Clinical Privileges that have been granted and are within the scope of the limitation or restriction shall be similarly, automatically limited or restricted.

c. Suspension

Whenever a Practitioner's license is suspended, his staff membership and Clinical Privileges shall be automatically relinquished effective upon and for at least the term of the suspension.

d. Probation

Whenever a Practitioner is placed on probation by the licensing authority, the Practitioner's voting and office-holding prerogatives at the Hospital shall be automatically relinquished effective upon and for at least the term of the probation.

02. DEA Registration

a. Revocation

Whenever a Practitioner's DEA or other controlled substances number is revoked, he or she shall be immediately and automatically divested of at least his/her right to prescribe medications covered by that number.

b. Restriction

Whenever a Practitioner's use of his/her DEA or other controlled substances number is restricted or limited in any way, his/her right to prescribe medications covered by that number shall be similarly restricted or limited effective upon, for at least the term of, and consistent with any other conditions of the restriction or limitation.

c. Suspension

Whenever a Practitioner's DEA or other controlled substances number is suspended, he or she shall be divested at least of his/her right to prescribe medications covered by that number effective upon and for at least the term of the suspension.

d. Probation

Whenever a Practitioner is placed on probation insofar as the use of his/her DEA or other controlled substances number is concerned, the matter shall be immediately referred to the Medical Executive Committee for further deliberation.

03. Medical Records

A Practitioner's appointment and clinical privileges shall be automatically relinquished, without the right to a hearing and appeal, if he or she fails to prepare and complete, in a timely manner, medical or other required records for a patient he or she admits or otherwise provides care for at the Hospital, if such failure is not corrected within 48 hours of notification in writing by the President or his designee; said

relinquishment is to remain in force until said records are brought up to date.

04. Professional Liability Insurance

A Practitioner's Medical Staff Membership and Clinical Privileges may be automatically relinquished for failure to maintain the minimum amount of professional liability insurance required under these Bylaws.

05. Emergency Call

A Practitioner's Medical Staff Membership and Clinical Privileges may be automatically relinquished for failure to meet Practitioner's emergency on-call panel obligations.

06. An individual's appointment and clinical privileges shall also be automatically relinquished, without entitlement to the procedural rights outlined in this Policy, if the individual fails to satisfy any of the other threshold eligibility criteria set forth in this Policy.

07. Procedure

Automatic relinquishment shall take effect immediately upon notice to the Hospital and continue until the matter is resolved, if applicable. If the underlying matter leading to automatic relinquishment is resolved within 60 days, the individual may request reinstatement. Failure to resolve the matter within 60 days of the date of relinquishment shall result in an automatic resignation from the Medical Staff.

Requests for Reinstatement

(1) Requests for reinstatement following the expiration of a license, controlled substance authorization, and/or insurance coverage will be processed by the Medical Staff Office. If any questions or concerns are noted, the Medical Staff Office shall refer the matter for further review in accordance with (f)(2) below.

(2) All other requests for reinstatement shall be reviewed by the Chief of Staff and the President. If both of these individuals make a favorable recommendation on reinstatement, the Medical Staff member may immediately resume clinical practice at the Hospital. This determination shall then be forwarded to the MEC and the Board for ratification. If, however, either of the individuals reviewing the request have any questions or concerns, those questions shall be noted and the reinstatement request shall be forwarded to the full MEC and Board for review and recommendation.

08. Provision for Continuing Care

In the event of an automatic relinquishment or restriction, the Chief of Staff of the Medical Executive Committee shall have authority, as necessary, to provide for alternative medical coverage for the patients of the Practitioner still in the Hospital at the time of such relinquishment or restriction. The wishes of such patients shall be considered in the selection of an alternative Practitioner, whenever feasible.

09. Cooperation

It shall be the duty of the Chief of Staff to cooperate with the President in enforcing all automatic relinquishments.

Article 7. Fair Hearing Plan

7.01 General

Fair hearing and appellate review procedures shall be used when professional review actions are being taken with respect to an individual applying for Medical Staff Membership, an existing Medical Staff member, and any other individual applying for or holding Clinical Privileges. The fair hearing and appeal process shall be the same for applicants for Medical Staff membership and existing Medical Staff Members. Professional review actions are taken when there is a reasonable belief that the action shall be in the furtherance of quality healthcare; after a reasonable effort to obtain the facts of the matter has been made; in reasonable belief that the action is warranted by the facts; and after adequate notice, hearing procedures, and other procedures that are fair to the individual are afforded to the individual subject to professional review actions. Individuals with Clinical Privileges who are not applying for Medical Staff membership and who are not Medical Staff Members are afforded a fair hearing and appeal process, but that process shall be modified. The hearing and appeal procedures for individuals with Clinical Privileges who are not applying for Medical Staff membership and who are not Medical Staff Members is described in § 7.08 of these Bylaws.

7.02 Exceptions to the Hearing and Appeal Rights

01. Collegial Actions

The Practitioner does not have a right to a hearing in any of the following circumstances when collegial action(s) is taken, or when an adverse action is recommended but not taken:

- a. Advising colleagues of applicable policies, such as policies regarding appropriate behavior, emergency call obligations, and the timely and adequate completion of medical records
- b. Informal discussions or formal meetings regarding the concerns raised about conduct or performance, including the actions outlined in Article 6 that may be taken to address unprofessional or inappropriate conduct
- c. Proctoring, monitoring, consultation, and letters of guidance
- d. Sharing comparative quality, utilization, and other relevant information, including any variations from clinical protocols or guidelines, in order to assist individuals to conform their practices to appropriate norms
- e. Written letters of guidance, reprimand, or warning regarding the concerns about conduct or performance
- f. Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement

- g. Suggestions or requirements that the individual seek continuing education, consultations, or other assistance in improving performance
- h. Warnings regarding the potential consequences of failure to improve conduct or performance, and/or
- i. Requirements to seek assistance for a health issue, as provided in these Bylaws
- j. A request for an adverse action involving the Practitioner that has been recommended but denied

02. Facilities, Exclusive Contracts, Medical Staff Development Plan

The hearing and appeal rights under these Bylaws do not apply to an individual whose application or request for extension of Clinical Privileges was declined on the basis that the Clinical Privileges being requested are not supportable with available facilities or resources within the Hospital, or are not granted due to closed staff or exclusive contract or in accordance with a Medical Staff development plan. The hearing and appeal rights under these Bylaws do not apply to an individual who has Clinical Privileges retracted or automatically terminated due to the Hospital closing or discontinuing a service, or entering into an exclusive contract.

03. Medico-Administrative Officer or Other Contract Practitioner

The terms of any written contract between the Hospital and a contract Practitioner or Contractor shall take precedence over these Bylaws as now written or hereafter amended. The hearing and appeal rights of these Bylaws shall apply only to the extent that membership status or Clinical Privileges, which are independent of the individual's contract, are also removed or suspended, unless the contract includes a specific provision establishing alternative procedural rights applicable to such decisions.

04. Automatic Suspension, Termination or Relinquishment of Privileges

The hearing and appeal rights under these Bylaws do not apply if an individual's Medical Staff membership or Clinical Privileges are automatically suspended, terminated, or voluntarily relinquished in accordance with these Bylaws for reasons not related to the Practitioner's qualifications, competence, or professional conduct.

05. Hospital Policy Decisions

The hearing and appeal rights of these Bylaws are not available if the Hospital makes a policy decision (e.g., closing a Department or service, or a physical plant change) that adversely affects the Medical Staff

membership or Clinical Privileges of any Medical Staff Member or other individual.

06. Administrative Actions

A Practitioner does not have the right to a hearing in any of the following circumstances:

- a. Change to specific Medical Staff membership prerogatives (voting, privileges, eligibility for Committee membership, eligibility to hold office, etc.) if the reasons are unrelated to professional competence or conduct
- b. Actions taken due to failure to attend meetings as required
- c. Denial, termination or reduction of temporary privileges if the reasons are unrelated to professional competence or conduct
- d. Denial of reinstatement from a leave of absence if the reasons are unrelated to professional competence or conduct
- e. Any other actions except those listed in Article 7.03

7.03 Hearing Rights

01. Adverse Recommendations or Actions

Only individuals who are subject to an adverse recommendation or action are entitled to a hearing under these Bylaws if recommended by the Medical Executive Committee or if taken by the Board contrary to a favorable recommendation by the Medical Executive Committee under circumstances where a right to hearing exists. The following recommendations or actions shall be deemed adverse and entitle the individual affected thereby to a hearing:

- a. Denial of initial staff appointment
- b. Denial of reappointment
- c. Suspension of Medical Staff membership
- d. Revocation of Medical Staff membership
- e. Limitation of the right to admit patients other than limitations applicable to all individuals in a Medical Staff category or a clinical specialty, or due to licensure limitations
- f. Denial of requested Clinical Privileges
- g. Involuntary reduction in Clinical Privileges
- h. Precautionary suspension or restriction of Clinical Privileges, as defined in Article 6
- i. Revocation of Clinical Privileges, or

- j. Involuntary imposition of significant consultation requirements where the supervising Practitioner has the power to supervise, direct, or transfer care from the Practitioner under review (excluding monitoring incidental to provisional status or the granting of new privileges)

02. Notice of Adverse Recommendation or Action

A Practitioner against whom an adverse recommendation or action has been taken pursuant to § 7.03 shall promptly be given special written notice of such action. Such notice shall:

- a. State the reasons for an adverse recommendation or action, with enough specifics to allow response
- b. Advise the Practitioner of his/her right to a hearing pursuant to the provisions of the Medical Staff Bylaws and of this Fair Hearing Plan
- c. Advise the Practitioner that the Practitioner has 30 days following receipt of the notice to submit a written request for a hearing
- d. State that failure to request a hearing within 30 days shall constitute a waiver of rights to a hearing and to an appellate review of the matter, and the recommendation for adverse action will become final upon approval by the Board
- e. State a summary of the Practitioner's rights at the hearing
- f. State that upon receipt of his/her hearing request, the Practitioner will be notified of the date, time, and place of the hearing

03. Request for a Hearing

A Practitioner shall have 30 days following his/her receipt of a notice pursuant to §7.03 ¶02 to file a written request for a hearing. Such requests shall be delivered to the President either in person or by certified mail.

04. Failure to Request a Hearing

A Practitioner who fails to request a hearing within the time and in the manner specified in §7.03 ¶03 waives any right to such a hearing and to any appellate review to which he/she might otherwise have been entitled. An adverse recommendation by the Medical Executive Committee shall constitute acceptance of that recommendation, which shall become effective pending the final approval of the Board. An adverse action by the Board shall constitute acceptance of that action, which shall become immediately effective as the final decision by the Board.

7.04 Hearing Prerequisites

01. Special Written Notice

Upon receipt of a timely request for a hearing, the President shall deliver such request to the Chief of Staff or to the Board, depending on whose recommendation or action prompted the request for hearing. At least 30 days prior to the hearing, the Practitioner shall be sent a special written notice stating the following:

- a. The place, time, and date, of the hearing, which date shall not be less than 30 days after the date of the notice, unless both parties agree otherwise
- b. A list of the witnesses (if any) expected to testify at the hearing on behalf of the body whose action gave rise to the hearing request
- c. The Practitioner involved has the right:
 - 1) To be present at the hearing
 - 2) To be represented by an attorney or other person of the Practitioner's choice
 - 3) To have a record made of the proceedings, copies of which may be obtained by the Practitioner upon payment of any reasonable charges associated with the preparation thereof
 - 4) To call, examine, and cross-examine witnesses
 - 5) To present evidence determined to be relevant by the chairperson of the hearing panel, regardless of its admissibility in a court law, and
 - 6) To submit a written statement at the close of the hearing
- d. Upon completion of the hearing, the Practitioner involved has the right:
 - 1) To receive a record of the proceedings upon payment of a reasonable charge
 - 2) To receive the written recommendation of the hearing panel, including a statement of the basis for the recommendations
 - 3) To receive a written decision of the Board, including a statement of the basis for the decision
- e. The right to the hearing may be forfeited if the Practitioner fails, without good cause, to appear.

02. Appointment of Hearing Panel

- a. By Medical Staff

A hearing occasioned by an adverse recommendation of the Medical Executive Committee shall be conducted by an ad hoc hearing committee appointed by the Chief of Staff.

b. By Board

A hearing occasioned by an adverse action of the Board shall be conducted by a hearing panel appointed by the chairperson of the Board.

c. Composition of Hearing Panel

The hearing panel shall be composed of at least three members. One of the members so appointed will be designated as the chairperson. The chairperson will preside over the hearing. No member may serve who has acted as accuser, investigator, fact finder, or initial decision maker in the matter. Knowledge of the matter shall not preclude a member from serving. No member shall be appointed who is in direct economic competition with the Practitioner or is a member of the Medical Executive Committee or Board. At least one member shall be of the same medical specialty as the Practitioner. A majority of the members shall be Medical Staff Members. However, if there are not a sufficient number of Medical Staff Members willing or able to serve on the hearing panel, the Medical Executive Committee or the Board may appoint Practitioners who are not Medical Staff Members.

d. Challenges for Cause

The Practitioner may question hearing panel members regarding potential bias, prejudice, or conflict of interest and challenge any member of the hearing committee for any cause which would indicate bias or predisposition. The chairperson, or if the chairperson is challenged, the Chief of Staff shall decide the validity of such challenges. His/her decision shall be final.

7.05 Hearing Procedure

01. Personal Presence

The personal presence of the Practitioner who requested the hearing shall be required. A Practitioner who fails without good cause to appear and proceed at such hearing shall be deemed to have waived his/her rights in the same manner and with the same consequence as provided in § 7.03.

02. Presiding Officer

The chairperson of the hearing panel shall be the presiding officer. The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present

relevant oral and documentary evidence. He/she shall be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

03. Appointment of a Hearing Officer or Legal Consultant

The use of a hearing officer to preside at an evidentiary hearing is optional. The use and appointment of such an officer shall be determined by the Chief of Staff. A hearing officer may or may not be an attorney at law, but must be experienced in conducting hearings. He/she shall act as the presiding officer of the hearing. Alternatively, the Chief of Staff may appoint an attorney to be a legal consultant to the hearing panel. The hearing officer or legal consultant may be present during deliberations, but shall not vote.

04. Representation

The Practitioner who requested the hearing shall be entitled to be accompanied and represented at the hearing by an attorney or another person of his/her choice. The Medical Executive Committee or the Board, depending on whose recommendation or action promoted the hearing, shall appoint an individual to present the facts and argument in support of its adverse recommendation or action, and to examine witnesses.

05. Rights of Parties

During a hearing, each of the parties shall have the right to:

- a. Call and examine witnesses
- b. Introduce exhibits
- c. Cross-examine any witness on any matter relevant to the issues
- d. Impeach any witness
- e. Rebut any evidence, and
- f. Request that the record of the hearing be made by use of a court reporter or an electronic recording unit

06. Procedure and Evidence

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. The concern of the hearing panel is with determining the truth of the matter, providing adequate safeguards for the rights of the parties, and ultimate fairness to both parties. The hearing panel shall also be entitled to consider all other information that can be considered, pursuant to these Bylaws, in connection with applications for appointment or reappointment to the

Medical Staff and for Clinical Privileges. At the hearing panel chairperson's discretion, each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record.

07. Burden of Proof

The body whose adverse recommendation or action occasioned the hearing shall have the initial obligation to present evidence in support of its recommendation or action, but the Practitioner shall thereafter be responsible for supporting his/her challenge to the adverse recommendation or action by a preponderance of the evidence that the recommendation or action lacks any substantial factual basis or that the adverse recommendation or action is either arbitrary, unreasonable, or capricious.

08. Record of Hearing

A record of the hearing shall be kept that is of sufficient accuracy to permit a valid judgment to be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The hearing panel may select the method to be used for making the record, such as court reporter, electronic recording unit, detailed transcription, or minutes of the proceedings. A court reporter shall be present if requested by any party (at the expense of the requesting party).

09. Postponement

Request for postponement of a hearing shall be granted by the chairperson to a date agreeable to the hearing panel only by stipulation between the parties or upon a showing of good cause.

10. Presence of Hearing Panel Members and Vote

A majority of the hearing panel, but in no event less than three members, must be present throughout the hearing and deliberations. If a panel member is absent from any part of the proceedings, that member shall not be permitted to participate in the deliberations or to vote.

11. Recesses and Adjournment

The hearing panel may recess the hearing and reconvene the hearing for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing panel shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

7.06 Hearing Panel Report and Further Action

01. Hearing Committee Report

Within fourteen (14) days after the final adjournment of the hearing, the hearing panel shall make a written report of its findings and recommendations in the matter, as decided by a majority of the entire hearing panel, and shall forward the same, together with the hearing record and all other documentation considered by it, to the President for distribution to the Medical Executive Committee and the Practitioner.

02. Action of Hearing Panel Report

Within 30 days after receipt of the written report of the hearing panel, the Medical Executive Committee or Board, as the case may be, shall consider the report and affirm, modify, or reverse its recommendations or action in the matter. It shall transmit the result, together with the hearing record, the report of the hearing panel, and all other documentation considered, to the President. The Medical Executive Committee or Board, as the case may be, may also request a status report by the Chairperson of the hearing panel during the 30-day review period.

03. Notice and Effect of Result

a. Notice

The President shall promptly send a copy of the result and report to the Practitioner by special notice, to the Chief of Staff, to the Medical Executive Committee, and to the Board.

b. Effect of Favorable Result

1) Adopted by the Medical Executive Committee

a) If the Medical Executive Committee's recommendation is favorable to the Practitioner, the President shall promptly forward it, together with all supporting documentation, to the Board for its final action.

b) The Board shall take action thereupon by adopting, rejecting, or modifying the Medical Executive Committee's recommendation in whole or in part, or by referring the matter back to the Medical Executive Committee for further reconsideration. Any such referral back shall state the reasons for the referral, set a time limit within which a subsequent recommendation to the Board must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt.

- c) After receipt of such subsequent recommendation and any new evidence in the matter, the Board shall within 31 days take final action.
- d) The President shall promptly send the Practitioner notice informing him/her of each action taken pursuant to this Section.

2) Adopted by the Board

If the Board's initial hearing action is favorable to the Practitioner, such result shall become the final decision of the Board, and the matter shall be considered closed.

c. Effect of Adverse Result for Practitioner

If the result of the Medical Executive Committee or of the Board continues to be adverse to the Practitioner in any of the respects listed in § 7.03, the notice required by this Section shall inform the Practitioner of his/her right to request an appellate review by the Board as provided in § 7.07.

7.07 Appellate Review

01. Timing of Appeal

Within 10 days after receipt of notice of the hearing panel's recommendation, either party may request an appeal. The request shall be in writing, delivered to the President either in person or by certified mail, return receipt requested, and shall include a statement of the reasons for appeal and the specific facts or circumstances which justify further review. If an appeal is not requested within 10 days, an appeal is deemed to be waived, and the hearing panel's report and recommendation shall be forwarded to the Board for final action.

02. Grounds for Appeal

The grounds for appeal shall be limited to the following:

- a. There was substantial failure to comply with the Bylaws of the Hospital or Medical Staff during or prior to the hearing, so as to deny a fair hearing, and/or
- b. The recommendations of the hearing panel were made arbitrarily or capriciously, and/or were not supported by credible evidence.

03. Time, Place and Notice

Whenever an appeal is requested as set forth in the preceding Sections, the chairperson of the Board shall schedule and arrange for an appeal. The individual shall be given special notice of the time, place, and date of the appeal. The appeal shall be held as soon as arrangements can

reasonably be made, taking into account the schedules of all the individuals involved.

04. Nature of Appellate Review

- a. The Board may consider the appeal as a whole body, or the chairperson of the Board may appoint a review panel composed of no less than three persons, either members of the Board or others, including, but not limited to, reputable persons outside the Hospital, to consider the record upon which the recommendation before it was made and recommend final action to the Board.
- b. Each party shall have the right to present a written statement in support of its position on appeal. The party requesting the appeal shall submit a statement first, and the other party shall then have 10 days to respond. In its sole discretion, the Board (or review panel) may allow each party or its representative to appear personally and make oral argument not to exceed 30 minutes.
- c. The Board (or review panel) may, in its discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the hearing panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that it is new, relevant evidence, or that any opportunity to admit it at the hearing was improperly denied, and then only at the discretion of the Board (or review panel).

05. Appellate Review in the Event of Board Modification or Reversal Hearing Panel Recommendation

If the Board determines to modify or reverse the recommendation of a hearing panel in a matter in which the individual did not request appellate review, and such action would adversely affect the individual, the Board shall notify the affected individual through the President that he/she may appeal the proposed modification or reversal. The Board shall take no final action until the individual has exercised or has waived that appeal provided in these Bylaws. The Board has the final say in the matter, regardless of what the hearing panel recommends, as long as the decision of the Board reasonably relates to the operation of the Hospital and is administered fairly.

06. Final Decision of the Board

- a. Within 30 days after the Board considers the appeal as a review panel, receives a recommendation from a separate review panel, or receives the hearing panel's report and recommendation when no appeal has been requested, the Board shall consider the matter and take final action.

- b. The Board may review any information that it deems relevant, including, but not limited to, the findings and recommendations of the Medical Executive Committee, hearing panel, and review panel. The Board may adopt, modify, or reverse any recommendation that it receives or, in its discretion, refer the matter for further review and recommendation, or make its own decision based upon the Board's ultimate legal authority for the operation of the Hospital and the quality of care provided.
- c. The Board shall render its final decision in writing, including specific reasons, and shall send special notice to the individual. A copy shall also be provided to the Medical Executive Committee for its information.

07. Further Review

Except where the matter is referred by the Board for further action and recommendation by any individual or committee, the final decision of the Board shall be effective immediately and shall not be subject to further review. If the matter is referred for further action and recommendation, such recommendation shall be promptly made to the Board in accordance with the instructions given by the Board.

08. Right to One Hearing and One Appeal Only

No member of the Medical Staff shall be entitled to more than one hearing and one appellate review on any matter. If the Board denies initial appointment to the Medical Staff or reappointment or revokes the appointment and/or Clinical Privileges of a current member of the Medical Staff, that individual may not apply for staff appointment or for those Clinical Privileges for a period of five years unless the Board provides otherwise.

7.08 Allied Health Professionals

Allied Health Professionals are afforded a fair hearing and appeal process, but that process shall be a modification of that for Medical Staff Members or applicants for Medical Staff membership. Specifically:

- 01. Written notice of an adverse recommendation or action and the right to a hearing shall be promptly given to the Allied Health Professional subject to the adverse recommendation or action. The notice shall state that the Allied Health Professional has 30 days in which to request a hearing. If the Allied Health Professional does not request a hearing within 30 days, he/she shall have waived right to a hearing.
- 02. The President shall appoint a hearing panel, which will include three members. The panel members shall include the President, the Chief Medical Officer or another officer of the Medical Staff; and a peer of the

Allied Health Professional. None of the panel members shall have had a role in the adverse recommendation or action.

03. The Allied Health Professional subject to the adverse recommendation or action shall have the right to present information but cannot have legal representation.
04. Following the presentation of information and panel deliberations, the panel shall make a determination:
 - a. A determination favorable to the Allied Health Professional shall be reported in writing to the body making the adverse recommendation or action.
 - b. A determination adverse to the Allied Health Professional shall result in notice to the Allied Health Professional of the right to appeal the decision to the chairperson of the Board or other group determined by the Hospital.
05. Final Decision

The decision of the chairperson of the Board or other group specified by the Hospital shall be final.

7.09 Release

By requesting a hearing or appellate review under this Article, a Practitioner agrees to be bound by the provisions of Article 11 in these Bylaws relating to immunity from liability in all matters relating thereto.

7.10 Confidentiality

The investigations, proceedings, and records conducted or created for the purpose of carrying out the provisions of the Fair Hearing Plan or for conducting peer review activities under the Medical Staff Bylaws are to be treated as confidential, protected by state and federal law.

7.11 External Reporting

The Hospital shall submit a report to the appropriate state professional licensure board (i.e., the state agency that issued the individual's license to practice) and all other agencies as required by all applicable federal and/or state law(s) and in accordance with Hospital policy and procedures.

Article 8. Officers

8.01 General

01. The officers of the Medical Staff shall consist of a Chief of Staff, a Vice Chief of Staff and a Secretary.
 - a. The Chief Medical Officer shall serve as the Chief of Staff;
 - b. The Medical Director of the Emergency Department shall serve as Vice Chief of Staff
 - c. The Medical Director of Hospitalists shall serve as Secretary of the Medical Staff
02. If the Medical Director of Hospitalists is also the Chief Medical Officer, the Medical Director of Surgical Services shall serve as Secretary of the Medical Staff.
03. Officers shall be selected at the Annual Meeting.
04. Officers shall serve for a term of one year, are eligible for re-election to said offices and may serve an unlimited number of terms.
05. Removal of an officer may be effectuated by a two-thirds vote of the MEC, by a majority vote of all Active Staff members of the Medical Staff, or by the Board. Grounds for removal shall be failure to comply with applicable policies, Bylaws or Rules & Regulations, failure to perform the duties of the position held, conduct detrimental to the interests of the Hospital, or an infirmity that renders the individual incapable of fulfilling the duties of that office. At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC, Active Staff members, or the Board, as applicable, prior to a vote on removal.

8.02 Chief of Staff

01. The Chief of Staff shall be the chief administrative officer of the Medical Staff and shall:
02. The Chief of Staff shall be the chairman of the Medical Executive Committee.
03. Act on behalf of the Board, as the Chief Medical Officer of the Hospital;
04. Act in coordination and cooperation with the President in all matters of mutual concern within the Hospital;
05. Call, preside at, and be responsible for the agenda of all general and special meetings of the Medical Staff;
06. Serve as chairman of the Nominating Committee;

07. Serve as an ex officio member of all other Medical Staff committees;
 08. Be primarily responsible for the enforcement of the Medical Staff Bylaws, rules and regulations, for the implementation of sanctions where such are indicated, and for Medical Staff compliance with procedural safeguards in all instances where corrective action or rejection or alteration of Clinical Privileges or Medical Staff category has been requested or recommended with respect to a Practitioner;
 09. Appoint committee chairman and members to all standing, special, and multidisciplinary Medical Staff committees except the Medical Executive Committee;
 10. Represent the views, policies, needs, and grievances of the Medical Staff to the Board and to the President;
 11. Receive and interpret the policies of the Board to the Medical Staff and report to the Board on the performance and maintenance of quality with respect to the Medical Staff's responsibility to provide medical care;
 12. Be primarily responsible for the educational activities of the Medical Staff;
 13. Provide day-to-day liaison on Medical Staff matters with the Medical Staff;
 14. Be the spokesman for the Medical Staff in its external professional and public relations.
- 8.03 Vice Chief of Staff
01. In the absence of the Chief of Staff, the Vice Chief of Staff shall assume all the duties and have the authority of the Chief of Staff.
 02. The Vice Chief of Staff shall be the Vice Chairman of the Medical Executive Committee.
 03. The Vice Chief of Staff shall perform such duties as are assigned to him/her by the Chief of Staff and shall automatically succeed the Chief of Staff when the latter fails to serve for any reason.
- 8.04 Secretary of the Medical Staff
01. The Secretary shall keep accurate and complete minutes of all Medical Executive Committee and Medical Staff meetings, attend to all correspondence, call Medical Staff meetings in accordance with these Bylaws, record attendance at said meetings, and perform such other duties as ordinarily pertain to the office.
 02. The Secretary shall be the Secretary of the Medical Executive Committee.

Article 9. Committees

9.01 General

Committees shall be standing and special. Except for the Medical Executive Committee, the Chief Medical Officer, in conjunction with the President and the Chief Clinical Officer, shall appoint all committees.

9.02 The standing committees shall be

01. The Medical Executive Committee, which serves as the Credentials Committee and the Nominating Committee
02. Quality Oversight, which also serves as the Peer Review Committee
03. Utilization Management/Health Information Management
04. Infection Control
05. Surgical Care Review/Blood Utilization/Obstetrics
06. Inpatient Medicine/Pediatrics
07. Critical Care/Emergency Department
08. Pharmacy and Therapeutics/Drug Usage
09. Ethics
- 10.

9.03 The Descriptions and duties of these committees are as provided in the following sections.

9.04 Medical Executive Committee

01. Composition

- a. The Medical Executive Committee shall consist of the following voting members

Ex officio members:

- 1) The Chief Medical Officer (Chief of Staff), Chairman
- 2) The Medical Director of the Emergency Department, (Vice Chief of Staff), Vice Chairman
- 3) The Medical Director of Hospitalists, (Secretary of the Medical Staff), Secretary
- 4) The Medical Director of Surgical Services

If the Medical Director of Hospitalists is also the Chief Medical Officer, the Medical Director of Surgical Services shall serve as Secretary of the MEC.

Elected Members:

Four additional at-large members of the Medical Staff elected by the Medical Staff

- b. The President (PRESIDENT) and the Director of Nursing (DON) shall be ex officio members of the Medical Executive Committee with no vote.

02. Election of At-Large Members

- a. The four at-large members shall be elected by a majority vote of those members of the Medical Staff eligible to vote and present at the meeting at the time the vote is taken, provided that quorum requirements are met. Each at-large member shall assume office on January 1 and end on December 31 every year.
- b. In any elections, if there are three or more candidates for the office and no candidate receives a majority, there shall be successive balloting such that the name of the candidate receiving the fewest votes is omitted from each successive ballot until one candidate obtains a majority.
- c. Each voting member of the Medical Executive Committee must be a member of the Active or Courtesy Medical Staff Category and must remain a member in good standing continuously during his/her term.
- d. The Medical Executive Committee at-large members are eligible for re-election to said offices and may serve an unlimited number of terms.

03. Resignation and Removal of Medical Executive Committee Members

- a. Any Medical Executive Committee member may resign at any time by giving written notice to the Medical Executive Committee. Such resignation shall be contingent upon formal acceptance and shall take effect on the date of said acceptance or at any later time specified in the notice.
- b. Removal of a Member of the Medical Executive Committee may be effected by a two-thirds vote of the members of the Medical Executive Committee, such vote being taken at a special meeting called for that purpose. Permissible bases of removal of a member of the Medical Staff include, without limitation:
 - 1) Failure to perform in a timely and appropriate manner the duties of the position held;
 - 2) Failure to satisfy continuously the qualifications for the position;
 - 3) Conduct detrimental to the interests of the Hospital;

- 4) Physical or mental infirmity that renders the individual incapable of fulfilling the duties of his/her office
 - c. Notice of Medical Executive Committee meetings at which removal of a Medical Executive Committee member is to be considered shall be given in writing to such member at least 10 days prior to the date set for the meeting. The member shall be afforded an opportunity to speak in his/her own behalf prior to the taking of any vote concerning the member's removal.
04. Duties
- The Medical Executive Committee shall serve as the Medical Executive Committee and the Nominating Committee. The functions of the Medical Executive Committee include, but are not limited to:
- a. Reviewing and acting on reports of Medical Staff committees, departments, and other assigned activity groups
 - b. Reviewing the credentials of applicants for Medical Staff membership and delineated Clinical Privileges, making recommendations regarding the mechanism used to review credentials and delineate individual Clinical Privileges, and making recommendations for Medical Staff membership and delineated Clinical Privileges
 - c. Organizing the Medical Staff's quality assessment and improvement activities and establishing a mechanism to conduct, evaluate, and revise such activities
 - d. Performing peer review
 - e. Developing the mechanism by which Medical Staff membership may be terminated
 - f. Functioning as nominating committee for Medical Staff elections,
 - g. Acting as a liaison between the President and the Medical Staff; the Medical Executive Committee is empowered to act on behalf of the Medical Staff between meetings
 - h. Reviewing and updating of the Medical Staff Bylaws and the Rules and Regulations at least once every three (3) years. Any changes or updates necessary shall be made according to the amendment process in Articles 13 and 14 of these Bylaws.
05. The Medical Executive Committee shall meet monthly.
06. Minutes shall be kept that reflect the activity and the findings of the Medical Executive Committee.
07. Removal of Authority

The authority delegated by this section to the Medical Executive Committee may be removed by amendment of these Bylaws, or by resolution of the Medical Staff, approved by a two-thirds vote of the Active Medical Staff taken at a general or special meeting, notice to include the specific purpose of removing specifically described authority of the Medical Executive Committee.

9.05 Quality Oversight Committee

01. The Quality Oversight Committee shall consist of at least two physicians of the Medical Staff appointed by the Chief of Staff, and non-physician members as appointed by the President. The Chief of Staff will appoint the chairman. The primary function of the Quality Oversight Committee is to formulate a written Performance Improvement Plan for the Hospital. Such plan, as approved by the Medical Staff and Board, is to ensure that the Hospital designs processes well and systematically monitors, analyzes, and improves its performance to improve patient outcomes.
02. The Quality Oversight Committee also performs the duties of the Hospital Peer Review Committee, including the following activities:
 - a. Monitoring and evaluation of the quality and appropriateness of patient care and the clinical functions, and consideration of findings from ongoing monitoring activities of the Quality Oversight Plan through surgical case review, drug usage evaluation, medical records review, blood usage review, pharmacy and therapeutics review, infection control, and utilization review
 - b. Periodic collection, screening, and evaluation of information about common important aspects of patient care to identify problems that have an impact on patient care and clinical performance, including collecting data related to measuring effective and efficient delivery of healthcare services
 - c. Establishment of objective criteria for screening that reflect current knowledge in clinical experience. Criteria shall be developed and approved by the Medical Executive Committee.
 - d. Evaluation of information collected in order to identify important problems in or opportunities to improve common patient care and clinical performance, which shall include data from clinical outcomes, Medical Staff opinions, identified needs, perceptions of risk to individuals, suggestions, and reported adverse events
 - e. Documentation of all findings, conclusions, recommendations, actions taken, and results of actions taken and the reporting of same to the Medical Executive Committee or the Board

- f. Communication of information among committees when problems or opportunities to improve patient care involve more than one committee
 - g. Tracing of the status of identified problems to assure improvements or resolution
 - h. Analysis of information to detect trends, patterns of performance, or potential problems that impact more than one committee
 - i. Evaluation of the Quality Oversight Plan's objectives, scope, organization, and effectiveness at least annually and revision as necessary
 - j. Evaluation of actions taken to improve patient care, implement potential changes to improve performance, and confirm that they resulted in improvements and recommend actions if sustained planned improvement is not initially achieved
 - k. Evaluation of the identification of Sentinel Events and review of the Root Cause Analysis regarding Sentinel Events and assistance with the implementation of Action Plans to reduce the risk of recurrence of any such Sentinel Events as "Professional Peer Review Activities," as this term is defined by Georgia law. Quality Oversight Committee shall also identify the system and/or process changes that will reduce the likelihood of a similar Sentinel Event occurring in the future and assist with the implementation and communication of the system or process change to the members of the Medical Staff.
 - l. Evaluation of the patient safety data that is reviewed and collected by the Hospital and communication of system and process changes to improve patient safety initiatives
 - m. Evaluation of all Ongoing Professional Practice Evaluation (OPPE) data and Focused Professional Practice Evaluation (FPPE) data; if additional clinical expertise is needed, the committee may request assistance from any specialist on the Medical Staff.
 - n. Making recommendations to the Medical Executive Committee as described above to facilitate FPPE and OPPE
03. The Quality Oversight Committee shall meet monthly.
04. Minutes of all meetings shall be kept and shall reflect actions taken on the basis of Quality Oversight activities.

9.06 Utilization Management/Health Information Management Committee

- 01. The Utilization Management/Health Information Management Committee shall consist of at least two physicians of the Medical Staff appointed by the Chief of Staff and non-physician members as appointed by the President. The Chief of Staff will appoint the chairman. The

primary function of the Utilization Management/Health Information Management Committee is to formulate a written Utilization Management Plan for the Hospital and to assure that each medical record or a representative sample of records reflects the diagnosis, results of diagnostic tests, therapy rendered, condition and in-hospital progress of the patient, and condition of the patient at discharge; to assess and evaluate processes within the Medical Record Department to assure timely completion and appropriate storage of all medical records; and to evaluate and update listing of approved abbreviations to be used in medical records.

02. The Health Information Management Committee shall monitor the legibility of medical records; the timeliness and quality of the medical record entries, including history and physical documentation; timely signature of orders and completion of medical records; and report deficiencies to the Quality Oversight Committee for review and action to support Medical Staff compliance with the applicable laws and these Bylaws.
03. The Health Information Management Committee shall also require that a history and physical examination of all patients be completed and recorded within 24 hours of admission and prior to the performance of an invasive procedure or surgery that requires anesthesia services, to include: chief complaint; pertinent past medical history, including family and social history; review of systems; history of present illness; and comprehensive physical examination for inpatients and physical examination limited as pertinent to the diagnosis for outpatients. If a history and physical examination has been performed within 30 days before admission or encounter date; a durable legible copy of this report may be used in the patient's medical records. This must be updated to reflect the patient's current condition, including documentation of no changes. The update must be documented, dated, and signed on the history and physical no longer than 24 hours after registration or inpatient admission and prior to surgery or the outpatient service/procedure.
04. The Utilization Management Plan, as approved by the Medical Staff and Board, shall include activities to assure appropriate utilization of the hospital services, including but not limited to the appropriateness and medical necessity of admissions; the clinical necessity of continued stay; and the appropriateness, clinical necessity, and timeliness of support services provided directly by the hospital or through referral contacts.
05. The Utilization Management/Health Information Management Committee shall meet quarterly.
06. Minutes of all meetings shall be kept and shall reflect actions taken on the basis of Utilization Review activities.

9.07 Infection Control Committee

01. The Infection Control Committee shall consist of at least one physician of the Medical Staff, the Pathologist, and non-physician members as appointed by the President. The Chief of Staff will appoint the chairman. The primary goal of this committee is to monitor the effectiveness of the system for the surveillance, prevention, and control of infections. The Infection Control Committee will report to the Quality Oversight Committee for input and direction. Policies and procedures pertaining to Infection Control are approved by the committee. Reports of infections and other infection control issues are presented to the committee, which recommends actions and control measures when needed.
02. The Infection Control Committee shall meet at least quarterly.
03. Minutes will be kept that reflect the activities and findings of the Infection Control Committee.

9.08 Surgery/Blood Utilization/Obstetrics Committee

01. The Surgery/Blood Utilization/Obstetrics Committee shall consist of at least two physicians of the Medical Staff, the Pathologist, and non-physician members as appointed by the President. The Chief of Staff will appoint the chairman. The primary goal of this committee is to evaluate and improve the use of surgical and other invasive procedures in the hospital facility and to improve the processes involved in blood and blood components ordering, distribution, handling, dispensing, administration, and monitoring.
02. The Surgery/Blood Utilization/Obstetrics Committee shall meet at least quarterly.
03. Minutes shall be kept that reflect the activities and findings of the Surgery/Blood Utilization/Obstetrics Committee.

9.09 Inpatient Medicine/Pediatrics

9.10 Critical Care/Emergency Department

9.11 Pharmacy and Therapeutics/Drug Usage Committee

01. The Pharmacy and Therapeutics/Drug Usage Committee shall consist of at least two physicians of the Medical Staff, and non-physician members as appointed by the President. The Chief of Staff will appoint the chairman. The primary goal of this committee is to improve the processes involved in the selection, distribution, handling, use, and administration of drugs and diagnostic testing materials; to develop and maintain a drug formulary; to evaluate and approve protocols concerning the use of investigational or experimental drugs; to define and review all significant untoward drug reactions; and to improve the

processes involved in medication prescribing, preparation, dispensing, administration, and monitoring.

02. The Pharmacy and Therapeutics/Drug Usage Committee shall meet at least quarterly.
03. Minutes will be kept that reflect the activities and findings of the Pharmacy and Therapeutics/Drug Usage Committee.

9.12 Ethics Committee

01. The Ethics Committee shall consist of a multidisciplinary group of health care professionals, with additional appointments made by the President from the community as need dictates. The primary goal of the Ethics Committee is to address ethical issues/conflicts occurring within the facility.
02. The Ethics Committee shall meet as necessary. Any member of the Medical Staff or Hospital Staff or a patient/resident may call a meeting.
03. Minutes will be kept that reflect the activities and findings of the Ethics Committee.
04. .

9.13 Special Committees

The Chief of Staff shall appoint these committees from time to time as may be required to carry out the duties of the Medical Staff. Such committees shall confine their work to the purpose for which they were appointed and shall report to the full Medical Staff. They shall not have power of action unless such is especially granted by the motion which created the committee.

Article 10. Meetings

10.01 Regular Meetings

The Medical Staff shall meet at least one time per Medical Staff year, with this meeting being designated as the Annual Meeting. This meeting shall be for the purpose of receiving special departmental, service, and committee reports and to act on any other matters placed on the agenda by the Chief of Staff. The officers for the ensuing year shall be selected at the annual meeting. All appointees to the staff are entitled to attend annual, regular, and special staff meetings.

10.02 Special Meetings

Special meetings of the Medical Staff may be called at any time by the Chief of Staff, or in the absence of the Chief of Staff, on request of the Vice Chief of Staff. In addition, special meetings shall be called at the request of the Active Medical Staff. At any special meeting, no business shall be transacted except that stated in the notice calling the meeting. When a special meeting of the Medical Staff and/or a committee is called, the notice shall be provided by mail, e-mail, or personal delivery at least 48 hours prior to the special meeting. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

10.03 Notice of Meetings

Notice of all meetings of the Medical Staff shall be at least one week in advance of such meetings for all meetings except special meetings of the Medical Staff. Notice shall be provided by mail, e-mail, or personal delivery at least one week prior to the meeting.

10.04 Quorum

The presence of one tenth of the members of the staff eligible to vote shall constitute a quorum for all purposes at any regular or special meeting of the Medical Staff. A quorum must exist for any action to be taken. A quorum once having been found, the business of the meeting may continue, and all actions taken prior to the loss of the quorum shall be binding even though less than a quorum exists at a later time in the meeting.

10.05 Alternative Meeting

As an alternative to a formal meeting, the voting Staff members of the Medical Staff or a committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, or telephone, and their votes returned to the presiding officer by the method designated in the notice. Except for amendments to these Bylaws and actions by the MEC, a quorum for purposes of these votes shall be the number of responses returned to the presiding officer by the date

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

10.06 Attendance Requirements

Each appointee to the Active Staff is expected to attend and participate in all Medical Staff meetings and committee meetings each year. Any person who is compelled to be absent from any meeting shall promptly notify the Medical Executive Committee or President of the reason for such absence.

10.07 Minutes

Minutes of each regular and special meeting of the Medical Staff shall be prepared and shall include a record of the attendance of members and votes taken on each matter. The minutes shall be signed by the Chief of Staff and the Secretary and approved by the Medical Staff at its next regular meeting. The Secretary shall maintain a permanent file of the minutes of all meetings of the Medical Staff and mail a copy of the Medical Staff and Committee minutes at least three days prior to the next Medical Staff meeting. After approval, the minutes of Medical Executive Committee meetings shall be sent to all Medical Staff Members.

10.08 Rules of Order

Whenever they do not conflict with these Bylaws, the currently revised Robert's Rules of Order shall govern all meetings of the Medical Staff.

10.09 Voting

Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote with respect to any particular matter.

Article 11. Confidentiality, Immunity & Liability

11.01 Special Definitions

01. *Information* means record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, data, and other disclosures or communications, whether in written or oral form, relating to any of the subject matter specified in this Article.
02. *Malice* means the dissemination of a knowing falsehood or of information with a reckless disregard for whether it is true or false.
03. *Practitioner* means a staff member or applicant or an Allied Health Professional.
04. *Representative* means a board of a hospital and any director or committee thereof; a President or his designee, registered nurses, and other employees of a hospital; a medical staff organization and any member, officer, clinical unit, or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering, analysis, use or disseminating functions.
05. *Third Parties* mean both individuals and organizations providing information to any representative.

11.02 Practitioner's Representations

By submitting an application for Medical Staff membership or by applying for or exercising Clinical Privileges, a Practitioner:

01. Authorizes representatives of the Hospital and the Medical Staff to solicit, provide and act upon information bearing on his/her professional ability and qualifications
02. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative who acts in accordance with the provisions of this Article
03. Acknowledges that the provisions of this Article are express conditions for Medical Staff membership and/or Clinical Privileges

11.03 Confidentiality

Information with respect to any Practitioner submitted, collected, or prepared by any representative of this or any other health care facility or organization or medical staff for the purpose of evaluating and improving the quality and efficiency of patient care, reducing morbidity and mortality, contributing to teaching or clinical research, determining that health care services are professionally indicated or were performed in compliance with the standard of care, or establishing and enforcing guidelines to keep health care costs

within reasonable bounds shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a representative nor be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient's record.

11.04 Immunity

01. No representative of the Hospital or Medical Staff shall be liable to a Practitioner for damages or other relief for any decision, opinion, action, statement, or recommendation made within the scope of his/her duties as a representative, if such representative acts in good faith and without malice after reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the decision, opinion, action, statement, or recommendation is warranted by such facts.
02. No representative of the Hospital or Medical Staff and no third party shall be liable to a Practitioner for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of this Hospital or Medical Staff or to any other health care facility or organization of health professionals concerning a Practitioner who is or has been an applicant to or member of the Medical Staff or who did or does exercise Clinical Privileges or provide specified services at this Hospital, provided that such representative or third party acts in good faith and without malice, and provided further that such information is related to the performance of the duties and functions of the recipient and is reported in a factual manner.

11.05 Applicability

The confidentiality and immunity provided by this Article applies to all acts, communications, proceedings, interviews, reports, records, minutes, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, or disclosures performed or made in connection with this or any other health care facility's or organization's activities concerning, but not limited to:

01. Applications for appointment, Clinical Privileges, or specified services
02. Periodic reappraisals for reappointment, Clinical Privileges, or specified services
03. Corrective or disciplinary action
04. Hearings and appellate reviews
05. Quality assurance program activities

06. Utilization reviews
07. Claims reviews
08. Profiles and profile analyses
09. Malpractice loss prevention
10. Other hospital and staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct

The information referred to in this Article may relate to a Practitioner's professional qualifications, clinical ability, judgment, character, physical or mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

11.06 Release

Each Practitioner shall, upon the request of the Hospital, execute general and specific releases in accordance with this Article, subject to such requirements, including those of good faith, with absence of malice, and in the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under Georgia law. Execution of such releases is not a prerequisite to the effectiveness of this Article.

11.07 Not Exclusive

Provisions in these bylaws and in application forms relating to authorizations, confidentiality of information, and immunities from liability are in addition to other protections provided by laws and not in limitation thereof.

Article 12. Adoption of Bylaws

- 12.01 These Bylaws shall be adopted at a regular meeting of the Medical Staff by a two-thirds majority of the voting members of the Medical Staff present. Notice of consideration of these Bylaws shall be contained in the notice of the meeting of the Medical Staff at which these Bylaws are moved for adoption. These Bylaws shall replace any previous bylaws, rules, and regulations and shall become effective when approved by the St. Mary's Sacred Heart Hospital Board.

Article 13. Amendments to Bylaws

- 13.01 Any proposed substantive amendments to these Bylaws may:
01. Be submitted by the Medical Staff to the Medical Executive Committee, which shall prepare and issue a report concerning the amendment at the next regular meeting of the Medical Staff, or at a special meeting called for such purposes, or
 02. Be submitted to the Medical Staff by a petition signed by at least 10 percent of the Active Medical Staff
 03. May be recommended by the Medical Executive Committee to the Medical Staff at a regular meeting or at a special meeting called for such purposes.
- 13.02 Proposed amendments must be approved by the affirmative vote of a two-thirds majority of the voting members present at a regular meeting of the Medical Staff, or at a special meeting called for such purposes, provided, however, that the amendment(s) proposed is (are) recited in the notice of the special meeting or summarized as to purpose and details with specific reference made to the Article(s) or section(s) to be amended.
- 13.03 Once approved by the Medical Staff as provided above, all amendments to these Bylaws shall be presented to the St. Mary's Sacred Heart Hospital Board for approval by majority vote. All amendments are effective when approved by the Board of Directors.
- 13.04 The Medical Executive Committee shall have the power to adopt non-substantive amendments to the Bylaws, which shall include technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling, or other errors of grammar or expression. Such amendments shall be immediately submitted to the PRESIDENT and mailed to each Medical Staff Member. Non-substantive amendments adopted in accordance with this paragraph shall become effective immediately, and shall be permanent if not disapproved by the Medical Staff or the Board of Directors within 60 days of adoption by the Medical Executive Committee. The action to amend may be taken by a motion acted upon in the same manner as any other motion before the Medical Executive Committee.

Article 14. Medical Staff Rules, Regulations and Policies

- 14.01 The Medical Executive Committee shall adopt Medical Staff Rules, Regulations and Policies as necessary to carry out the Medical Staff functions and meet the responsibilities under these Bylaws. Such Medical Staff Rules, Regulations and Policies shall be adopted by a majority vote of the Medical Executive Committee and shall become effective upon approval by both the Medical Staff and the Board of Directors.
- 14.02 Any proposed substantive amendments to these Medical Staff Rules, Regulations and Policies may:
01. Be submitted by the Medical Staff to the Medical Executive Committee, which shall prepare and issue a report concerning the amendment at the next regular meeting of the Medical Staff, or at a special meeting called for such purposes, or
 02. Be submitted to the Medical Staff by a petition signed by at least 10 percent of the Active Medical Staff, or
 03. May be recommended by the Medical Executive Committee to the Medical Staff at a regular meeting or at a special meeting called for such purposes.
- 14.03 Proposed amendments must be approved by a majority of the voting members present at a regular meeting of the Medical Staff, or at a special meeting called for such purposes, provided, however, that the amendment(s) proposed is (are) recited in the notice of the meeting special meeting or summarized as to purpose and details with specific reference made to the Article(s) or section(s) to be amended.
- 14.04 Once approved by the Medical Staff as provided above, all amendments to the Medical Staff Rules, Regulations and Policies shall be presented to the St. Mary's Sacred Heart Hospital Board of Directors for approval. All amendments are effective when approved by the Board of Directors.
- 14.05 The Medical Executive Committee shall have the power to adopt non-substantive amendments to the Medical Staff Rules, Regulations and Policies, which shall include technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling, or other errors of grammar or expression. Such amendments shall be immediately submitted to the PRESIDENT and mailed to each Medical Staff Member. Non-substantive amendments adopted in accordance with this paragraph shall become effective immediately, and shall be permanent if not disapproved by the Medical Staff or the Board of Directors within 60 days of adoption by the Medical Executive Committee. The action to

amend may be taken by a motion acted upon in the same manner as any other motion before the Medical Executive Committee.

Article 15. Conflict Management

- 15.01 In the event of a conflict between the Medical Executive Committee and the Medical Staff regarding proposed or adopted Bylaws, rules, regulations, policies, or amendments thereto, or any other issue of significance to the Medical Staff, the Medical Staff shall submit a written petition signed by at least half of the members of the Active Medical Staff to the Medical Executive Committee. Within 30 days of the Medical Executive Committee's receipt of the petition, a meeting between an equal number of representatives of the Medical Executive Committee and representatives of the petitioners shall be scheduled. The parties shall act in good faith and shall take reasonable steps to resolve the conflict in question.
- 15.02 If the Medical Executive Committee and the petitioners are able to resolve the conflict, the resolution shall be submitted to the Active Medical Staff. If the Active Medical Staff approves the proposed resolution by a two-thirds majority of the members of the Active Medical Staff, the proposal will be forwarded to the Board for its review and consideration. If approved by the Board, the decision shall be final.
- 15.03 Should the parties fail to reach a resolution, or if the Active Medical Staff does not approve the proposed solution agreed to by the petitioners and the Medical Executive Committee, the petition and all accompanying materials will be forwarded to the Board for its review and consideration. The decision of the Board shall be final.

Article 16. History and Physical Examinations

- (1) A medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services) by an individual who has been granted privileges by the Hospital to perform histories and physicals. The scope of the medical history and physical examination will include:
- (a) patient identification;
 - (b) chief complaint;
 - (c) history of present illness;
 - (d) review of systems, to include at a minimum:
 - (i) cardiovascular;
 - (ii) respiratory; and
 - (iii) gastrointestinal;
 - (e) personal medical history, including medications and allergies;
 - (f) physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses;
 - (g) data reviewed;
 - (h) assessments, including problem list;
 - (i) plan of treatment;

The medical history and physical examination may include, if appropriate, the following:

- (j) family medical history;
- (k) social history, including any abuse or neglect; and
- (l) if applicable, signs of abuse, neglect, addiction or emotional/behavioral disorder, which will be specifically documented in the physical examination and any need for restraint or seclusion will be documented in the plan of treatment.

In the case of a pediatric patient, the history and physical examination report must also include: (i) developmental age; (ii) length or height; (iii) weight; (iv) head circumference (if appropriate); and (v) immunization status.

- (2) If a medical history and physical examination has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record, provided that the patient has been reassessed within 24 hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first. The update of the history and physical examination must reflect any changes in the patient's condition since the date of the original history and physical or state that there have been no changes in the patient's condition.
- (3) When the history and physical examination is not performed or recorded in the medical record before a surgical, diagnostic operative or invasive procedure, the operation or procedure will be canceled unless the attending physician states in writing that an emergency situation exists. If it is an emergency situation and a history and physical has been dictated but has not been transcribed, there will be a statement to that effect in the patient's chart, with an admission note by the attending physician. The admission note must be documented immediately prior to surgery (same day as surgery) and will include, at a minimum, an assessment of the patient's heart rate, respiratory rate and blood pressure.
- (4) A Short-Form history and physical may be used for ambulatory or same day procedures. The Short-Form shall include, unless otherwise required by applicable state or federal law or agency regulations, at least the following:
 - (a) relevant history of the present illness or injury;
 - (b) any medical disorders;
 - (c) regular medications taken by the patient;
 - (d) any known allergies;
 - (e) findings of physical examination; and
 - (f) diagnosis and planned procedure.
- (5) The current obstetrical record will include a complete prenatal record. The prenatal record may be a legible copy of the admitting physician's office record transferred to the Hospital before admission. An interval admission note must be written that includes pertinent additions to the history and any subsequent changes in the physical findings.