

CALVERTHEALTH MEDICAL CENTER

MEDICAL STAFF BYLAWS

*Fifth Discussion Draft
November 13, 2024*

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

Unless otherwise indicated, the definitions that apply to terms used in these Bylaws are set forth in the Medical Staff Credentials & Procedures Policy.

1.B. DELEGATION OF FUNCTIONS

- (1) When a function under these Bylaws is to be carried out by the CEO, the VPMA, a Medical Staff member, or a Medical Staff committee, the individual or the committee (through its chair) may delegate performance of the function to a qualified designee who is a Medical Staff member or CHMC employee (or a committee of such individuals). Any such designee must treat and maintain all credentialing, privileging, and peer review information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws Documents. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.
- (2) When a Medical Staff member who is assigned a function under these Bylaws is unavailable or unable to perform that function, one or more Medical Staff leaders may perform the function personally or delegate it to another appropriate individual. However, the Chief of Staff will ensure that the responsibility for performing the function returns to the Medical Staff member identified in these Bylaws, if and when they are available to do so.

1.C. SUBSTANTIAL COMPLIANCE

While every effort will be made to comply with all provisions of these Bylaws, technical or minor deviations from the procedures set forth within these Bylaws do not invalidate any review or action taken.

1.D. MEDICAL STAFF DUES

- (1) Annual Medical Staff dues will be set by the MEC and may vary depending upon staff category.
- (2) Dues will be paid to the Treasurer by March 1.
- (3) Dues will be used for purposes as approved by the MEC.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials & Procedures Policy are eligible to apply for appointment to one of the categories listed below. All categories, with the respective rights and obligations of each, are summarized in the chart attached as **Appendix A** to these Bylaws.

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff will consist of physicians and podiatrists who:

- (a) are regularly involved in patient care at CHMC, as evidenced by being involved in at least 24 patient contacts per two-year appointment term; and
- (b) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and CHMC through service on committees and/or active participation in performance improvement or professional practice evaluation functions.

For purposes of this Article, “patient contacts” means any admission, consultation, procedure, physical response to emergency call, evaluation, treatment or service performed in CHMC or its hospital-based clinics. Patient contacts do not include referrals for diagnostic or laboratory tests or imaging studies.

Guidelines:

Unless an Active Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that their practice patterns have changed and that they will satisfy the activity requirements of this category:

- * Any member who has fewer than 24 patient contacts during their two-year appointment term will not be eligible to request Active Staff status at the time of their reappointment.
- ** The member may be transferred to another staff category that best reflects their relationship to the Medical Staff and CHMC (options – Associate or Community).

2.A.2. Prerogatives and Responsibilities:

Active Staff members:

- (a) may admit patients in accordance with their specific delineation of clinical privileges;
- (b) may exercise such clinical privileges as are granted to them;
- (c) may attend and participate in Medical Staff and applicable department and committee meetings (with vote);
- (d) may hold Medical Staff office, serve as Department Chairs, serve on Medical Staff committees, and serve as chairs of committees;
- (e) may write orders for outpatient procedures and the Infusion Center;
- (f) agree to support the patient care mission of CHMC by providing treatment for patients seeking emergency medical care, regardless of the patient's ability to pay for such services;
- (g) will be required to participate in the on-call system and to respond promptly (in accordance with the applicable Medical Staff policies) when called to render clinical services within their area of specialization;
- (h) agree to serve in an on-call rotation for unassigned ED or urgent care patients who are not admitted to CHMC but who require outpatient follow-up, pursuant to applicable Medical Staff Rules and Regulations. This obligation may only be for one visit if the patient does not have insurance or if the patient has insurance not accepted by the Practitioner;
- (i) will actively participate in the Medical Staff's peer review and performance improvement processes;
- (j) will pay application fees and dues, as applicable; and
- (k) will perform the basic responsibilities set forth in Section 2.B.1 of the Credentials & Procedures Policy, as applicable.

2.B. COMMUNITY STAFF

2.B.1. Qualifications:

- (a) The Community Staff consists of physicians and podiatrists who desire to be associated with, but who do not intend to establish a clinical practice at, CHMC and who otherwise meet the eligibility criteria set forth in the Credentials & Procedures Policy, with the exception of those related to eligibility criteria for clinical privileges at CHMC.

- (b) The primary purpose of the Community Staff is to promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access hospital services for their patients by referral of patients to Active Staff members for admission and care.

2.B.2. Prerogatives and Responsibilities:

Community Staff members:

- (a) may refer patients for purposes of admission to a member of the Active Staff in accordance with state law and criteria for standard of medical care established by the Medical Staff;
- (b) may write orders for outpatient procedures and the Infusion Center;
- (c) may not otherwise attend patients, exercise clinical privileges, write inpatient orders, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to patients within CHMC;
- (d) may attend and participate in Medical Staff and department meetings (with vote);
- (e) may hold Medical Staff office, serve as Department Chairs, serve on Medical Staff committees, and serve as chairs of committees;
- (f) may be invited to serve on committees (with vote);
- (g) may attend educational activities sponsored by the Medical Staff and CHMC;
- (h) may refer patients to members of the Active Staff for admission and/or care;
- (i) are encouraged to submit their relevant outpatient records for inclusion in CHMC's medical records for any patients who are referred;
- (j) may review the medical records and test results (via paper or electronic access) for any patients who are referred;
- (k) may submit history and physical examinations from their office and have those reports entered into CHMC's medical records;
- (l) may be asked to accept referrals from the Emergency Department for follow-up care of patients treated and released from the Emergency Department;
- (m) may refer patients to CHMC's diagnostic facilities and order such tests;
- (n) will pay application fees and dues, as applicable; and

- (o) will perform the basic responsibilities set forth in Section 2.B.1 of the Credentials & Procedures Policy, as applicable.

2.C. ASSOCIATE STAFF

2.C.1. Qualifications:

The Associate Staff will consist of physicians and podiatrists who:

- (a) are of demonstrated professional ability and expertise who provide consultations or other services not otherwise available or in very limited supply on the Active Staff; or
- (b) desire appointment to the Medical Staff solely for the purpose of being able to provide coverage assistance to members of their group practice, a coverage group, or a specialty within CHMC.

At each reappointment time, Associate Staff members are expected to provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Guidelines:

Unless an Associate Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that their practice patterns have changed and that they will satisfy the activity requirements of this category:

- * Any member who has no patient contacts during their two-year appointment term may be transferred to the Community Staff, unless an exception is granted.
- ** Any member who has 24 or more patient contacts during their two-year appointment term may be transferred to the Active Staff.
- *** Any member who is only providing coverage for a member, group, or specialty may not be eligible to request reappointment if they no longer provide such coverage or if such service should otherwise become readily available on the Active Staff.

2.C.2. Prerogatives and Responsibilities:

Associate Staff members:

- (a) may exercise such clinical privileges as are granted to them, but may not admit patients to CHMC;
- (b) may attend and participate in Medical Staff and department meetings (without vote);
- (c) may not hold Medical Staff office, serve as Department Chairs, or serve as chairs of standing Medical Staff committees;
- (d) may be invited to serve on committees (with vote);
- (e) are generally excused from serving on the on-call roster for their specialty, but:
 - (1) will respond to the Emergency Department (either personally or through their designated coverage) whenever contacted about one of their patients who presents to the Emergency Department and assist in guiding that patient's care, including the provision of any applicable consultations,
 - (2) must accept referrals from the Emergency Department for follow-up care of their patients treated in the Emergency Department, and
 - (3) will be required to serve on the on-call roster for their specialty if the MEC finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;
- (f) may attend educational programs of the Medical Staff and CHMC;
- (g) will cooperate in the peer review and performance improvement processes;
- (h) will pay application fees and dues, as applicable; and
- (i) will perform the basic responsibilities set forth in Section 2.B.1 of the Credentials & Procedures Policy, as applicable.

2.D. TELEMEDICINE STAFF

2.D.1. Qualifications:

The Telemedicine Staff will consist of Practitioners who are granted telemedicine privileges in accordance with Article 4 of the Credentials & Procedures Policy solely for the purpose of providing services from a distant-site location to patients at CHMC. Telemedicine Staff members must satisfy all requirements of the applicable Maryland licensure body for the practice of Telemedicine, including licensure requirements. Any telemedicine privileges that are granted in conjunction with a contractual agreement will be incident to and coterminous with the agreement.

2.D.2. Prerogatives and Responsibilities:

Telemedicine Staff members:

- (a) may exercise such clinical privileges as are granted to them, but may not admit patients to CHMC;
- (b) may attend Medical Staff and department meetings if invited to do so (without vote);
- (c) may not be appointed to committees;
- (d) may not hold Medical Staff office, serve as Department Chairs, or serve as chairs of standing Medical Staff committees;
- (e) are not required to serve on the on-call roster or perform other duties generally assigned to Medical Staff members;
- (f) will not pay application fees and dues; and
- (g) will perform the basic responsibilities set forth in Section 2.B.1 of the Credentials & Procedures Policy, as applicable.

2.E. HONORARY STAFF

2.E.1. Qualifications:

- (a) The Honorary Staff will consist of Practitioners of outstanding professional and personal reputation who the MEC has chosen to honor in recognition of distinguished service to CHMC and/or the community or for distinguished professional achievement by virtue of their outstanding reputation, noteworthy contributions to the health and medical sciences, or their previous long-standing service to CHMC.
- (b) Once an individual is appointed to the Honorary Staff, that status is ongoing unless revoked by the Board. As such, there is no need for the individual to submit a reappointment application/reappointment processing.

2.E.2. Prerogatives and Responsibilities:

Honorary Staff members:

- (a) may not admit patients or exercise clinical privileges at CHMC;
- (b) may attend Medical Staff and department meetings (without vote);

- (c) may be appointed to committees (with vote);
- (d) may attend educational programs of the Medical Staff and CHMC; and
- (e) may not hold Medical Staff office, serve as Department Chairs, or serve as chairs of standing Medical Staff committees.

2.F. ALLIED HEALTH PROFESSIONAL STAFF

2.F.1. Qualifications:

The Allied Health Professional Staff consists of allied health professionals who:

- (a) are granted clinical privileges to practice at CHMC and are subject to OPPE and FPPE requirements; or
- (b) are granted membership to this category in recognition of their practice in the community but who are not granted clinical privileges and are not subject to OPPE or FPPE requirements.

2.F.2. Prerogatives and Responsibilities:

Allied Health Professional Staff members:

- (a) may function at CHMC as permitted by their license and clinical privileges but may not admit patients;
- (b) may not hold Medical Staff office;
- (c) may not serve as a Department Chair or as the chair of standing Medical Staff committee;
- (d) may attend meetings of the Medical Staff and applicable department meetings (without vote);
- (e) may be invited to serve on committees (with vote);
- (f) may attend educational programs of the Medical Staff and CHMC;
- (g) will cooperate in the peer review and performance improvement processes;
- (h) will pay application fees and dues, as applicable; and
- (i) will perform the basic responsibilities set forth in Section 2.B.1 of the Credentials & Procedures Policy, as applicable.

ARTICLE 3

OFFICERS

3.A. GENERAL

- (1) The officers of the Medical Staff will be the Chief of Staff, Vice Chief of Staff, the Immediate Past Chief of Staff, and Treasurer.
- (2) Other officials of the Medical Staff may include elected representatives to the Board as defined by CalvertHealth corporate bylaws, members of the Joint Quality Improvement Committee (“JQIC”), Department Chairs, and such other officials as may be selected pursuant to these Bylaws.
- (3) The Medical Staff will elect two members who may be on the Active or Community Staff to serve as at-large voting representatives to the Board. The term of office for these at-large representatives is three years each. However, elected at-large representatives may be nominated and re-elected for one additional, successive term. After two consecutive terms are served, additional terms may only be served after one year off the Board.
- (4) The Medical Staff will elect three members who may be on the Active or Community Staff to serve as voting representatives to the JQIC. The term of office for these representatives is two years each. However, elected Medical Staff representatives may be nominated and re-elected for one additional, successive term. After two consecutive terms are served, additional terms may only be served after one year off the JQIC.

3.B. ELIGIBILITY CRITERIA

- (1) Only those members of the Medical Staff, who satisfy the following criteria initially and continuously, as determined by the Leadership Council, will be eligible to serve as an officer of the Medical Staff, unless an exception is recommended by the Leadership Council and approved by the MEC. They must:
 - (a) be appointed in good standing to the Active or Community Staff, and have served on the Medical Staff for at least two years;
 - (b) have no pending investigations by the MEC, and are not currently subject to, and never have been subject to, an adverse recommendation by the MEC (i.e., appointment or privileges denied, revoked, suspended, or restricted) concerning Medical Staff appointment or clinical privileges;
 - (c) are not currently participating in a Performance Improvement Plan instituted through the Medical Staff;

- (d) not presently be serving as a Medical Staff officer, Board member or department chair at any other hospital and will not so serve during their term of office;
 - (e) be willing to faithfully discharge the duties and responsibilities of the position;
 - (f) have experience in a leadership position or other involvement in performance improvement functions at CHMC;
 - (g) agree to attend continuing education relating to Medical Staff leadership, credentialing, and/or peer review functions prior to or during the term of the office, when requested by the MEC;
 - (h) have demonstrated an ability to work well with others; and
 - (i) disclose any financial relationship (i.e., an ownership or investment interest or a compensation arrangement) with an entity that competes with CHMC or any affiliate. This does not apply to services provided within a Practitioner's office and billed under the same provider number used by the Practitioner. The Leadership Council and MEC will assess any such conflicts to determine whether they are such that they render the individual ineligible for the position.
- (2) All Medical Staff Officers must maintain such qualifications during their term of office. Failure to do so will automatically create a vacancy in the office involved, unless an exception is recommended by the MEC and approved by the Board.

3.C. DUTIES

3.C.1. Chief of Staff:

The Chief of Staff shall:

- (a) act in coordination and cooperation with CHMC administration in matters of mutual concern involving the care of patients in CHMC;
- (b) represent and communicate the views, policies and needs, and report on the activities, of the MEC to the CEO and the Board;
- (c) call, preside at, and be responsible for the agenda of the general meetings of the Medical Staff and the MEC;
- (d) appoint all committee chairs and committee members, unless otherwise indicated in the Medical Staff Bylaws documents (e.g., the MEC);

- (e) work with the VPMA to address Medical Staff issues, as described in these Bylaws and the policies of the Medical Staff;
- (f) chair the MEC and Leadership Council (with vote), and be a member of all other Medical Staff committees, *ex officio*, without vote;
- (g) serve as a member of the JQIC and a member of the Board;
- (h) oversee adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the policies and procedures of CHMC; and
- (i) perform all functions authorized in all applicable policies, including collegial efforts and progressive steps as referenced in the Credentials & Procedures Policy and other relevant Medical Staff policies.

3.C.2. Vice Chief of Staff:

The Vice Chief of Staff shall:

- (a) assume all duties of the Chief of Staff and act with full authority as Chief of Staff when the Chief of Staff is unavailable within a reasonable period of time;
- (b) serve on the MEC and the Leadership Council, with vote, and the Credentials Committee, without vote;
- (c) serve as a member of the Board; and
- (d) assume all such additional duties as are assigned to them by the Chief of Staff or the MEC.

3.C.3. Immediate Past Chief of Staff:

The Immediate Past Chief of Staff shall:

- (a) serve on the MEC and Leadership Council, when willing (with vote);
- (b) serve as an advisor to other Medical Staff leaders; and
- (c) assume all duties assigned by the Chief of Staff or the MEC.

3.C.4. Treasurer:

The Treasurer shall:

- (a) serve on the MEC (with vote);

- (b) collect Medical Staff dues;
- (c) manage the Medical Staff account;
- (d) report account details to the MEC as requested and to the general Medical Staff at least annually;
- (e) assume all duties of the Chief of Staff and act with full authority as Chief of Staff when the Chief of Staff and Vice Chief of Staff are unavailable within a reasonable period of time; and
- (f) assume all such additional duties as are assigned to them by the Chief of Staff or the MEC.

3.D. NOMINATIONS

- (1) The Leadership Council will convene at least 60 days prior to the election and will submit the names of at least one qualified nominee for any vacant office to the MEC. All nominees must agree to serve and meet the eligibility criteria in Section 3.B. In order to promote continuity of Medical Staff leadership, the outgoing Vice Chief of Staff may be considered for nomination as Chief of Staff if they are willing and able to serve. Notice of the nominees will be provided to the Medical Staff at least 30 days prior to the election.
- (2) Additional nominations may also be submitted in writing by petition signed by at least ten members of the Voting Staff at least 10 days prior to the election. In order for a nomination to be added to the ballot, the candidate must meet the qualifications in Section 3.B, in the judgment of the Leadership Council and be willing to serve.
- (3) Nominations from the floor will not be accepted.

3.E. ELECTION

- (1) Elections will be held at called meetings of the Medical Staff. Candidates receiving a majority of votes cast at the meeting by those members of the Voting Staff present and voting at that meeting will be elected, subject to Board confirmation, which confirmation will signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no candidate receives a simple majority vote on the first ballot, a run-off election will be held promptly between the two candidates receiving the highest number of votes.
- (2) In the alternative, and in the discretion of the MEC, elections may be held by written or electronic ballot returned to Medical Staff Services in the manner as indicated on the ballot at the time it is distributed. Ballots will be provided to all members

of the Voting Staff and completed ballots must be received in Medical Staff Services by the date indicated on the ballot. Those who receive a majority of the votes cast will be elected, subject to Board confirmation, which confirmation will signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role.

3.F. TERM OF OFFICE

Officers will serve for a term of two years or until a successor is elected or appointed. The term of office will commence on the first day of the Medical Staff year.

3.G. REMOVAL FROM OFFICE OR MEMBERSHIP ON THE MEDICAL EXECUTIVE COMMITTEE

- (1) Removal of an elected officer or member of the MEC may be effectuated by a two-thirds vote of the MEC, or by a two-thirds vote of the Voting Staff, or by the Board. Grounds for removal will be:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (b) failure to perform the duties of the position held;
 - (c) conduct detrimental to the interests of CHMC and/or its Medical Staff; or
 - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 days prior to the initiation of any removal action, the individual will be given written notice of the date of the meeting at which action is to be considered. The individual will be afforded an opportunity to speak to the MEC, the Voting Staff, or the Board, as applicable, prior to a vote on removal. No removal will be effective until approved by the Board.

3.H. VACANCIES

A vacancy in the office of Chief of Staff will be filled by the Vice Chief of Staff, who will serve until the end of the Chief of Staff's unexpired term. In the event there is a vacancy in the Vice Chief of Staff or Treasurer position, the MEC will appoint an individual to fill the office for the remainder of the term or until a special election can be held, at the discretion of the MEC.

ARTICLE 4

CLINICAL DEPARTMENTS

4.A. ORGANIZATION

The Medical Staff will be organized into departments as determined by the MEC and listed in the Organization Manual. In conjunction with the CEO, the MEC may create new departments, eliminate departments, create or eliminate sections within departments, or otherwise reorganize the department structure, in accordance with the amendment provisions contained in these Bylaws documents.

4.B. ASSIGNMENT TO DEPARTMENTS

- (1) Upon initial appointment to the Medical Staff, each Medical Staff member will be assigned to a clinical department based on specialty training. Such assignment will establish the Medical Staff member's voting rights within a department.
- (2) Assignment to a particular department does not preclude a Medical Staff member from seeking and being granted clinical privileges typically associated with another department. A Medical Staff member may request a change in department assignment to reflect a change in their clinical practice.
- (3) Department assignment may be transferred at the discretion of the MEC.

4.C. FUNCTIONS OF DEPARTMENTS

The departments will be organized for the purpose of implementing processes to (i) monitor and evaluate the quality and appropriateness of the care of patients served by the departments, (ii) monitor the practice of all those with clinical privileges in a given department, and (iii) consistent with the CHMC Emergency Department On Call Policy, arrange emergency call coverage.

4.D. QUALIFICATIONS OF DEPARTMENT CHAIRS

Each Department Chair will be on the Active or Community Staff and will be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process.

4.E. DEPARTMENT CHAIR ELECTIONS, REMOVALS, AND VACANCIES

- (1) Elections.
 - (a) Except as otherwise provided by contract, Department Chairs will be elected by the department, subject to MEC approval and confirmation by

the Board. The Leadership Council will be available to advise the current Department Chair, who will identify candidates for presentation to the voting members of the department.

- (b) Where applicable, the election will be by voice vote, written or electronic ballot, or show of hands, in accordance with department custom. Ballots will be returned by the date indicated on the ballot. Those who receive a majority of the votes cast will be elected, subject to Board confirmation, which confirmation will signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role.
- (c) Elected Department Chairs will serve a term of two years and may be reelected for additional terms at the discretion of the MEC.

(2) Removals.

- (a) An elected Department Chair may be removed by a two-thirds vote of the department or by a two-thirds vote of the MEC after reasonable notice and opportunity to be heard. Grounds for removal will be:
 - (i) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (ii) failure to perform the duties of the position held;
 - (iii) conduct detrimental to the interests of CHMC and/or its Medical Staff; or
 - (iv) an infirmity that renders the Medical Staff member incapable of fulfilling the duties of that office.

Prior to the initiation of any removal action, the Department Chair will be given written notice of the date of the meeting at which such action will be taken at least 10 days prior to the date of the meeting. The Department Chair will be afforded an opportunity to speak to the department or MEC, as applicable, prior to a vote on such removal being taken.

- (b) In the case of a contracted Department Chair, the members of the department or MEC may hold a vote of no confidence, but removal may only be effectuated in accordance with the Department Chair's contract.

(3) Vacancies.

The MEC will appoint an individual to fill a vacancy in an elected Department Chair position for the remainder of the term or until a special election can be held, at the discretion of the MEC.

4.F. DUTIES OF DEPARTMENT CHAIRS

Department Chairs will work in collaboration with Medical Staff leaders and CHMC personnel to collectively be responsible for the following:

- (1) all clinically-related activities of the department;
- (2) all administratively-related activities of the department, unless otherwise provided for by CHMC;
- (3) continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;
- (4) recommending criteria for clinical privileges that are relevant to the care provided in the department;
- (5) evaluating requests for clinical privileges for each member of the department;
- (6) the integration of the department into the primary functions of CHMC;
- (7) the coordination and integration of interdepartmental and intradepartmental services;
- (8) the development and implementation of policies and procedures that guide and support the provision of care, treatment and services;
- (9) determination of the qualifications and competence of department personnel who are not licensed Practitioners and who provide patient care, treatment and services;
- (10) recommendations for a sufficient number of qualified and competent persons to provide care or services;
- (11) continuous assessment and improvement of the quality of care and services provided;
- (12) be an active participant in the maintenance of quality monitoring programs, as appropriate, in collaboration with quality management leadership;
- (13) recommendations for space and other resources needed by the department;

- (14) assessing and recommending off-site sources for needed patient care services not provided by the department or CHMC;
- (15) the orientation and continuing education of all persons in the department;
- (16) serving as voting members of the MEC;
- (17) delegating functions to other qualified members of the department, when appropriate; and
- (18) performing all other functions described in Medical Staff policy.

4.G. SERVICE LINES

- (1) CHMC may also establish multi-disciplinary service lines to facilitate the delivery of quality, safe, and effective patient care.
- (2) When service lines exist, a physician will be designated to serve as a Service Line Director who will have the responsibility for the day-to-day operations of the service line. This physician will work closely with an individual designated by CHMC to assist with day-to-day operations and overall management of the service line.
- (3) Notwithstanding the creation of services lines, the primary responsibility for activities related to credentialing, privileging, and the evaluation of professional practice related to the Practitioners who function within the service line will remain the responsibility of the relevant Department Chair or other appropriate Medical Staff Leader or Medical Staff committee.
- (4) Service Line Directors may participate in credentialing, privileging, and evaluation of professional practice activities if requested by a Medical Staff Leader or Medical Staff committee. In these circumstances, the Service Line Directors must follow the processes and procedures outlined in the Medical Staff Bylaws and policies and treat all such activities and documentation in a strictly confidential and privileged manner. Any documentation that is created by a Service Line Director in this regard will be maintained in the Practitioner's confidential Medical Staff file.

ARTICLE 5

MEDICAL STAFF COMMITTEES

5.A. GENERAL

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.

5.B. APPOINTMENT OF COMMITTEE CHAIRS AND MEMBERS

Unless otherwise indicated in the Medical Staff Bylaws documents:

- (1) all Medical Staff committee chairs and members will be appointed by the Chief of Staff for an initial term of two years, with the ability to be reappointed for additional terms. All appointed chairs and members may be removed and vacancies filled by the Chief of Staff;
- (2) members of the Allied Health Professional Staff may also be appointed to serve as voting members of Medical Staff committees;
- (3) all CHMC and administrative representatives on a Medical Staff committee will be appointed by the CEO. All such representatives will serve on the committees, without vote; and
- (4) the VPMA and the CEO will be members, *ex officio*, without vote, on all committees.

5.C. MEDICAL EXECUTIVE COMMITTEE

5.C.1. Composition:

- (a) The MEC will consist of the following voting members:
 - The Officers of the Medical Staff;
 - the Department Chairs; and
 - the Medical Director of the Adult Hospitalist Service.
- (b) The immediate past Chief of Staff will serve, without voting privileges, on the MEC in an advisory capacity for one year.

- (c) The CEO, VPMA, Vice President Clinical Services, and Vice President of Quality and Risk Management will serve as non-voting members at all meetings, including executive sessions.
- (d) Two members of the Board are invited to attend all MEC meetings as guests without a vote, including any executive sessions.
- (e) Other individuals (e.g., other Medical Staff members, CHMC personnel, legal counsel, etc.) may be invited to attend a particular MEC meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding an issue on its agenda. These individuals should be present only for the relevant agenda item and excused for all others. Such individuals are an integral part of the committee's functioning and are bound by the same confidentiality requirements as the standing members of the MEC.
- (f) The Chief of Staff may hold a meeting of the voting members of the Medical Staff for informal discussions of matters related to the Medical Staff and CHMC. However, no formal actions of the MEC may be voted upon at such a meeting.

5.C.2. Duties:

The MEC has the primary oversight authority related to professional activities and functions of the Medical Staff and performance improvement activities regarding the professional services provided by Medical Staff members with clinical privileges. This authority may be removed or modified by amending these Bylaws and related policies. The MEC is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings;
- (b) making recommendations to the Board regarding Medical Staff matters, including, but not limited to, the following:
 - (1) the Medical Staff's structure;
 - (2) the mechanism used to review credentials and to delineate individual clinical privileges;
 - (3) applicants for Medical Staff appointment and reappointment;
 - (4) delineation of clinical privileges for each eligible individual;
 - (5) participation of the Medical Staff in performance improvement activities at CHMC and the quality of professional services being provided by the Medical Staff; and

- (6) the mechanism by which Medical Staff appointment may be terminated;
- (c) consulting with the CEO on quality-related aspects of contracts for patient care services;
- (d) receiving and acting on reports and recommendations from Medical Staff committees, departments, and other groups as appropriate, and making appropriate recommendations for improvement when there are significant departures from established or expected clinical practice patterns;
- (e) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;
- (f) providing leadership in activities related to patient safety;
- (g) providing oversight in the process of analyzing and improving patient satisfaction;
- (h) prioritizing continuing medical education activities;
- (i) reviewing, or delegating to a bylaws committee chaired by the Vice Chief of Staff the responsibility to review, at least once every five years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable; and
- (j) performing such other functions as are assigned to it by these Bylaws, the Credentials & Procedures Policy, the Board or other applicable policies.

5.C.3. Meetings:

The MEC will meet as often as necessary to fulfill its responsibilities and will maintain a permanent record of its proceedings and actions.

5.D. CREATION OF STANDING AND SPECIAL COMMITTEES

- (1) In accordance with the amendment provisions in the Organization Manual, the MEC may establish additional committees to perform one or more staff functions and may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual Medical Staff member, a standing committee, or a special task force will be performed by the MEC.
- (2) Special committees will be created and their Medical Staff members and chairs will be appointed by the Chief of Staff. Such committees will confine their activities to the purpose for which they were appointed and will report to the MEC.

ARTICLE 6
MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year means the Fiscal Year, which runs from November 1 to October 31.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

The regular meeting of the Medical Staff will be held at least annually. Additional meetings will be held as needed.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the Chief of Staff, the MEC, the CEO, or by a petition signed by not less than 10% of the Voting Staff.

6.C. DEPARTMENT AND COMMITTEE MEETINGS

6.C.1. Regular Department Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each department will meet at least annually, and more often if necessary to fulfill its responsibilities, at times set by the Department Chair.

6.C.2. Regular Committee Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each committee will meet as often as necessary to fulfill its responsibilities, at times set by the chair.

6.C.3. Special Meetings:

A special meeting of any department or committee may be called by or at the request of the Presiding Officer (e.g., department chair or committee chair, as applicable), the Chief of Staff, or by a petition signed by not less than 10% of the voting members of the department or committee, but not by fewer than two members.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

- (a) Medical Staff members will be provided notice of all regular meetings of the Medical Staff and regular meetings of departments and committees at least 21 days in advance of the meetings. Notice of meetings will generally be provided by e-mail but may also be provided by mail, hand delivery, posting in a designated electronic or physical location, or telephone at least 21 days prior to the meetings. All notices will provide the date, time, and place of the meetings.
- (b) When a special meeting of the Medical Staff is called, all of the provisions in paragraph (a) will apply except that the notice period will be reduced to 48 hours and posting may not be the sole mechanism used for providing notice of a special meeting. When a special meeting of a department or a committee is necessary, the notice period may be reduced further where a matter is urgent and adequate notice is provided to the department or committee members, as determined by the Presiding Officer.
- (c) The attendance of any individual Medical Staff member at any meeting will constitute a waiver of that individual's objection to the notice given for the meeting.

6.D.2. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, or committee, the following will constitute a quorum:
 - (1) for Medical Staff meetings, at least 25% of the Voting Staff will constitute a quorum;
 - (2) for meetings of the Credentials Committee, those voting members present (but not fewer than three) will constitute a quorum;
 - (3) for meetings of the MEC, the presence of at least 50% of the voting members of the committee will constitute a quorum; and
 - (4) for departments and all other committee meetings, those voting members present (but not fewer than two) will constitute a quorum.
- (b) The Presiding Officer may permit some or all members of the Medical Staff or a department or committee to participate in a meeting via telephone, videoconference, or other approved modes of communication. All such individuals will count for purposes of calculating the quorum and for voting.
- (c) As an alternative to an in-person meeting, at the discretion of the Presiding Officer, meetings of the Medical Staff, a department, or a Medical Staff committee may be

conducted entirely by telephone or videoconference or the voting members may also be presented with a question by mail, e-mail, hand delivery, website posting, or telephone and their votes returned to the Presiding Officer by the method designated in the notice. A quorum for purposes of these votes will be the number of responses returned to the Presiding Officer by the date indicated, except that (i) for Medical Staff meetings, responses from at least 25% of the Voting Staff must be received, (ii) for meetings of the Credentials Committee, responses from at least three voting members must be received, and (iii) for MEC meetings, responses from at least 50% of the voting members must be received. The question raised will be determined in the affirmative if a majority of the responses returned has so indicated.

- (d) When determining whether a specific percentage or a majority has been achieved with respect to a vote of the Medical Staff or a department or committee, an individual who has recused themselves from participation in the vote will not be counted as a voting member (for example, if there are ten voting members of a committee and one recuses themselves on a particular matter, the majority vote for that matter would be calculated as five of the remaining nine votes).
- (e) Recommendations and actions of the Medical Staff, departments, and committees will be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those individuals present. Voting may be by written or electronic ballot at the discretion of the Presiding Officer.

6.D.3. Agenda:

The Presiding Officer for the meeting will set the agenda for any regular or special meeting of the Medical Staff, department, or committee.

6.D.4. Rules of Order:

The latest edition of Robert's Rules of Order Revised may be used for reference at all meetings and elections, but will not be binding. Specific provisions of these Bylaws and Medical Staff, department, or committee custom will prevail at all meetings, and the Presiding Officer will have the authority to rule definitively on all matters of procedure.

6.D.5. Minutes, Reports, and Recommendations:

- (a) Minutes of all meetings of the Medical Staff, departments, and committees will be prepared and will include a record of the attendance of Medical Staff members and the recommendations made and the votes taken on each matter. The minutes will be approved in accordance with Medical Staff department or committee custom.
- (b) Unless otherwise indicated, a summary of all recommendations and actions of the Medical Staff, departments, and committees will be transmitted to the MEC and to

the CEO for purposes of keeping the Board apprised of the activities of the Medical Staff and its departments and committees.

- (c) A permanent file of the minutes of all meetings will be maintained by CHMC.

6.D.6. Confidentiality:

All Medical Staff business conducted by committees or departments is considered confidential and proprietary and should be treated as such. However, members of the Medical Staff who have access to, or are the subject of, credentialing and/or peer review information understand that this information is subject to heightened sensitivity and, as such, agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials & Procedures Policy or other applicable Medical Staff or CHMC Policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

- (a) Attendance at meetings of the MEC and the Credentials Committee is required. All members are required to attend at least 75% of all regular and special meetings of these committees. Meeting attendance will be reviewed annually by the Leadership Council, which will make recommendations on whether failure to attend the required number of meetings should result in replacement of a member.
- (b) Each Active and Community Staff member is encouraged to attend and participate in all Medical Staff meetings and applicable department and committee meetings each year. At a minimum, however, each Active and Community Staff member is required to be present for and actively participate in at least fifty percent (50%) of the meetings of any department or committee of which they is a member. Compliance with the attendance requirements will be assessed at the time of reappointment. Failure to meet the attendance requirement will result in the member's loss of all voting prerogatives for the ensuing appointment term.
- (c) Participation at a meeting by telephone, video conference, or other approved modes of communication may constitute attendance at the discretion of the Presiding Officer.

ARTICLE 7

LEGAL PROTECTIONS FOR PRACTITIONERS PERFORMING MEDICAL STAFF FUNCTIONS

Practitioners have significant personal legal protections from various sources when they perform functions pursuant to these Bylaws, the Credentials & Procedures Policy, the Medical Staff Organization Manual, and all other policies of the Medical Staff and CHMC, as long as they maintain confidentiality and act in accordance with these Bylaws and related policies. The sources of these legal protections include:

- (a) As set forth in Section 2.C.2 of the Credentials & Procedures Policy, all Practitioners agree, as a condition of applying for appointment, reappointment, and/or clinical privileges, to release from liability, extend immunity to, and not sue other Practitioners for any actions, recommendations, communications, and/or disclosures made or taken in the course of credentialing and peer review activities.
- (b) All applicants for appointment, reappointment, and clinical privileges sign an application form by which they release from liability and agree not to sue other Practitioners who participate in credentialing and peer review activities.
- (c) Protections are also available under both the Maryland peer review statute and the federal Health Care Quality Improvement Act (“HCQIA”) for Practitioners who participate in credentialing and peer review activities. The Medical Staff Bylaws and related policies have been structured to take full advantage of these legal protections.
- (d) CHMC will indemnify Practitioners who perform functions under these Bylaws and related policies for any claims made against the Practitioner that are not completely covered by CHMC’s insurance policy, in accordance with CHMC’s corporate bylaws.

ARTICLE 8

BASIC STEPS AND DETAILS

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

8.A. QUALIFICATIONS FOR APPOINTMENT

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

8.B. PROCESS FOR PRIVILEGING

Requests for clinical privileges are provided to the Department Chair, who evaluates the quality and efficiency of services ordered or performed by the individual and reviews the individual's education, training, and experience. The Credentials Committee then reviews the Department Chair's report and makes a recommendation to the MEC. The MEC may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC to grant clinical privileges is favorable, it is forwarded to the Board (or its designee for Applicants in Consent) for final action. If the recommendation of the MEC is unfavorable, the individual is notified by the CEO of the right to request a hearing.

8.C. PROCESS FOR CREDENTIALING (APPOINTMENT AND REAPPOINTMENT)

Complete applications are provided to the Department Chair, who evaluates the quality and efficiency of services ordered or performed by the individual and reviews the individual's education, training, and experience. The Credentials Committee then reviews the Department Chair's report and makes a recommendation to the MEC. The MEC may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the MEC to grant appointment or reappointment is favorable, it is forwarded to the Board (or its designee for Applicants in Consent) for final action. If the recommendation of the MEC is unfavorable, the individual is notified by the CEO of the right to request a hearing.

8.D. TEMPORARY PRIVILEGING

Temporary privileges may be granted by the CEO to (i) applicants for initial appointment, (ii) individuals seeking privileges when there is an important patient care, treatment, or service need, and (iii) locum tenens for a period not to exceed 120 days.

8.E. DISASTER PRIVILEGING

When the disaster plan has been implemented, the CEO, VPMA, or Chief of Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

8.F. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES

- (1) Appointment and clinical privileges may be automatically relinquished if an individual:
 - (a) fails to do any of the following:
 - (i) satisfy threshold eligibility criteria;
 - (ii) notify CHMC of changes in information pertaining to qualifications;
 - (iii) provide requested information;
 - (iv) attend a mandatory meeting to discuss issues or concerns;
 - (v) complete and comply with educational or training requirements;
 - (vi) comply with request for fitness for practice evaluation; or
 - (vii) comply with request for competency assessment;
 - (b) is involved or alleged to be involved in defined criminal activity;
 - (c) makes a misstatement or omission on an application form;
 - (d) remains absent on leave for longer than one year, unless an extension is granted; or
 - (e) is involved in other activities that may trigger an automatic relinquishment under Medical Staff policy.
- (2) Automatic relinquishment will take effect immediately and will continue until the matter is resolved, if applicable.

8.G. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the CEO, Chief of Staff, VPMA, or MEC is authorized to (i) afford the individual an opportunity to voluntarily refrain from exercising clinical privileges while the matter is being reviewed or (ii) suspend or restrict all or any portion of an individual's clinical privileges.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the CEO or the MEC.
- (3) The individual will be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The MEC will review the reasons for the suspension within a reasonable time under the circumstances, not to exceed 14 days.
- (5) Prior to, or as part of, this review, the individual may be given an opportunity to meet with the MEC.

8.H. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES

Following an Investigation or a determination that there is sufficient information upon which to base a recommendation, the MEC may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) clinical competence or practice; (b) safety or proper care being provided to patients; (c) violation of ethical standards or the Bylaws, policies, rules, and regulations of CHMC or the Medical Staff; or (d) conduct that is considered lower than the standards of the Medical Staff or is disruptive to the orderly operation of CHMC or its Medical Staff.

8.I. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR SCHEDULING AND CONDUCTING HEARINGS AND THE COMPOSITION OF THE HEARING PANEL

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three members or there will be a Hearing Officer.
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.

- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit proposed findings, conclusions, and recommendations to the Hearing Panel in the form of a post-hearing statement submitted at the close of the hearing.
- (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, they may be called and questioned.
- (7) The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.
- (8) The affected individual and the MEC may request an appeal of the recommendations of the Hearing Panel to the Board.

ARTICLE 9

AMENDMENTS

9.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by a petition signed by at least ten members of the Voting Staff, by the MEC, or the Board.
- (2) In the discretion of the MEC, amendments to the Bylaws will be presented to the Medical Staff in one of the following two ways:
 - (a) Amendments Subject to Vote at a Meeting: The MEC will report on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. The proposed amendments may be voted upon at any meeting if notice has been provided at least 21 days prior to the meeting. To be adopted, (i) a quorum of at least 25% of the Voting Staff must be present, and (ii) the amendment must receive a majority of the votes cast by the Voting Staff at the meeting.
 - (b) Amendments Subject to Vote via Written or Electronic Ballot: The MEC will present proposed amendments to the Voting Staff by written or electronic ballot, to be returned by the date and in the manner indicated on the ballot, which date will be at least 21 days after the proposed amendment was provided to the Voting Staff. Along with the proposed amendments, the MEC will provide a written report on the amendments either favorably or unfavorably. To be adopted, (i) the amendment must be voted on by at least 25% of the Voting Staff, and (ii) the amendment must receive a majority of the votes cast.
- (3) The MEC will have the power to adopt such clarifications to these Bylaws which are needed because of renumbering, punctuation, spelling or errors of grammar, or change of name(s) or title(s).
- (4) All amendments will be effective only after approval by the Board.
- (5) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference will be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the CEO within two weeks after receipt of a request for same submitted by the Chief of Staff.

- (6) Neither the Medical Staff nor the Board will unilaterally (without seeking the advice of the other party) amend these Bylaws.

9.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there will be policies, procedures, manuals, and rules and regulations that will be applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges. All such Medical Staff policies, procedures, manuals, and rules and regulations will be considered an integral part of the Medical Staff Bylaws and may be amended by a majority vote of the members of the MEC present and voting at any meeting of that committee where a quorum exists.
- (2) Unless otherwise indicated, notice of all proposed amendments to these documents will be provided to each member of the Voting Staff at least 21 days prior to the MEC meeting where the amendment will be considered. Any Voting Staff member may submit written comments to the MEC regarding the proposed amendment prior to the MEC's meeting.
- (3) Adoption of and changes to Medical Staff policies, procedures and rules and regulations will become effective only when approved by the Board.
- (4) The present Medical Staff Rules and Regulations are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws. To the extent any present Rules and Regulations are inconsistent with these Bylaws, they are of no force or effect. Furthermore, the MEC and the Board will have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of provisionally adopted amendments will be provided to each member of the Voting Staff as soon as possible. The Voting Staff members will have 30 days to review and provide comments on the provisional amendments to the MEC. If there is no conflict between the Medical Staff and the MEC, the provisional amendments will stand. If there is conflict over the provisional amendments, the process for resolving conflicts set forth below will be implemented.

9.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the MEC with regard to:
 - (a) proposed amendments to the Medical Staff Rules and Regulations,
 - (b) a new policy proposed or adopted by the MEC, or

- (c) proposed amendments to an existing policy that is under the authority of the MEC,

a special meeting of the Medical Staff to discuss the conflict may be called by a petition signed by at least 10 members of the Voting Staff. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the amendment(s) or policy at issue.

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

ARTICLE 10

ADOPTION

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

Medical Staff: _____

Board: _____

APPENDIX A

MEDICAL STAFF CATEGORIES SUMMARY

	Active	Community	Associate	Telemedicine	Honorary	AHP
Category Description	Practice within CHMC and meet minimum activity requirements	Desire to be associated with CHMC, but do not exercise any clinical privileges at CHMC	Provide coverage or consultations for services not otherwise available on the Active Staff	Practice exclusively from a distant site and have no physical presence at CHMC	Retired from practice in good standing, as recommended by the MEC	Allied Health Professionals who practice in CHMC or the Community
Basic Requirements						
Number of patient contacts per term	≥ 24	NA	NA	NA	NA	NA
Rights & Responsibilities						
May admit patients (Based on privileges granted)	Y	N	N	N	N	N
May exercise clinical privileges	Y	N	Y	Y	N	Y
May attend Medical Staff and department meetings	Y	Y	Y	Y	Y	Y
Voting privileges at all Medical Staff and department meetings	Y	Y	N	N	N	N
May hold Medical Staff office or serve as Department Chair	Y	Y	N	N	N	N
May serve as a committee chair	Y	Y	N	N	N	N
May serve on committees (with vote)	Y	Y	Y	N	Y	Y
Eligible for ED Call (when requested)	Y	N	N*	N	N	N
Subject to OPPE & FPPE	Y	N	Y	Y	N	Y**
Pay Medical Staff Dues	Y	Y	Y	N	N	Y

Y = Yes

N = No

NA = Not Applicable

* = Only if the MEC finds that there are insufficient Active Staff members to provide call in a particular specialty area.

** = Only if granted clinical privileges to practice in CHMC, but not if granted membership only in recognition of their practice in the community.

APPENDIX B

HISTORY AND PHYSICAL EXAMINATIONS

(a) General Documentation Requirements

- (1) A complete 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 clinical privileges by CHMC to perform histories and physicals.
- (2) The scope of the medical history and physical examination will include, as pertinent:
 - chief complaint;
 - details of present illness;
 - review of systems and physical examination, to include pertinent findings in those organ systems relevant to the presenting illness;
 - relevant medical history, appropriate to the age of the patient;
 - medications and allergies;
 - assessments, including problem list; and
 - plan of treatment.

(b) H&Ps Performed Prior to Admission

- (1) Any history and physical performed more than 30 days prior to an admission or registration is invalid and may not be entered into the medical record.
- (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. However, in these circumstances, the patient must also be evaluated within 24 hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first, and an update recorded in the medical record by an individual who has been granted clinical privileges to complete histories and physicals.

- (3) The update of the history and physical examination will be based on an examination of the patient and must (i) reflect any changes in the patient's condition since the date of the original history and physical that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition.
 - (4) In the case of readmission of a patient, all previous records will be made available by CHMC for review and use by the attending physician.
- (c) Cancellations, Delays, and Emergency Situations
- (1) When the history and physical examination is not recorded in the medical record before a surgical or other invasive procedure (including, but not limited to, procedures performed in the operating suites, endoscopy, colonoscopy, bronchoscopy, cardiac catheterizations, radiological procedures with sedation, and procedures performed in the Emergency Room), the operation or procedure will be canceled or delayed until an appropriate history and physical examination is recorded in the medical record, unless the attending physician states in writing that an emergency situation exists.
 - (2) In an emergency situation, when there is no time to record either a complete or a Short Stay history and physical, the attending physician will record an admission or progress note immediately prior to the procedure. The admission or progress note will document, at a minimum, an assessment of the patient's heart rate, respiratory rate, and blood pressure. Immediately following the emergency procedure, the attending physician is then required to complete and document a complete history and physical examination.
- (d) Focused H&Ps and Medical Assessments
- (1) All outpatients registered by the Emergency Department, held for short-term observation, or scheduled for any ambulatory surgical or invasive outpatient procedure that does not require sedation or anesthesia may have a focused History and Physical documented in the Medical Record, in lieu of a complete history and physical.
 - (2) The focused history and physical should provide an account of the chief complaint, the present illness, including an assessment of contributing factors, relevant past medical history, an appropriate review of systems, a targeted physical exam, an impression and a proposed initial plan of evaluation and treatment. The focused history and physical should in all cases be documented in sufficient detail to allow the formulation of a reasonable picture of the patient's clinical status.

- (3) A department may develop policies and monitoring procedures for the identification of specific patients for whom a Medical Assessment, in lieu of a complete medical history and physical, may be appropriate. Each Department Chair, or his/her delegate, will be responsible for the development of policies and monitoring procedures for Medical Assessments in lieu of a complete medical history and physical. Where applicable, such policies and procedures will be based on:
- (a) the patient's age, diagnoses, the types and number of surgeries or procedures scheduled to be performed, comorbidities, and the level of anesthesia or sedation required for the surgeries or procedures; and
 - (b) nationally recognized guidelines and standards of practice that may exist for the assessment of specific types of patients prior to specific outpatient surgeries or procedures, as applicable to specific state and local health safety laws.

All policies and monitoring procedures for conducting a Medical Assessment, in lieu of a complete medical history and physical, will be reviewed and approved by the MEC.